

CLIFTONLARSONALLEN  
901 N. GLEBE ROAD, SUITE 200  
ARLINGTON, VA 22203

NATIONAL COMMUNITY REINVESTMENT  
COALITION, INC.  
740 15TH STREET, NW, NO. 400  
WASHINGTON, DC 20005

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DRAFT

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CLIENT'S COPY

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National Community Reinvestment  
Coalition, Inc.  
740 15th Street, NW No. 400  
Washington, DC 20005  
Attention: Mark Eden, Controller

Dear Mr. Eden:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

### **FORM 990 RETURN:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-EO to us as soon as possible, but no later than as soon as possible the filing deadline.

### **FORM 990-T RETURN:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

No amount is due on Form 990-T.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

### **NEW YORK FORM CHAR500:**

The New York Form CHAR500 should be mailed as soon as possible to:

NYS Office of Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

Enclose a check or money order for \$25, payable to Department of Law.

The report should be signed and dated by the authorized individual(s).

The attached copy of federal Form 990 must be properly signed and dated.

### **A few final reminders relating to your tax return filings:**

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

CliftonLarsonAllen LLP

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**NATIONAL COMMUNITY REINVESTMENT  
COALITION, INC.**

**FORM 990 INCOME TAX RETURN**

**FOR YEAR ENDED DECEMBER 31, 2020**

**DRAFT**

\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Form **8879-EO**

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_

# 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

**NATIONAL COMMUNITY REINVESTMENT  
COALITION, INC.**

Taxpayer identification number

**52-1766126**

Name and title of officer or person subject to tax

**JESSE VAN TOL  
CEO**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>10,929,174.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize CLIFTONLARSONALLEN to enter my PIN 20005  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\* Date ▶

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**5981065902**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ CLIFTONLARSONALLEN LLP Date ▶ 12/13/21

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>NATIONAL COMMUNITY REINVESTMENT COALITION, INC.</b>	Taxpayer identification number (TIN) <b>52-1766126</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>740 15TH STREET, NW, NO. 400</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20005</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**MARK EDEN**

- The books are in the care of ▶ **740 15TH STREET, NW, SUITE 400 - WASHINGTON, DC 20005**  
Telephone No. ▶ **202-628-8866** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2020 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NATIONAL COMMUNITY REINVESTMENT COALITION, INC.</b> Doing business as		<b>D</b> Employer identification number <b>52-1766126</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>740 15TH STREET, NW 400</b>	<b>E</b> Telephone number <b>202-628-8866</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20005</b>		<b>G</b> Gross receipts \$ <b>22,908,767.</b>
	<b>F</b> Name and address of principal officer: <b>JESSE VAN TOL</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶

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

**J** Website: ▶ **WWW.NCRC.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1990** **M** State of legal domicile: **DC**

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>INCREASE FAIR AND EQUAL ACCESS TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SEEKS TO</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>25</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>25</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>82</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>25</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-461,003.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 6,766,014.	<b>Current Year</b> 11,695,873.
	<b>9</b> Program service revenue (Part VIII, line 2g)	4,385,355.	243,797.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	94,357.	116,909.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,102,861.	-1,127,405.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,142,865.	10,929,174.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,131,018.	1,198,539.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,225,121.	7,714,872.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>305,954.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,243,126.	3,912,253.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,599,265.	12,825,664.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-4,456,400.	-1,896,490.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 114,585,057.	<b>End of Year</b> 111,740,328.
	<b>21</b> Total liabilities (Part X, line 26)	116,937,117.	121,340,761.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	-2,352,060.	-9,600,433.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>JESSE VAN TOL, CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>AMY CHAPMAN</b>	<b>AMY CHAPMAN</b>	<b>12/13/21</b>	<input type="checkbox"/>	<b>P00843460</b>
Firm's name ▶ <b>CLIFTONLARSONALLEN</b>			Firm's EIN ▶ <b>41-0746749</b>		
Firm's address ▶ <b>901 N. GLEBE ROAD, SUITE 200</b> <b>ARLINGTON, VA 22203</b>			Phone no. <b>571-227-9500</b>		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No



NATIONAL COMMUNITY REINVESTMENT COALITION, INC.

Form 990 (2020)

52-1766126 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE NATIONAL COMMUNITY REINVESTMENT COALITION (NCRC) AND ITS GRASSROOTS MEMBER ORGANIZATIONS CREATE OPPORTUNITIES FOR PEOPLE TO BUILD WEALTH. WE WORK WITH COMMUNITY LEADERS, POLICYMAKERS AND FINANCIAL INSTITUTIONS TO CHAMPION FAIRNESS IN BANKING, HOUSING AND

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? [ ] 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,565,765. including grants of \$ 1,163,539. ) (Revenue \$ 49,671. ) HOUSING COUNSELING NETWORK NATIONAL COMMUNITY REINVESTMENT COALITION IS A RECOGNIZED HUD CERTIFIED NATIONAL HOUSING COUNSELING INTERMEDIARY. THROUGH THE NCRC HOUSING COUNSELING NETWORK INITIATIVE, PROFESSIONAL HOUSING COUNSELORS AND MORTGAGE ADVISORS PROVIDE COMPREHENSIVE HOUSING COUNSELING TO CONSUMERS DIRECTLY FROM NCRC'S HIGHLY TRAINED STAFF BASED IN WASHINGTON, D.C., AND THROUGH A NETWORK OF HCN "PARTNER" MEMBER ORGANIZATIONS LOCATED THROUGHOUT THE NATION.

4b (Code: ) (Expenses \$ 426,108. including grants of \$ ) (Revenue \$ 0. ) NCRC'S JUST ECONOMY CONFERENCE - NATIONAL COMMUNITY REINVESTMENT COALITION'S ANNUAL CONFERENCE IS ONE OF THE NATION'S LARGEST GATHERINGS OF COMMUNITY NON- PROFITS, POLICYMAKERS, GOVERNMENT OFFICIALS, SMALL BUSINESSES, FINANCIAL INSTITUTIONS AND ACADEMIA. THE CONFERENCE INCLUDES A WIDE RANGE OF CUTTING-EDGE WORKSHOPS ON COMMUNITY ORGANIZING AND ADVOCACY, HOUSING, ACCESS TO CAPITAL AND CREDIT, WORKFORCE AND COMMUNITY DEVELOPMENT, FAIR LENDING AND BUSINESS DEVELOPMENT. IT ALSO FEATURES THE FOREMOST EXPERTS AND ADVOCATES SHARING NEW DEVELOPMENTS, BEST PRACTICES AND INNOVATIVE IDEAS FOR COMMUNITY REINVESTMENT AS WELL AS KEYNOTE ADDRESSES FROM PROMINENT OFFICIALS AND LEADERS IN THE FIELD.

4c (Code: ) (Expenses \$ 1,372,683. including grants of \$ 35,000. ) (Revenue \$ 0. ) MEMBERSHIP - NATIONAL COMMUNITY REINVESTMENT COALITION PROVIDES BROAD SET OF BENEFITS AND SPECIAL SERVICES FOR ITS MEMBER ORGANIZATIONS, INCLUDING CUSTOMIZED DATA ANALYSIS, TRAININGS, TECHNICAL ASSISTANCE, LEGISLATIVE AND REGULATORY UPDATES, AND MORE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 5,154,160. including grants of \$ ) (Revenue \$ 194,126.)

4e Total program service expenses 9,518,716.

Form 990 (2020)

NATIONAL COMMUNITY REINVESTMENT  
COALITION, INC.

Form 990 (2020)

52-1766126 Page 3

**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)? <i>If "Yes," complete Schedule A</i> .....	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	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 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

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**Part IV Checklist of Required Schedules** (continued)

