

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: NATIONAL COMMUNITY REINVESTMENT COALITION, INC.
D Employer identification number: 52-1766126
E Telephone number: 202-628-8866
G Gross receipts \$: 29,070,780.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.NCRC.ORG
K Form of organization:
L Year of formation: 1990
M State of legal domicile: DC

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
Sign Here: Signature of officer: JESSE VAN TOL, PRESIDENT AND CEO
Date: 11/15/2023
Paid: Preparer's name: ROBERT WILLIAMS, Signature: ROBERT WILLIAMS, Date: 11/14/23, PTIN: P01345960
Preparer Use Only: Firm's name: CLIFTONLARSONALLEN, Firm's EIN: 41-0746749, Firm's address: 901 N. GLEBE ROAD, SUITE 200, ARLINGTON, VA 22203, Phone no.: 571-227-9500

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

NATIONAL COMMUNITY REINVESTMENT COALITION, INC.

Form 990 (2022)

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 \$ 4,303,614. including grants of \$ 10,689.) (Revenue \$ 4,921,650.) MEMBERSHIP, RESEARCH & NCRC'S JUST ECONOMY CONFERENCE: 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. 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. 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

4b (Code:) (Expenses \$ 2,936,601. including grants of \$ 1,522,203.) (Revenue \$) HOUSING COUNSELING NETWORK AND NATIONAL TRAINING ACADEMY. 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. THE NATIONAL TRAINING ACADEMY BUILDS CAPACITIES OF ORGANIZATIONS TO SERVE THEIR CONSTITUENTS WITH GREATER IMPACT.

4c (Code:) (Expenses \$ 1,515,698. including grants of \$) (Revenue \$) FAIR HOUSING AND FAIR LENDING - NCRC'S FAIR HOUSING PROGRAM CONDUCTS TESTING AND INVESTIGATIONS, PURSUES INDEPENDENT ENFORCEMENT ACTIONS, PROVIDES TRAINING AND PRODUCES ANALYSIS TO ENSURE EQUITABLE ACCESS TO AFFORDABLE HOUSING CHOICES. NCRC'S FAIR LENDING AND CONSUMER PROTECTION TEAM CONDUCTS TESTING AND COMPLIANCE INVESTIGATIONS, PROVIDES TRAINING TO LENDERS AND PRODUCES ANALYSIS TO ENSURE EQUITABLE ACCESS TO CREDIT AND FINANCIAL PRODUCTS. OUR TEAM ALSO WORKS CLOSELY WITH NCRC MEMBERS AND OUR POLICY AND GOVERNMENT RELATIONS TEAMS TO ADVANCE POLICIES THAT MAKE FAIR HOUSING, FAIR LENDING AND EQUITABLE ACCESS TO FINANCIAL SERVICES A NATIONAL PRIORITY AND A LOCAL REALITY.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,624,231. including grants of \$ 70,250.) (Revenue \$)

4e Total program service expenses 11,380,144.

**NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.**

Form 990 (2022)

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> ? See instructions	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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 Rev. Proc. 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> See instructions		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	

NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.

Form 990 (2022)

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 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
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a 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 A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on 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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

NATIONAL COMMUNITY REINVESTMENT COALITION, INC.

Form 990 (2022)

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

**NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.**

Form 990 (2022)

52-1766126 Page 6

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
1a	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.	27	
b	Enter the number of voting members included on line 1a, above, who are independent	27	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NY, DC
- 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
GREGORY DYSON, COO - (301)467-6853
740 15TH STREET, NW, SUITE 400, WASHINGTON, DC 20005

NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.

Form 990 (2022)