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

<b>1a</b>	107
<b>1b</b>	0
<b>1c</b>	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		82
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	25	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	25	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
<b>3</b>	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	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b>	Did the organization have members or stockholders?	6	X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
<b>11a</b>	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>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
<b>13</b>	Did the organization have a written whistleblower policy?	13	X
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**MARK EDEN - 202-628-8866**  
**740 15TH STREET, NW, SUITE 400, WASHINGTON, DC 20005**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN TAYLOR PRESIDENT AND FOUNDER	40.00 5.00			X				449,659.	0.	44,544.
(2) JESSE VAN TOL CHIEF EXECUTIVE OFFICER	40.00			X				352,094.	0.	47,890.
(3) ALICE BODLEY CHIEF OPERATING OFFICER	40.00			X				233,654.	0.	39,034.
(4) JAMES LUM CHIEF FINANCIAL OFFICER	40.00			X				220,389.	0.	38,105.
(5) ELENI D. JANIS CHIEF OF CAPITAL MARKETS	40.00			X				211,015.	0.	24,312.
(6) JENN JONES CHIEF OF MEMBERSHIP AND POLICY	40.00			X				148,179.	0.	18,990.
(7) ANDREW NACHISON CHIEF OF COMMUNICATIONS	40.00			X				176,311.	0.	12,342.
(8) DEDRICK ASANTE-MUHAMMAD CHIEF OF RACE, WEALTH & COMMUNITY	40.00			X				186,455.	0.	13,052.
(9) GERRON LEVI DIR OF LEGISLATIVE & REGULATORY AFFA	40.00					X		148,134.	0.	18,986.
(10) KEVIN SALL DIR OF IT	40.00					X		140,528.	0.	9,837.
(11) SABRINA TERRY DIR OF SPECIAL INITIATIVE & DEVELOPM	40.00					X		122,538.	0.	8,578.
(12) GERALD KELLMAN SENIOR ADVISOR MEMBERSHIP	40.00					X		127,405.	0.	19,515.
(13) IBIJOKE AKINBOWALE DIRECTOR OF HCN	40.00					X		120,019.	0.	14,867.
(14) ROBERT DICKERSON, JR. CHAIR	1.00 5.00	X		X				0.	0.	0.
(15) ERNEST E. HOGAN VICE CHAIR	1.00	X		X				0.	0.	0.
(16) JEAN ISHMON VICE CHAIR	1.00	X		X				0.	0.	0.
(17) ERNEST "GENE" ORTEGA TREASURER	1.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CATHERINE HOPE CROSBY SECRETARY	1.00	X		X				0.	0.	0.
(19) WILL GONZALEZ, ESQ BOARD MEMBER	1.00	X						0.	0.	0.
(20) PETER HAINLEY BOARD MEMBER	1.00	X						0.	0.	0.
(21) MATT HULL BOARD MEMBER	1.00	X						0.	0.	0.
(22) GILBERT T. BLAND BOARD MEMBER	1.00	X						0.	0.	0.
(23) CHARLES HARRIS BOARD MEMBER	1.00	X						0.	0.	0.
(24) IRVIN HENDERSON BOARD MEMBER	1.00	X						0.	0.	0.
(25) CAROL JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
(26) BRENT KAKESAKO BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,636,380.	0.	310,052.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,636,380.	0.	310,052.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **21**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
STREAM REALTY PARTNERS - DC LP 2001 ROSS AVE, STE 400, DALLAS, TX 75201	REAL ESTATE SERVICES	720,500.
EXECUTIVE BUILDING SERVICES 7910 WOODMONT AVE, BETHESDA, MD 20814	JANITORIAL SERVICES	300,223.
ADDISON GROUP 7076 SOLUTIONS CENTER, CHICAGO, IL 60677	CONTRACT LABOR	249,642.
KOSTA A KARANTZOULIS, 245 EAST 54TH STREET APT8BC, NEW YORK, NY 10022	CONSULTING	137,708.
STERLING BONES 1481 WEST 6500 SOUTH, HYRUM, UT 84319	LEGAL	120,000.

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 **7**

SEE PART VII, SECTION A CONTINUATION SHEETS

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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	151,219.				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,430,686.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	9,113,968.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			11,695,873.			
Program Service Revenue	<b>2 a</b> SERVICE FEES	<b>Business Code</b>					
		900099	243,797.	243,797.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			243,797.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		53,649.			53,649.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	10,096,994.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>	11,485,983.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	-1,388,989.				
	<b>d</b> Net rental income or (loss)			-1,388,989.	-461,003.	-927,986.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	556,870.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	493,610.				
<b>c</b> Gain or (loss)	<b>7c</b>	63,260.					
<b>d</b> Net gain or (loss)			63,260.		63,260.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS INCOME	<b>Business Code</b>					
		900099	261,584.			261,584.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			261,584.				
<b>12 Total revenue.</b> See instructions			10,929,174.	243,797.	-461,003.	-549,493.	

**NATIONAL COMMUNITY REINVESTMENT  
COALITION, INC.**

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,198,539.	1,198,539.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,216,021.	830,421.	1,316,180.	69,420.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	4,440,952.	2,907,459.	1,407,244.	126,249.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	203,300.	135,461.	62,589.	5,250.
<b>9</b> Other employee benefits .....	449,688.	306,856.	132,459.	10,373.
<b>10</b> Payroll taxes .....	404,911.	234,058.	160,643.	10,210.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	284,635.		284,635.	
<b>c</b> Accounting .....	85,590.		85,590.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,681,229.	1,441,452.	237,162.	2,615.
<b>12</b> Advertising and promotion .....	89,180.	78,767.	10,413.	
<b>13</b> Office expenses .....	147,162.	54,657.	91,308.	1,197.
<b>14</b> Information technology .....	124,491.	92,412.	30,601.	1,478.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	442,979.	80,587.	357,904.	4,488.
<b>17</b> Travel .....	197,494.	160,835.	36,318.	341.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	97,247.	76,086.	21,161.	
<b>20</b> Interest .....	58,351.		58,351.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	100,851.		100,851.	
<b>23</b> Insurance .....	43,290.		43,290.	
<b>24</b> 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.)				
<b>a</b> <b>BAD DEBT EXPENSE</b> .....	240,000.		240,000.	
<b>b</b> <b>DUES AND SUBSCRIPTIONS</b> .....	208,313.	146,467.	61,846.	
<b>c</b> <b>MISCELLANEOUS EXPENSE</b> .....	67,408.	35,070.	31,774.	564.
<b>d</b> <b>BUILDING OPERATING EXPE</b> .....	42,988.		42,988.	
<b>e</b> All other expenses .....	1,045.	1,739,589.	-1,812,313.	73,769.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	12,825,664.	9,518,716.	3,000,994.	305,954.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

NATIONAL COMMUNITY REINVESTMENT  
COALITION, INC.

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,378,419.	<b>1</b>	2,043,413.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	2,435,345.	<b>3</b>	1,554,815.
	<b>4</b> Accounts receivable, net .....	1,053,685.	<b>4</b>	2,543,718.
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	123,985.	<b>9</b>	158,270.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 106,263,395.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 16,545,897.	92,751,908.	<b>10c</b> 89,717,498.
	<b>11</b> Investments - publicly traded securities .....	2,337,847.	<b>11</b>	2,526,879.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	12,503,868.	<b>15</b>	13,195,735.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	114,585,057.	<b>16</b>	111,740,328.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,452,327.	<b>17</b>	1,297,026.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,768,657.	<b>19</b>	2,017,221.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	105,283,170.	<b>23</b>	103,726,896.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	1,488,439.	<b>24</b>	1,325,829.
	<b>25</b> 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 .....	6,944,524.	<b>25</b>	12,973,789.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	116,937,117.	<b>26</b>	121,340,761.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	-4,503,241.	<b>27</b>	-12,423,738.
	<b>28</b> Net assets with donor restrictions .....	2,151,181.	<b>28</b>	2,823,305.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	-2,352,060.	<b>32</b>	-9,600,433.
	<b>33</b> Total liabilities and net assets/fund balances .....	114,585,057.	<b>33</b>	111,740,328.

Form 990 (2020)

NATIONAL COMMUNITY REINVESTMENT  
COALITION, INC.

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,929,174.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,825,664.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,896,490.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-2,352,060.
5	Net unrealized gains (losses) on investments	5	78,206.
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	-5,430,089.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-9,600,433.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  Yes  No  
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?  Yes  No  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  Yes  No  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  Yes  No
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2020)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **NATIONAL COMMUNITY REINVESTMENT COALITION, INC.** Employer identification number **52-1766126**

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

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

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

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

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

NATIONAL COMMUNITY REINVESTMENT

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1323193.	7538750.	8915187.	6766014.	11695873.	36239017.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1323193.	7538750.	8915187.	6766014.	11695873.	36239017.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						2812235.
<b>6 Public support.</b> Subtract line 5 from line 4.						33426782.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	1323193.	7538750.	8915187.	6766014.	11695873.	36239017.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4473948.	9035692.	10666677.	10485432.	10150643.	44812392.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....			2394120.	5,635.	261,584.	2661339.
<b>11 Total support.</b> Add lines 7 through 10						83712748.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	9,119,855.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	39.93 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	42.84 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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 5 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

NATIONAL COMMUNITY REINVESTMENT

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

NATIONAL COMMUNITY REINVESTMENT

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

NATIONAL COMMUNITY REINVESTMENT

**Part VI**

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

DRAFT



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**NATIONAL COMMUNITY REINVESTMENT  
COALITION, INC.**

Employer identification number

**52-1766126**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>NATIONAL COMMUNITY REINVESTMENT COALITION, INC.</b>	Employer identification number <b>52-1766126</b>
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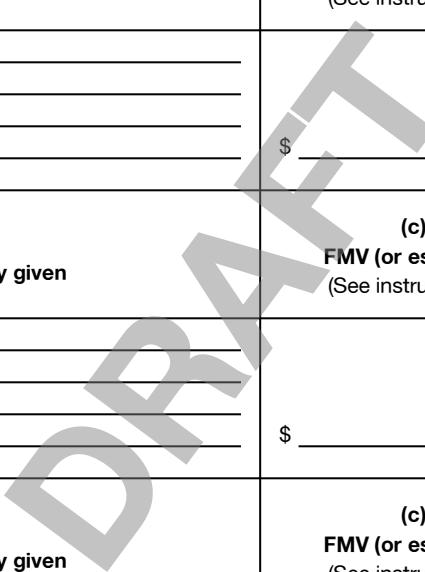
**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WELLS FARGO FOUNDATION  90 SOUTH 7TH STREET  MINNEAPPLIS, MN 55479	\$ 475,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PNC FINANCIAL  ONE PNC PLAZA  PITTSBURGH, PA 15222	\$ 272,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BANK OF AMERICA  125 DUPONT DRIVE RI1-121-01-30  PROVIDENCE, RI 02907	\$ 522,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	WK KELLOG FOUNDATION  ONE MICHIGAN AVE EAST  BATTLE CREEK, MI 49017	\$ 750,004.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NATIONAL COMMUNITY REINVESTMENT COALITION, INC.</b>	Employer identification number <b>52-1766126</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

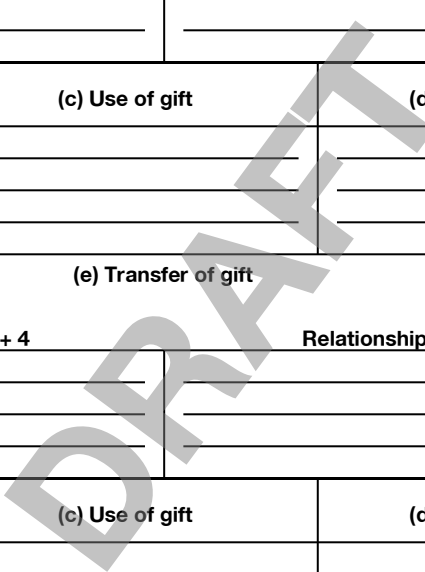




Name of organization <b>NATIONAL COMMUNITY REINVESTMENT COALITION, INC.</b>	Employer identification number <b>52-1766126</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <b>NATIONAL COMMUNITY REINVESTMENT COALITION, INC.</b>	Employer identification number <b>52-1766126</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

NATIONAL COMMUNITY REINVESTMENT

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		34,022.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		34,022.													
<b>d</b> Other exempt purpose expenditures		12,485,688.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		12,519,710.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		775,986.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		193,997.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	746,552.	873,792.	813,186.	775,986.	3,209,516.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,814,274.
<b>c</b> Total lobbying expenditures	455,980.	561,460.	52,731.	34,022.	1,104,193.
<b>d</b> Grassroots nontaxable amount	186,638.	218,448.	203,297.	193,997.	802,380.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,203,570.
<b>f</b> Grassroots lobbying expenditures					

NATIONAL COMMUNITY REINVESTMENT

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year .....	<b>2a</b>
<b>b</b> Carryover from last year .....	<b>2b</b>
<b>c</b> Total .....	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions) .....	<b>5</b>

**Part IV Supplemental Information**

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

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table: Held at the End of the Tax Year (2a, 2b, 2c, 2d). 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No). 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No). 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

NATIONAL COMMUNITY REINVESTMENT  
COALITION, INC.

Schedule D (Form 990) 2020

52-1766126 Page 2

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	29,078,582.			29,078,582.
b Buildings	60,205,430.		10,445,900.	49,759,530.
c Leasehold improvements	15,737,173.		5,153,196.	10,583,977.
d Equipment		997,322.	701,912.	295,410.
e Other		244,888.	244,889.	-1.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				89,717,498.

Schedule D (Form 990) 2020

**NATIONAL COMMUNITY REINVESTMENT  
COALITION, INC.**

Schedule D (Form 990) 2020

52-1766126 Page **3**

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DEFERRED RENT ASSETS	8,788,232.
(2) DEFERRED LEASING COSTS	1,443,913.
(3) LOAN ADVANCES TO AFFILIATES	800,000.
(4) SECURITY DEPOSITS	157,391.
(5) ESCROW DEPOSITS	1,524,904.
(6) INVESTMENT IN AFFILIATES	365,692.
(7) DUE FROM AFFILIATES	115,603.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	13,195,735.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TENANT SECURITY DEPOSITS	540,901.
(3) INTEREST RATE SWAP	11,001,763.
(4) DUE TO AFFILIATE	258,625.
(5) REFUNDABLE ADVANCE-PPP	1,172,500.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	12,973,789.

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 ...

Schedule D (Form 990) 2020

NATIONAL COMMUNITY REINVESTMENT  
COALITION, INC.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	37,719,769.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	78,206.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	26,712,389.	
e	Add lines 2a through 2d	2e		26,790,595.
3	Subtract line 2e from line 1	3		10,929,174.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		10,929,174.

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

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

1	Total expenses and losses per audited financial statements		1	30,562,844.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	17,737,180.	
e	Add lines 2a through 2d	2e		17,737,180.
3	Subtract line 2e from line 1	3		12,825,664.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		12,825,664.

**Part XIII Supplemental Information.**

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

**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:**

RENTAL EXPENSES NETTED WITH REVENUE	11,485,983.
RELATED ENTITY ACTIVITY	15,226,406.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	26,712,389.



**Part XIII** Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED WITH REVENUE	11,485,983.
UNREALIZED LOSS ON INTEREST RATE SWAP	4,738,806.
RELATED ENTITY ACTIVITY	821,108.
GAIN/LOSS ON AFFILIATE	691,283.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	17,737,180.

DRAFT

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **NATIONAL COMMUNITY REINVESTMENT  
COALITION, INC.**

**Employer identification number  
52-1766126**

**Part I General Information on Grants and Assistance**

- 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 criteria used to award the grants or assistance? .....  **Yes**  **No**
- 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
FRAMEWORKS COMMUNITY DEVELOPMENT CORP - 1214 GREENWOOD AVE - AUSTIN, TX 78702	38-1803599	501(C)3	0.	117,279.	N/A	N/A	HOUSING COUNSELING SERVICES
BRIDGEPORT NEIGHBORHOOD TRUST, INC. - 105 W. CORBIN STREET, SUITE 103 - BRIDGEPORT, CT 06604	27-2691355	501(C)3	0.	115,222.	N/A	N/A	HOUSING COUNSELING SERVICES
LAFAYETTE NEIGHBORHOOD HOUSING SERVICES, INC - 155 WESTRIDGE PARKWAY, #115 - LAFAYETTE, IN 47905	45-0474279	501(C)3	0.	83,220.	N/A	N/A	HOUSING COUNSELING SERVICES
ST. JOHNS HOUSING PARTNERSHIP 601 NORTH CHURCH STREET ST. AUGUSTINE, FL 32084	51-0039119	501(C)3	0.	64,902.	N/A	N/A	HOUSING COUNSELING SERVICES
HOME REPAIR RESOURCE CENTER 5948 HOHMAN AVE CLEVELAND HEIGHTS, OH 44121	33-1166773	501(C)3	0.	63,545.	N/A	N/A	HOUSING COUNSELING SERVICES
FAIR HOUSING COUNCIL OF NNJ 1608 WALNUT STREET, 10TH FLOOR HACKENSACK, NJ 07601	23-1671903	501(C)3	0.	61,058.	N/A	N/A	HOUSING COUNSELING SERVICES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **30.**
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ **0.**

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

Schedule I (Form 990) 2020

**NATIONAL COMMUNITY REINVESTMENT  
COALITION, INC.**

Schedule I (Form 990)

52-1766126

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
YOU CAN MAKE IT HOMEOWNERSHIP CENTER - 4030 WAKE FOREST ROAD, SUITE 209 - SMYRNA, TN 37167	30-0218536	501(C)3	0.	60,762.	N/A	N/A	HOUSING COUNSELING SERVICES
FRAYSER COMMUNITY DEVELOPMENT CORPORATION - 618 S CREYTS ROAD, SUITE A - MEMPHIS, TN 38127	38-3142455	501(C)3	0.	60,341.	N/A	N/A	HOUSING COUNSELING SERVICES
EMPOWERING & STRENGTHENING OHIO'S PEOPLE - 5301 W. CYPRESS STREET - CLEVELAND, OH 44120	59-6001289	501(C)3	0.	60,337.	N/A	N/A	HOUSING COUNSELING SERVICES
ROCKLAND HOUSING ACTION COALITION 131 MAIN STREET, SUITE 140 NEW CITY, NY 10956	23-7001470	501(C)3	0.	53,681.	N/A	N/A	HOUSING COUNSELING SERVICES
UNITED SOUTH BROADWAY CORPORATION 181 NORTHEAST 82ND STREET ALBUQUERQUE, NM 87102	59-2801211	501(C)3	0.	50,341.	N/A	N/A	HOUSING COUNSELING SERVICES
HABITAT FOR HUMANITY HURON VALLEY 120-126 NORTH MAIN STREET, ANNEX FI ANN ARBOR, MI 48104	13-3439109	501(C)3	0.	40,781.	N/A	N/A	HOUSING COUNSELING SERVICES
HAITIAN AMERICAN COMMUNITY DEVELOPMENT CORP - 6301 4TH ST. NW SUITE 5 - MIAMI, FL 33138	31-0875532	501(C)3	0.	39,312.	N/A	N/A	HOUSING COUNSELING SERVICES
COULEECAP, INC. 212 MAIN STREET WETSBY, WI 54667	93-0739188	501(C)3	0.	36,173.	N/A	N/A	HOUSING COUNSELING SERVICES
SOUTHWEST NEIGHBORHOOD HOUSING SERVICES - 671 N 36TH STREET - ALBURQUERQUE, NM 87107	31-1057335	501(C)3	0.	35,977.	N/A	N/A	HOUSING COUNSELING SERVICES

Schedule I (Form 990)

NATIONAL COMMUNITY REINVESTMENT  
COALITION, INC.