52-1766126 Page 7

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JESSE VAN TOL PRESIDENT & CEO	40.00 0.00			X				403,266.	0.	30,138.
(2) GREGORY DYSON COO	40.00 0.00			X				234,865.	0.	7,589.
(3) BRADLEY BLOWER CHIEF INTERNAL LEGAL COUNSEL	40.00 0.00				X			223,321.	0.	9,608.
(4) ADNAN BOKHARI CFO	40.00 0.00			X				220,923.	0.	7,973.
(5) MARISA CALDERON CHIEF COMMUNITY FINANCE & MOBILITY	40.00 0.00					X		219,945.	0.	8,948.
(6) DEDRICK ASANTE-MUHAMMAD CHIEF MEMBERSHIP, POLICY & EQUITY	40.00 0.00				X			212,173.	0.	8,901.
(7) ANDREW NACHISON CHIEF COMMUNICATIONS & MKT OFFICER	40.00 0.00					X		181,981.	0.	7,938.
(8) SABRINA TERRY CHIEF PROGRAMS & STRATEGIC DEVELOPEME	40.00 0.00				X			171,884.	0.	7,526.
(9) KEVIN SALL DIRECTOR OF I.T.	40.00 0.00					X		140,873.	0.	6,002.
(10) ALICE BODLEY COO UNTIL 2/22	40.00 0.00			X				31,621.	0.	1,438.
(11) CATHERINE CROSBY CHAIR	5.00 0.00	X		X				0.	0.	0.
(12) ROBERT DICKERSON, JR IMMEDIATE PAST CHAIR	5.00 0.00	X		X				0.	0.	0.
(13) BETHANY SANCHEZ VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(14) IRVIN HENDERSON VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(15) PETER HAINLEY TREASURER	1.00 0.00	X		X				0.	0.	0.
(16) ELISABETH RISCH SECRETARY	1.00 0.00	X		X				0.	0.	0.
(17) AARON MIRIPOL BOARD MEMBER	1.00 0.00	X						0.	0.	0.

**NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.**

Form 990 (2022)

52-1766126 Page **8**

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ANDREANECIA MORRIS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) ARDEN SHANK BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(20) BEVERLY WATTS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) BRENT KAKESAKO BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) CAROL JOHNSON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) CHARLES HARRIS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(24) CORNELL CREWS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(25) DAVID ADAME BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(26) ERNEST HOGAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
1b Subtotal								2,040,852.	0.	96,061.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,040,852.	0.	96,061.

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 13

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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>	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>		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
JOHN TAYLOR 201 STRATFORD STREET, BOSTON, MA 02132	MANAGEMENT CONSULTING	148,042.
CLIFTONLARSONALLEN, LLP PO BOX 829664, PHILADELPHIA, PA 19182	AUDIT & TAX SERVICES	115,574.

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 2

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2022)

NATIONAL COMMUNITY REINVESTMENT COALITION, INC.

Form 990

52-1766126

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include board members like GILBERT BLAND, JEAN ISHMON, KEVIN STEIN, etc.

Total to Part VII, Section A, line 1c

NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.

Form 990 (2022)

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	1 a Federated campaigns	1a					
	b Membership dues	1b	247,072.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,133,561.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	10,444,592.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			13,825,225.			
Program Service Revenue	2 a CONFERENCES	Business Code					
		900099	4,737,770.	4,737,770.			
	b SERVICE FEES	900099	183,880.	183,880.			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			4,921,650.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		75,008.			75,008.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			10,013,309.				
			(ii) Personal				
	b Less: rental expenses ...	6b	11,774,109.				
	c Rental income or (loss)	6c	-1,760,800.				
	d Net rental income or (loss)			-1,760,800.	-633,323.	-1127477.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			86,848.				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	96,211.				
	c Gain or (loss)	7c	-9,363.				
d Net gain or (loss)			-9,363.		-9,363.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900099	142,297.			142,297.	
	b HONORARIUM	900099	6,443.			6,443.	
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			148,740.				
12 Total revenue. See instructions			17,200,460.	4,921,650.	-633,323.	-913,092.	

**NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.**

Form 990 (2022)

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,603,142.	1,603,142.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,571,135.	433,703.	1,078,469.	58,963.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,087,259.	3,381,906.	1,593,568.	111,785.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	332,796.	198,922.	126,083.	7,791.
9 Other employee benefits	620,866.	331,480.	274,429.	14,957.
10 Payroll taxes	451,602.	240,573.	200,061.	10,968.
11 Fees for services (nonemployees):				
a Management				
b Legal	58,427.		58,427.	
c Accounting	95,744.		95,744.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,389,976.	1,050,949.	328,204.	10,823.
12 Advertising and promotion	121,582.	107,490.	14,092.	
13 Office expenses	122,642.	43,947.	77,399.	1,296.
14 Information technology	83,731.	54,846.	26,029.	2,856.
15 Royalties				
16 Occupancy	150,721.	57,514.	89,993.	3,214.
17 Travel	221,366.	112,153.	105,589.	3,624.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	966,653.	903,887.	62,744.	22.
20 Interest	25,376.		25,376.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	74,751.		74,751.	
23 Insurance	102,452.	24,018.	78,434.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DUES AND SUBSCRIPTIONS	331,571.	188,139.	143,432.	
b REPAIR AND MAINTENANCE	72,315.	8,101.	64,214.	
c PROFESSIONAL DEVELOPMEN	23,911.	20,598.	3,313.	
d MANAGEMENT OVERHEAD	0.	2,609,471.	-2,700,140.	90,669.
e All other expenses	88,178.	9,305.	78,873.	
25 Total functional expenses. Add lines 1 through 24e	13,596,196.	11,380,144.	1,899,084.	316,968.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.**