Schedule I (Form 990)

52-1766126

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
HABITAT FOR HUMANITY OF MICHIGAN, INC - 93 ORANGE STREET - LANSING, MI 48917	59-3422856	501(C)3	0.	35,710.	N/A	N/A	HOUSING COUNSELING SERVICES
JEWISH COMMUNITY ACTION 3684 N. WATKINS STREET SAINT PAUL, MN 55114	58-2158058	501(C)3	0.	35,000.	N/A	N/A	MEMBERSHIP
ANNE ARUNDEL COUNTY COMMUNITY ACTION AGENCY INC - 2520 NOBLE ROAD - ANNAPOLIS, MD 21401	23-7131204	501(C)3	0.	25,821.	N/A	N/A	HOUSING COUNSELING SERVICES
PIMA COUNTRY COMMUNITY LAND TRUST 625 BROAD STREET, 2ND FLOOR TUCSON, AZ 85745	22-2395222	501(C)3	0.	25,813.	N/A	N/A	HOUSING COUNSELING SERVICES
SOLO POR HOY INC 201 MELBY ST SAN JUAN, PR 00925	39-1077614	501(C)3	0.	22,278.	N/A	N/A	HOUSING COUNSELING SERVICES
RCAP SOLUTIONS INC 1500 WALTER STREET, SE SUITE 202 WORCESTER, MA 01602	85-0371937	501(C)3	0.	16,592.	N/A	N/A	HOUSING COUNSELING SERVICES
GREATER CHARLOTTESVILLE HABITAT HUMANITY - 124 CARERET ROAD - CHARLOTTESVILLE, VA 22903	58-2647162	501(C)3	0.	16,081.	N/A	N/A	HOUSING COUNSELING SERVICES
NCRC (FITZHUGH) 660 FITZHUGH BLVD, SUITE 105 WASHINGTON, DC 20005	83-0423384	501(C)3	0.	11,121.	N/A	N/A	HOUSING COUNSELING SERVICES
COVENANT FAITH OUTREACH 701 TILLERY STREET, SUITE A-7B, BOX TUPELO, MS 38802	56-2492634	501(C)3	0.	10,000.	N/A	N/A	HOUSING COUNSELING SERVICES

Schedule I (Form 990)

NATIONAL COMMUNITY REINVESTMENT  
COALITION, INC.

Schedule I (Form 990)

52-1766126

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

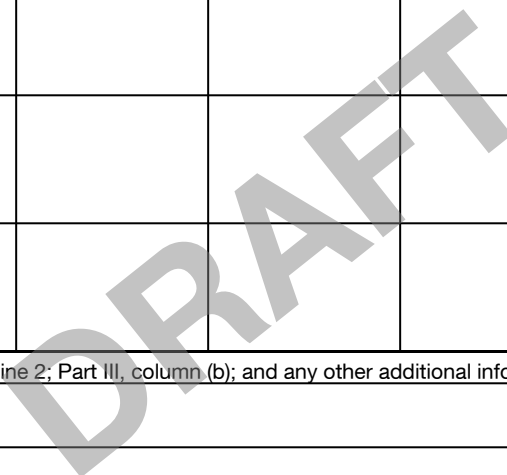
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKING CHANGE, INC 570 STATE STREET COLUMBIA, MD 21046	22-2809353	501(C)3	0.	10,000.	N/A	N/A	HOUSING COUNSELING SERVICES
MANNA INC. 740 15TH ST NW WASHINGTON, DC 20012	52-1766126	501(C)3	0.	10,000.	N/A	N/A	HOUSING COUNSELING SERVICES
MARSHALL HEIGHTS COMMUNITY DEVELOPMENT ORGANIZATION, INC. - 301 UNIVERSITY RIDGE SUITE 1600 - WASHINGTON, DC 20019	57-6000356	501(C)3	0.	10,000.	N/A	N/A	HOUSING COUNSELING SERVICES
NORTHWEST INDIANA REINVESTMENT ALLIANCE - 7000 EUCLID AVENUE, SUITE 203 - HAMMOND, IN 46320	34-1752943	501(C)3	0.	10,000.	N/A	N/A	HOUSING COUNSELING SERVICES
ORANGE COUNTY FAIR HOUSING COUNCIL 2395 PARK AVENUE MEMPHIS, TN 38114	62-1507096	501(C)3	0.	10,000.	N/A	N/A	HOUSING COUNSELING SERVICES
VETERANS CENTER 8060 WEBB ROAD UNITED 741202 RIVERDALE, GA 30274	26-3300495	501(C)3	0.	6,592.	N/A	N/A	HOUSING COUNSELING SERVICES

DRAFT

**NATIONAL COMMUNITY REINVESTMENT  
COALITION, INC.**

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

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



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

**PART I, LINE 2:**

**GRANTEE MUST SIGN COPIES OF THE GRANT AGREEMENT AND PROVIDE THE FOLLOWING**

**DOCUMENTATION:**

**A- CERTIFICATION THAT THE GRANTEE IS AUTHORIZED TO DO BUSINESS IN USA.**

**B- IRS FORM W-9.**

**C- QUARTERLY REPORTS WITH NARRATIVE.**

**D- SITE VISITS BY PROGRAM MANAGERS.**

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **NATIONAL COMMUNITY REINVESTMENT COALITION, INC.** Employer identification number **52-1766126**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**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 .....

**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? .....

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

NATIONAL COMMUNITY REINVESTMENT  
COALITION, INC.

Schedule J (Form 990) 2020

52-1766126

Page 2

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN TAYLOR PRESIDENT AND FOUNDER	(i)	402,766.	46,893.	0.	19,600.	24,944.	494,203.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JESSE VAN TOL CHIEF EXECUTIVE OFFICER	(i)	301,733.	50,361.	0.	19,600.	28,290.	399,984.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALICE BODLEY CHIEF OPERATING OFFICER	(i)	233,654.	0.	0.	16,356.	22,678.	272,688.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAMES LUM CHIEF FINANCIAL OFFICER	(i)	220,389.	0.	0.	15,427.	22,678.	258,494.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELENI D. JANIS CHIEF OF CAPITAL MARKETS	(i)	211,015.	0.	0.	14,771.	9,541.	235,327.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENN JONES CHIEF OF MEMBERSHIP AND POLICY	(i)	148,179.	0.	0.	10,373.	8,617.	167,169.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANDREW NACHISON CHIEF OF COMMUNICATIONS	(i)	176,311.	0.	0.	12,342.	0.	188,653.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DEDRICK ASANTE-MUHAMMAD CHIEF OF RACE, WEALTH & COMMUNITY	(i)	186,455.	0.	0.	13,052.	0.	199,507.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) GERRON LEVI DIR OF LEGISLATIVE & REGULATORY AFFA	(i)	148,134.	0.	0.	10,369.	8,617.	167,120.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KEVIN SALL DIR OF IT	(i)	140,528.	0.	0.	9,837.	0.	150,365.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III** Supplemental Information

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

PART I, LINE 4

THE ORGANIZATION ADOPTED A PROFIT SHARING PLAN WHEREBY 7% OF THE  
EMPLOYEE ANNUAL SALARY IS CONTRIBUTED TO THE PLAN ONCE THE EMPLOYEE  
BECOMES ELIGIBLE.

ELIGIBILITY MEANS THAT THE EMPLOYEE SHOULD BE 21 YEARS OLD AND HAVE  
COMPLETED THREE CONSECUTIVE MONTHS OF SERVICE MEASURED FROM THE DATE OF  
HIRE.

DRAFT

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **NATIONAL COMMUNITY REINVESTMENT COALITION, INC.** Employer identification number **52-1766126**

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A DISTRICT OF COLUMBIA	53-6001130	NONE	08/30/18	71840000.	REFINANCE REAL PROPERTY		X		X		X
B											
C											
D											

<b>Part II Proceeds</b>										
	A		B		C		D			
1 Amount of bonds retired .....										
2 Amount of bonds legally defeased .....										
3 Total proceeds of issue .....	71,840,000.									
4 Gross proceeds in reserve funds .....	695,509.									
5 Capitalized interest from proceeds .....										
6 Proceeds in refunding escrows .....										
7 Issuance costs from proceeds .....	1,187,720.									
8 Credit enhancement from proceeds .....										
9 Working capital expenditures from proceeds .....										
10 Capital expenditures from proceeds .....										
11 Other spent proceeds .....										
12 Other unspent proceeds .....										
13 Year of substantial completion .....										
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....		X								
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....	X									
16 Has the final allocation of proceeds been made? .....		X								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? .....		X								

NATIONAL COMMUNITY REINVESTMENT  
COALITION, INC.

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						
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?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		X						

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet? .....		X						
b Exception to rebate? .....		X						
c No rebate due? .....		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
3 Is the bond issue a variable rate issue? .....		X						



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization	<b>NATIONAL COMMUNITY REINVESTMENT COALITION, INC.</b>	Employer identification number	<b>52-1766126</b>
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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 \$ 1,296,192. INCLUDING GRANTS OF \$ 0. REVENUE \$ 131,800.

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  
RECENTLY APPEARED IN THE NEW YORK TIMES, THE WASHINGTON POST, THE WALL

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

Name of the organization NATIONAL COMMUNITY REINVESTMENT COALITION, INC.	Employer identification number 52-1766126
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STREET JOURNAL, THE ATLANTIC, NBC NEWS, ABC NEWS BLOOMBERG, POLITICO,  
 AMERICAN BANKER AND MANY OTHER  
 PROMINENT PUBLICATIONS.

EXPENSES \$ 602,934. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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 \$ 110,659. INCLUDING GRANTS OF \$ 0. REVENUE \$ 58,550.

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  
 LEASETOWN 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 \$ 601,675. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization	NATIONAL COMMUNITY REINVESTMENT COALITION, INC.	Employer identification number	52-1766126
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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 LOW AND MODERATE INCOME COMMUNITIES, AND WORK WITH POLICYMAKERS AND FINANCIAL INSTITUTIONS TO INCREASE SMALL BUSINESS LENDING TO WOMEN, MINORITIES AND LOW AND MODERATE INCOME COMMUNITIES. OUR DC WOMEN'S BUSINESS CENTER PROVIDES BUSINESS CONSULTATION AND TRAINING TO ENTREPRENEURS IN WASHINGTON, D.C.

EXPENSES \$ 594,296. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,076.

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 \$ 335,488. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,700.

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 \$ 148,921. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CAPITAL MKT COLLABORATIVE COUNCIL

EXPENSES \$ 1,009,713. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization	NATIONAL COMMUNITY REINVESTMENT COALITION, INC.	Employer identification number	52-1766126
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FHIP

EXPENSES \$ 454,282. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

NCRC IS A MEMBER CORPORATION. ANY NATIONAL, REGIONAL AND LOCAL NOT-FOR-PROFIT ORGANIZATION WHICH SUBSCRIBES TO NCRC'S PURPOSE SHALL BE CONSIDERED ELIGIBLE FOR MEMBERSHIP NCRC. EACH MEMBER IN GOOD STANDING SHALL HAVE ONE VOTE TO EXERCISE IN CONDUCTING THE BUSINESS OF NCRC.

FORM 990, PART VI, SECTION A, LINE 7A:

AN ANNUAL MEETING OF MEMBERS OF NCRC IS HELD FOR THE ELECTION OF DIRECTORS, AND TRANSACTIONS OF OTHER BUSINESSES. BOARD OF DIRECTORS ARE ELECTED BY A MAJORITY VOTE OF MEMBERS WHO ARE IN GOOD STANDING AT THE ANNUAL MEETING OF THE MEMBERSHIP OF NCRC. A MINIMUM OF ONE-THIRD OF THE TOTAL NUMBER OF ELECTED DIRECTORS SHALL BE REPRESENTATIVES OF REGIONAL, NATIONAL OR LOCAL ORGANIZATIONS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE CHAIRPERSON WITH THE EXPRESS APPROVAL OF THE BOARD, MAY ESTABLISH COMMITTEES ON STANDING OR AN AD HOC BASIS. THE EXECUTIVE COMMITTEE HAS ALL THE RIGHTS, POWERS AND AUTHORITY OF THE BOARD OF DIRECTOR; HOWEVER, ANY ACTION BY THE EXECUTIVE COMMITTEE MUST BE REPORTED TO AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 8B:

COMMITTEES DO NOT HAVE AUTHORITY TO ACT ON BEHALF OF THE BOARD. COMMITTEE RECOMMENDATIONS ARE VOTED ON BY THE WHOLE GOVERNING BODY.



Name of the organization	NATIONAL COMMUNITY REINVESTMENT COALITION, INC.	Employer identification number	52-1766126
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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 QUESTIONS AS NEEDED. ONCE THE REVIEW IS COMPLETED, THE RETURN IS FILED ELECTRONICALLY WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

DUTY TO DISCLOSE UPON THE FIRST KNOWLEDGE BY AN INTERESTED PERSON THAT THE CORPORATION, THE BOARD OR A COMMITTEE THEREOF IS CONSIDERING OR HAS CONSIDERED A TRANSACTION OR ARRANGEMENT WITH AN ENTITY OR INDIVIDUAL WITH WHICH THE INTERESTED PERSON HAS AN INTEREST, THE INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER INTEREST TO THE CEO.

PROCEDURES FOR ADDRESSING THE CONFLICT AFTER DISCLOSURE OF THE INTEREST, THE INTERESTED PERSON MAY NOT PARTICIPATE IN CONSIDERATION OF THE PROPOSED TRANSACTION OR ARRANGEMENT, SHALL NOT VOTE ON SUCH TRANSACTION OR ARRANGEMENT, AND SHALL NOT BE PRESENT FOR THE CONSIDERATION OF OR VOTE ON SUCH TRANSACTION UNLESS THE BOARD REQUESTS INFORMATION OR INTERPRETATION FROM THE INTERESTED PERSON. THE BOARD SHALL THEN DETERMINE (OR REFER TO: A) THE CHAIRMAN OF THE BOARD OF DIRECTORS; OR B) THE BOARD, FOR A DETERMINATION OF WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S BEST INTERESTS AND IS FAIR AND REASONABLE TO THE CORPORATION AND SHALL MAKE A DECISION WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN ACCORDANCE WITH SUCH DETERMINATION. SUCH DETERMINATION SHALL BE MADE BY A VOTE SUFFICIENT FOR SUCH PURPOSE WITHOUT COUNTING THE VOTE OF ANY INTERESTED PERSON.

Name of the organization	NATIONAL COMMUNITY REINVESTMENT COALITION, INC.	Employer identification number	52-1766126
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IN DETERMINING WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S BEST INTERESTS, THERE SHALL BE A REVIEW OF AVAILABLE INFORMATION REGARDING THE COST OR BENEFIT OF COMPARABLE TRANSACTIONS OR ARRANGEMENTS, IF ANY (AND MAY INVESTIGATE WHETHER THE CORPORATION SHOULD AND IS ABLE TO OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT THAT WOULD NOT GIVE RISE TO AN INTEREST.) A DISINTERESTED PERSON OR COMMITTEE MAY BE APPOINTED TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

INTERESTED DIRECTORS MAY BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM AT A MEETING, WHICH AUTHORIZES SUCH A TRANSACTION OR ARRANGEMENT.

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 OVERSEES 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:

FEDERAL FORM 990

CONFLICT OF INTEREST POLICY

Name of the organization	NATIONAL COMMUNITY REINVESTMENT COALITION, INC.	Employer identification number	52-1766126
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PART VII SECTION A

AMENDED FOR NAME AND TITLE OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATION EMPLOYEES.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES	1,441,452.
MANAGEMENT AND GENERAL EXPENSES	237,162.
FUNDRAISING EXPENSES	2,615.
TOTAL EXPENSES	1,681,229.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,681,229.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED LOSS ON INTEREST RATE SWAP	-4,738,806.
LOSS ON AFFILIATE	-691,283.
TOTAL TO FORM 990, PART XI, LINE 9	-5,430,089.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **NATIONAL COMMUNITY REINVESTMENT COALITION, INC.** Employer identification number **52-1766126**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
740 FIFTEENTH STREET JV, LLC - 81-2842259 740 15TH STREET N.W, SUITE 400 WASHINGTON, DC 20005	RENTAL COMMERCIAL OFFICE BUILDING	DELAWARE	9,216,146.	94,328,788.	NATIONAL COMMUNITY REINVESTMENT COALITION, INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NATIONAL COMMUNITY REINVESTMENT COALITION COMMUNITY DEVELOPMENT FUND INC - 2, 740 15TH STREET NW, WASHINGTON, DC 20005	MICRO LENDING	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	NATIONAL COMMUNITY REINVESTMENT	X	
AMERICANS FOR A FAIR DEAL - 81-4534656 740 15TH STREET NW WASHINGTON, DC 20005	PROMOTE INTEREST OF WORKING CLASS COMMUNITIES	DISTRICT OF COLUMBIA	501(C)(4)	N/A	NATIONAL COMMUNITY REINVESTMENT	X	

NATIONAL COMMUNITY REINVESTMENT  
COALITION, INC.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
NCRC DEVELOPMENT CORP - 46-4044961 740 15TH STREET NW WASHINGTON, DC 20005	PROVIDE FINANCIAL SERVICES AND FINANCIAL PRODUCTS	DE	NCRC	C CORP	-306,069.	7,408,621.	100%		X

**NATIONAL COMMUNITY REINVESTMENT  
COALITION, INC.**

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

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

DRAFT



UNRELATED BUSINESS INCOME

**CARRYOVER DATA TO 2021**

Name NATIONAL COMMUNITY REINVESTMENT  
COALITION, INC.

Employer Identification Number  
52-1766126

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - RENTAL PROPERTY	3,832,284.
FEDERAL PRE-2018 NET OPERATING LOSS	1,047,007.

DRAFT

# IRS e-file Signature Authorization for an Exempt Organization

Form **8879-EO**

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_

# 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

**NATIONAL COMMUNITY REINVESTMENT  
COALITION, INC.**

Taxpayer identification number

**52-1766126**

Name and title of officer or person subject to tax

**JESSE VAN TOL  
CEO**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____ <b>0.</b>
<b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize CLIFTONLARSONALLEN to enter my PIN 20005  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\* Date ▶

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**5981065902**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ CLIFTONLARSONALLEN LLP Date ▶ 12/13/21

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>NATIONAL COMMUNITY REINVESTMENT COALITION, INC.</b>	Taxpayer identification number (TIN) <b>52-1766126</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>740 15TH STREET, NW, NO. 400</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20005</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**MARK EDEN**

- The books are in the care of ▶ **740 15TH STREET, NW, SUITE 400 - WASHINGTON, DC 20005**  
Telephone No. ▶ **202-628-8866** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2020**

For calendar year 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>NATIONAL COMMUNITY REINVESTMENT                  COALITION, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>740 15TH STREET, NW, NO. 400</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>WASHINGTON, DC 20005</b></p>	<p><b>D</b> Employer identification number   <b>52-1766126</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ..... ▶ <b>111,740,328.</b></p>			

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust  Applicable reinsurance entity

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **MARK EDEN** Telephone number ▶ **202-628-8866**

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	-461,003.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	-461,003.
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	-461,003.
6 Deduction for net operating loss. See instructions .....	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	-461,003.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b Other credits (see instructions) .....	<b>1b</b>		
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e <b>Total credits.</b> Add lines 1a through 1d .....		<b>1e</b>	
2 Subtract line 1e from Part II, line 7 .....		<b>2</b>	0.
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....		<b>3</b>	
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....		<b>4</b>	0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....		<b>5</b>	0.
6a Payments: A 2019 overpayment credited to 2020 .....	<b>6a</b>		
b 2020 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>		
c Tax deposited with Form 8868 .....	<b>6c</b>		
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e Backup withholding (see instructions) .....	<b>6e</b>		
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....	<b>6g</b>		
<input type="checkbox"/> Form 4136 .....			
7 <b>Total payments.</b> Add lines 6a through 6g .....		<b>7</b>	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....		<b>8</b>	
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....		<b>9</b>	
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....		<b>10</b>	
11 Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> .....		<b>11</b>	

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....		<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year .....	\$ .....	<input type="checkbox"/>	<input type="checkbox"/>
4a Did the organization change its method of accounting? (see instructions) .....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....		<input type="checkbox"/>	<input type="checkbox"/>

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer _____ Date _____	CEO _____ Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	AMY CHAPMAN	AMY CHAPMAN	12/13/21		P00843460
	Firm's name	Firm's address		Firm's EIN	Phone no.
	CLIFTONLARSONALLEN	901 N. GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203		41-0746749	571-227-9500

NATIONAL COMMUNITY REINVESTMENT COALITION, INC.

740 15TH STREET, NW #400

WASHINGTON, DC 20005

EMPLOYER IDENTIFICATION NUMBER: 52-1766126

FOR THE YEAR ENDING DECEMBER 31, 2020

NATIONAL COMMUNITY REINVESTMENT COALITION, INC. HEREBY  
ELECTS, PURSUANT TO SEC. 172(B)(3) OF THE INTERNAL REVENUE  
CODE, TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT  
TO THE NET OPERATING LOSS INCURRED FOR THE TAX YEAR ENDED  
DECEMBER 31, 2020 AND WILL HAVE SUCH LOSS AVAILABLE FOR  
CARRYFORWARD ONLY.

DRAFT

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

**2020**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>NATIONAL COMMUNITY REINVESTMENT COALITION, INC.</b>	<b>B</b> Employer identification number <b>52-1766126</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>532000</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **RENTAL PROPERTY**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>			
<b>6</b> Rent income (Part IV)	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>	8,955,731.	9,416,734.	-461,003.
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>			
<b>11</b> Advertising income (Part IX)	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	8,955,731.	9,416,734.	-461,003.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)							
<b>2</b> Salaries and wages				<b>2</b>			
<b>3</b> Repairs and maintenance				<b>3</b>			
<b>4</b> Bad debts				<b>4</b>			
<b>5</b> Interest (attach statement) (see instructions)				<b>5</b>			
<b>6</b> Taxes and licenses				<b>6</b>			
<b>7</b> Depreciation (attach Form 4562) (see instructions)		<b>7</b>					
<b>8</b> Less depreciation claimed in Part III and elsewhere on return		<b>8a</b>				<b>8b</b>	
<b>9</b> Depletion				<b>9</b>			
<b>10</b> Contributions to deferred compensation plans				<b>10</b>			
<b>11</b> Employee benefit programs				<b>11</b>			
<b>12</b> Excess exempt expenses (Part VIII)				<b>12</b>			
<b>13</b> Excess readership costs (Part IX)				<b>13</b>			
<b>14</b> Other deductions (attach statement)				<b>14</b>			
<b>15 Total deductions.</b> Add lines 1 through 14				<b>15</b>			0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				<b>16</b>			-461,003.
<b>17</b> Deduction for net operating loss (see instructions)				<b>17</b>			0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16				<b>18</b>			-461,003.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold**

Enter method of inventory valuation ▶

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	
3 Cost of labor .....	3	
4 Additional section 263A costs (attach statement) .....	4	
5 Other costs (attach statement) .....	5	
6 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) <span style="float: right;">▶</span>				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) <span style="float: right;">▶</span>				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A  727 RENTAL OF OFFICES 727 15TH STREET, NW, WASHINGTON, DC 20005

B  740 RENTAL OF OFFICES 740 15TH STREET NW, WASHINGTON, DC 20005

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....	1,297,766.	7,657,965.		
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) <b>STMT 3</b>	317,981.	2,365,824.		
b Other deductions (attach statement) <b>STMT 4</b>	832,686.	5,900,243.		
c Total deductions (add lines 3a and 3b, columns A through D) .....	1,150,667.	8,266,067.		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) <b>STMT</b>	58,599,138.	78,955,955.		
5 Average adjusted basis of or allocable to debt-financed property (attach statement) <b>STMT 2</b>	5,096,921.	66,904,789.		
6 Divide line 4 by line 5 .....	100.00%	100.00%	%	%
7 Gross income reportable. Multiply line 2 by line 6	1,297,766.	7,657,965.		
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <span style="float: right;">▶</span>				8,955,731.
9 Allocable deductions. Multiply line 3c by line 6	1,150,667.	8,266,067.		
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) <span style="float: right;">▶</span>				9,416,734.
11 <b>Total dividends-received deductions</b> included in line 10 <span style="float: right;">▶</span>				0.



**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____	4
5	Gross income from activity that is not unrelated business income _____	5
6	Expenses attributable to income entered on line 5 _____	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

Table with 4 columns (A, B, C, D) and 1 row (Advertising gain (loss). Subtract line 3 from line 2)

Table with 4 columns (A, B, C, D) and 1 row (Readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Circulation income)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs allowed as a deduction)

Table with 4 columns (A, B, C, D) and 1 row (Add line 8, columns A through D)

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business

Table with 4 columns (A, B, C, D) and 1 row (Total. Enter here and on Part II, line 1)

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 2  
 AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
727 RENTAL OF OFFICES- BUILDING	1	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR		5,213,126.
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		4,980,716.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		5,096,921.

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
740 RENTAL OF OFFICES- BUILDING	2	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR		67,842,682.
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		65,966,896.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		66,904,789.

TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5

FORM 990-T (A) PART V - DEPRECIATION DEDUCTION STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		317,981.	
- SUBTOTAL -	1		317,981.
DEPRECIATION		2,365,824.	
- SUBTOTAL -	2		2,365,824.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			2,683,805.

FORM 990-T (A)

PART V - OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE		399,782.	
MANAGEMENT FEES		25,050.	
BUILDING OPERATING EXPENSES		278,743.	
INSURANCE		12,917.	
MISCELLANEOUS TAXES		57,033.	
REPAIRS AND MAINTENANCE		56,930.	
TAX PREPARATION FEE		1,000.	
PROFESSIONAL FEES		1,231.	
- SUBTOTAL -	1		832,686.
INTEREST EXPENSE		3,618,905.	
MANAGEMENT FEES		114,791.	
BUILDING OPERATING EXPENSES		1,269,821.	
INSURANCE		63,103.	
MISCELLANEOUS		22,342.	
OFFICE SUPPLIES		11,255.	
PROPERTY TAXES		399,615.	
REPAIRS AND MAINTENANCE		240,704.	
PROFESSIONAL FEES		159,707.	
- SUBTOTAL -	2		5,900,243.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)			6,732,929.

FORM 990-T (A)

AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION OF DEBT		8,599,138.	
- SUBTOTAL -	1		8,599,138.
AVERAGE ACQUISITION OF DEBT		78,955,955.	
- SUBTOTAL -	2		78,955,955.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 4			87,555,093.

## D-20P SUB Payment Voucher for Corporation Franchise Tax

### Instructions

Use the D-20P Payment Voucher to make any payment due on your **D-20** return.

- Do not use this voucher to make estimated tax payments.
- Enter your Taxpayer Identification Number (TIN).
- Enter name and address exactly as they appear on your return.
- Enter the amount of your payment.
- Make the check or money order payable (US dollars) to DC Treasurer.
- Write your TIN, tax period and type of return (D-20) on the payment.
- **Staple your check or money order to the D-20P voucher only.** Do not attach your payment to the D-20 return.
- Mail the D-20P **with**, but not attached to, your D-20 tax return to:  
Office of Tax and Revenue  
PO Box 96166  
Washington DC 20090-6166

### Notes:

- If your payment exceeds \$5,000 in any period, **you must pay electronically.** Visit [MyTax.DC.gov](http://MyTax.DC.gov).
- **For electronic filers**, in order to comply with banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States". If the answer is yes, you will be required to pay by money order (U.S. dollars) or credit card. Please notify this agency if your response changes in the future. Make sure your check or electronic payment will clear. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.

DRAFT

043331 01-04-21

*Detach at perforation before mailing*

Government of the  
District of Columbia

D-20P SUB Payment Voucher for  
Corporation Franchise Tax



00020PS11019

Amount of Payment (dollars)

250 .00

Taxpayer Identification Number

521766126

To avoid penalties and interest, your payment must  
be postmarked no later than the due date of your return.

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1019

Business or Designated Agent Name

**NATIONAL COMMUNITY REINVESTMENT COA**

Tax period ending (MMDDYYYY)

12312020

Business mailing address (number, street and suite/apartment number if applicable)

**740 15TH STREET, NW**

Business mailing address (number, street and suite/apartment number if applicable)

City

**WASHINGTON**

State

**DC**

ZIP code + 4

**20005**

D-20 SUB Corporation  
Franchise Tax Return



200203S11019

Taxpayer Identification Number (TIN)  
521766126

Number of business locations  
In DC: 1 Outside DC: 0

Name of corporation  
**NATIONAL COMMUNITY REINVESTMENT COA**

Tax period ending (MMDDYYYY)  
12312020

SOFTWARE DEVELOPER USE ONLY  
VENDOR ID # 1019  
Mark if: QHTC located in DC Ballpark TIF area  
Mark if: AMENDED RETURN  
Mark if: FINAL RETURN  
Mark if: CERTIFIED QHTC  
Mark if: COMBINED REPORT\*

Business mailing address #1  
740 15TH STREET, NW

Business mailing address #2

City  
WASHINGTON

State  
DC

ZIP code+4  
20005

\*You must fill in the Designated Agent info below  
Mark if: WORLDWIDE\*\*  
\*\*Worldwide form must be filed with this return

Designated Agent Name

Designated Agent TIN

● READ INSTRUCTIONS BEFORE PREPARING RETURN (To allocate non-business items, see instructions.)

Enter dollar amounts only. If amount is zero, leave line blank, if minus, enter amount and fill in space.

<b>GROSS INCOME</b>	1	Gross receipts, minus returns and allowances		1		0	.00
	2	Cost of goods sold (from D-20 Schedule A) and/or operations (attach statement)		2			.00
	3	Gross profit from sales and/or operations <i>Line 1 minus Line 2</i>	Mark if minus	3			.00
	4	Dividends from Form D-20, Schedule B		4			.00
	5	Interest (attach statement)		5			.00
	6	Gross rental income from D-20, Schedule I, Column 3, Line 6		6			.00
	7	Gross royalties (attach statement)		7			.00
	8	(a) Net capital gain (loss) (attach a copy of your federal Schedule D)	Mark if minus	8(a)			.00
		(b) Ordinary gain (loss) from Part II, federal Form 4797 (attach copy)	Mark if minus	8(b)			.00
	9	Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund		9			.00
	10	Other income (loss) (attach statement)	STATEMENT 1	Mark if minus	10	8955731	.00
	11	<b>Total gross income.</b> Add Lines 3 - 10		Mark if minus	11	8955731	.00
<b>DEDUCTIONS</b>	12	Compensation of officers from Form D-20, Schedule C		12			.00
	13	Salaries and wages		13			.00
	14	Repairs		14		297634	.00
	15	Bad debts		15			.00
	16	Rent		16			.00
	17	Taxes From Form D-20, Schedule D		17			.00
	18	(a) Interest payments	4018688	.00			
		(b) Minus nondeductible payments to related entities		.00	= 18c	4018688	.00
	19	Contributions and/or gifts (attach statement)		19			.00
	20	Amortization (attach a copy of your federal Form 4562)		20			.00
21	Depreciation (attach a copy of your federal Form 4562) <small>Do not include any additional IRC 179 expenses or IRC 168(k) depreciation</small>		21		2683805	.00	
22	Depletion (attach statement)		22			.00	
23	(a) Enter royalty payments made		.00				
	(b) Minus nondeductible payments to related entities		.00	= 23c		.00	

Taxpayer Name: NATIONAL COMMUNITY REINV



200203S21019

Taxpayer Identification Number (TIN) 521766126

Enter dollar amounts only

DEDUCTIONS	24	Pension, profit-sharing plans	24	.00	
	25	Capital gains deferred due to DC approved investment in a DC Qualified Opportunity Fund	25	.00	
	26	Other deductions (attach statement)	26	2416607 .00	
	27	<b>Total deductions.</b> Add Lines 12-26	27	9416734 .00	
	28	Net income Line 11 minus Line 27	Mark if minus <input checked="" type="checkbox"/> 28	461003 .00	
	29	(a) Non-business income/state adjustment (attach statement)	Mark if minus 29a	.00	
		(b) Expense related to non-business income (attach statement)	29b	.00	
		(c) 29(a) minus 29(b)	Mark if minus 29c	.00	
	30	Net income subject to apportionment Line 28 minus Line 29(c)	Mark if minus <input checked="" type="checkbox"/> 30	461003 .00	
	31	DC apportionment factor from Form D-20, Schedule F, col. 3, Line 5 if Combined Report, from Combined Reporting Schedule 2A, Col. 3 Line 9	31	1.000000	
32	Net income from trade or business apportioned to DC Line 30 amount multiplied by Line 31 factor	Mark if minus <input checked="" type="checkbox"/> 32	461003 .00		
33	Other income/deductions attributable to DC (attach statement - see instructions)	Mark if minus 33	0 .00		
TAXABLE INCOME	34	Total taxable income <i>before</i> apportioned NOL deduction Line 32 plus or minus Line 33	Mark if minus <input checked="" type="checkbox"/> 34	461003 .00	
	35	Apportioned NOL deduction (Losses occurring in year 2000 and later) * <small>*Losses occurring in tax year 2018 or later are limited to 80%. See instructions.)</small>	35	.00	
	36	<b>Total DC taxable income.</b> Line 34 minus Line 35	Mark if minus <input checked="" type="checkbox"/> 36	461003 .00	
	37	Tax 8.25% of Line 36	37	0 .00	
	38	Minus nonrefundable credits from Schedule UB, Line 9	38	.00	
	39	Total DC gross receipts from Line '4' MTLGR Worksheet <b>STATEMENT 2</b>		.00	
	40	Net tax. Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M	40	250 .00	
	TAX - PAYMENTS AND CREDITS	41	Payments and refundable credits:		
			(a) Tax paid, if any, with request for an extension of time to file	41a	.00
			(b) Tax paid, if any, with original return if this is an amended return	41b	.00
		(c) 2020 estimated franchise tax payments	41c	.00	
		(d) Refundable credits <i>from Schedule UB, Line 12</i>	41d	.00	
42		If this is an amended 2020 return, enter refund requested with original return.	42	.00	
43		Total payments and credits. Add Lines 41(a) through 41(d). Do not include Line 42.	43	.00	
44		Estimated tax interest (Mark if D-2220 attached)	44	.00	
45		Total Amount Due. If Line 43 is smaller than the total of Lines 40 and 44, enter amount due. <small>Will this payment come from an account outside of the U.S.? Yes <input checked="" type="checkbox"/> No See instructions</small>	45	250 .00	
46		Overpayment. If Line 43 is larger than the total of Lines 40 and 44, enter amount overpaid.	46	.00	
47	Amount you want to apply to your 2021 estimated franchise tax	47	.00		
48	Amount to be refunded. Line 46 minus Line 47.	48	.00		

Third party designee To authorize another person to discuss this return with OTR, mark here

and enter the name and phone number of that person. See instructions.

Designee's name

Phone number

PLEASE SIGN HERE

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

2026288866

PAID PREPARER ONLY

Officer's signature AMY CHAPMAN

Title 12/13/21

Date CLIFTONLARSONALL ARLINGTON, VA 222

Telephone number of person to contact

Preparer's signature (if other than taxpayer) Preparer's PTIN P00843460

Date

Firm name

Firm address

If you want to allow the preparer to discuss this return with the Office of Tax and Revenue, mark here. X

Email Address

AMY.CHAPMAN@CLACONNECT.COM



Taxpayer Name: **NATIONAL COMMUNITY REIN**  
 Taxpayer Identification Number (TIN) **521766126**

200203S31019

Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)		Schedule B - Dividends (See specific instructions for Line 4.)	
1. Inventory at beginning of year .....		NAME AND ADDRESS OF DECLARING CORPORATION	AMOUNT
2. Merchandise bought for manufacture or sale .....			
3. Salaries and wages .....			
4. Other costs per books (attach statement) (Additional federal depreciation and additional IRC § 179 expenses are not allowable.) .....			
5. Total .....			
6. Minus: Inventory at end of tax year .....			
7. Cost of goods sold (Enter here and on D-20, Line 2.)			

Method of inventory valuation:		Total Dividends	
		Minus deduction for Subpart F Income.	
		Minus deduction for dividends received from wholly-owned subsidiary	
		<b>TOTAL</b> (Enter here and on D-20, Line 4.)	

Schedule C - Compensation of officers (See specific instructions for Line 12. If more than 3 offices attach additional sheets as needed.)						
Col. 1 Name and Address of Officer	Col. 2 Official Title	Col. 3 Percent of Time Devoted to Business	Percent of Corporation Stock Owned		Col. 6 Amount of Compensation	Col. 7 Expense Account Allowances
			Col. 4 Common	Col. 5 Preferred		
		%	%	%		
		%	%	%		
		%	%	%		

TOTAL COMPENSATION OF OFFICERS (Enter here and on D-20, Line 12.)

Schedule D - Taxes (See specific instructions for Line 17.)			
EXPLANATION	AMOUNT	EXPLANATION	AMOUNT
		TOTAL (Enter here and on D-20, Line 17.)	

Schedule E - Reconciliation of the net income reported on Federal and DC returns			
1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return).	0	7. Total DC taxable income reported (from D-20, Line 36).	- 461003
<b>UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME</b>			
2. Income taxes (see specific instructions for line 17).	0	<b>NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIONS</b>	
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.	0	8. Net income apportioned or allocated to outside DC.	0
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.	0	9. Other non-taxable income and additional deductions including NOL (itemize):	
5. Other unallowable deductions and additional income (itemize, include additional federal depreciation and additional IRC § 179 expenses).		(a) <b>DEBT FINANCED</b>	
<b>DEBT FINANCED INCOME</b>	8955731	(b) <b>EXPENSES</b>	9416735
(a) _____			8955732
(b) _____			9416735
6. TOTAL of Lines 1-5.		10. TOTAL of Lines 7, 8 and 9.	





Taxpayer Name: NATIONAL COMMUNITY REINV



Taxpayer Identification Number (TIN) 521766126

200203S51019

**Schedule H-1 - Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

1. Net income per books		7. Income recorded on books this year and not included in this return (itemize). Tax-exempt interest _____
2. Federal income tax		
3. Excess of capital losses over capital gains		
4. Taxable income not recorded on books this year (itemize)		
5. Expenses recorded on books this year and not deducted on this return (itemize). (a) Depreciation _____ (b) Depletion _____		8. Deductions on this tax return and not charged against book income this year (itemize). (a) Depreciation _____ (b) Depletion _____
6. TOTAL of Lines 1 through 5		9. TOTAL of Lines 7 and 8 _____ 10. Taxable Income (federal Form 1120, page 1, line 28 should equal Line 6 minus Line 9 of this Schedule.) _____

**Schedule H-2 - Analysis of Unappropriated Retained Earnings per Books**

1. Balance at beginning of year	2104340	5. Distributions: (a) Cash _____ (b) Stock _____ (c) Property _____	
2. Net income per books		6. Other decreases (itemize). _____	
3. Other increases (itemize)			
4. TOTAL of Lines 1, 2 and 3	2104340	7. TOTAL of Lines 5 and 6	3,969,317
		8. Balance at end of year (Line 4 minus Line 7)	3969317
			-1864977

**Schedule I - Income from Rent**

Col. 1 Address of Property	Col. 2 Kind of Property	Col. 3 Gross Amount of Rent	Col. 4 Depreciation* or Amortization (per Federal Form 4562)	Col. 5 Repairs (Explain in Sch. I-1)	Col. 6 Taxes, Interest and other Expenses* (Explain in Sch. I-1)
1.					
2.					
3.					
4.					
5.					
6. TOTAL (Enter the total of Col. 3 on D-20, Line 6.)					

Enter total of Col 4, 5, and 6 on appropriate deduction lines.)

\*excludes federal depreciation and additional IRC §179 expenses.

**Schedule I-1 - Explanation of deductions claimed in Columns 5 and 6 of Schedule I.**

Column No.	Explanation	Amount	Column No.	Explanation	Amount



DC FORM D-20

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

DEBT FINANCED INCOME

8,955,731.

TOTAL TO FORM D-20, PAGE 1, LINE 9

8,955,731.

DC FORM D-20

MINIMUM TAX LIABILITY GROSS RECEIPTS (MTLGR)

STATEMENT 2

1. AMOUNT FROM NUMERATOR OF DC SALES APPORTIONMENT FACTOR FROM SCHEDULE F, LINE 1, COLUMN 2 OF D-20. FINANCIAL INSTITUTIONS MUST USE AMOUNT ON SCHEDULE F, LINE 2, COLUMN 2 OF D-20. 0.
2. ADD THE ADJUSTED BASIS OF PROPERTY (LESS DEPRECIATION) FOR WHICH GAINS REPORTED IN LINE 1 0.
3. ADD NON-BUSINESS INCOME ALLOCATED TO DC REPORTED PER D-20, LINE 33 0.
4. TOTAL GROSS RECEIPTS (ADD LINES 1, 2 AND 3) TOTAL TO D-20, LINE 39 0.

DRAFT

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

**2020**  
**Open to Public Inspection**

## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) <b>01/01/2020</b> and Ending (mm/dd/yyyy) <b>12/31/2020</b>		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>NATIONAL COMMUNITY REINVESTMENT COALITIO</b>	Employer Identification Number (EIN): <b>52-1766126</b>
	Mailing Address: <b>740 15TH STREET, NW, NO. 400</b>	NY Registration Number: <b>5518201</b>
	City / State / ZIP: <b>WASHINGTON, DC 20005</b>	Telephone: <b>202 628-8866</b>
	Website: <b>WWW.NCRC.ORG</b>	Email:

Check your organization's registration category:  7A only  EPTL only  DUAL (7A & EPTL)  EXEMPT\* Confirm your Registration Category in the Charities Registry at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

## 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

President or Authorized Officer:

Signature

Print Name and Title

Date

Chief Financial Officer or Treasurer:

Signature

Print Name and Title

Date

## 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

Yes  No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

Yes  No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

## 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ _____	Total fee: \$ <u>25.</u>	Make a single check or money order payable to: <b>"Department of Law"</b>
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

# CHAR500

## Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
  - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
  - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

#### Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
Call: (212) 416-8401  
Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)

#### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

# CHAR500

Schedule 4b: Government Grants  
www.CharitiesNYS.com

## 2020

**Open to Public  
Inspection**

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

**Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

### 1. Organization Information

Name of Organization:	NY Registration Number:
<b>NATIONAL COMMUNITY REINVESTMENT COALITION, INC.</b>	<b>5518201</b>

### 2. Government Grants

Name of Government Agency	Amount of Grant
1. U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT	1. 2,430,686.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 2,430,686.