Form 990 (2022)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1 Cash - non-interest-bearing	4,687,561.	1	2,689,153.		
	2 Savings and temporary cash investments		2			
	3 Pledges and grants receivable, net	3,203,230.	3	9,688,330.		
	4 Accounts receivable, net	934,559.	4			
	5 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		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges	82,588.	9	121,560.		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 105,930,576.				
	b Less: accumulated depreciation	10b 22,083,710.	86,696,191.	10c	83,846,866.	
	11 Investments - publicly traded securities	2,821,679.	11	2,548,782.		
	12 Investments - other securities. See Part IV, line 11		12			
	13 Investments - program-related. See Part IV, line 11		13			
	14 Intangible assets		14			
	15 Other assets. See Part IV, line 11	13,688,895.	15	16,361,322.		
16 Total assets. Add lines 1 through 15 (must equal line 33)	112,114,703.	16	115,256,013.			
Liabilities	17 Accounts payable and accrued expenses	2,185,678.	17	2,283,649.		
	18 Grants payable		18			
	19 Deferred revenue	1,459,166.	19	760,671.		
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22			
	23 Secured mortgages and notes payable to unrelated third parties	102,095,730.	23	100,380,883.		
	24 Unsecured notes and loans payable to unrelated third parties	1,133,841.	24	338,417.		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,753,681.	25	982,018.		
	26 Total liabilities. Add lines 17 through 25	113,628,096.	26	104,745,638.		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27 Net assets without donor restrictions	-8,600,197.	27	-1,172,025.		
	28 Net assets with donor restrictions	7,086,804.	28	11,682,400.		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29 Capital stock or trust principal, or current funds		29			
	30 Paid-in or capital surplus, or land, building, or equipment fund		30			
	31 Retained earnings, endowment, accumulated income, or other funds		31			
	32 Total net assets or fund balances	-1,513,393.	32	10,510,375.		
33 Total liabilities and net assets/fund balances	112,114,703.	33	115,256,013.			

Form **990** (2022)

**NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.**

Form 990 (2022)

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	17,200,460.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,596,196.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,604,264.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,513,393.
5	Net unrealized gains (losses) on investments	5	-334,504.
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	8,754,008.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,510,375.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
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 _____	3b	X

Form **990** (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.

Schedule A (Form 990) 2022

52-1766126 Page 2

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8915187.	6766014.	11695873.	15969739.	13825225.	57172038.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8915187.	6766014.	11695873.	15969739.	13825225.	57172038.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9685887.
6 Public support. Subtract line 5 from line 4.						47486151.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	8915187.	6766014.	11695873.	15969739.	13825225.	57172038.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10666677.	10485432.	10150643.	9997293.	10088317.	51388362.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2394120.	5,635.	261,584.	3,751.	148,740.	2813830.
11 Total support. Add lines 7 through 10						111374230
12 Gross receipts from related activities, etc. (see instructions)					12	18,165,495.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	42.64 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	41.76 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2022

NATIONAL COMMUNITY REINVESTMENT COALITION, INC.

Schedule A (Form 990) 2022

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) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 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; 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.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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 on 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.

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 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 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 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2022. 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 - 2021. 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

NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.

Schedule A (Form 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a 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 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>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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>		

NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.

Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on 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
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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

**NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.**

Schedule A (Form 990) 2022

52-1766126 Page 6

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

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

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

Schedule A (Form 990) 2022

**NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.**

Schedule A (Form 990) 2022

52-1766126 Page 7

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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), 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), 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).

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

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	_____ _____ _____	\$ <u>1,672,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,065,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>985,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>765,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>583,342.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
7	_____ _____ _____	\$ 2,419,083.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 324,294.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 320,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 313,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ 714,478.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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 NATIONAL COMMUNITY REINVESTMENT COALITION, INC.	Employer identification number 52-1766126
--	---

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
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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 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.

Table with 2 columns: Name of organization (NATIONAL COMMUNITY REINVESTMENT COALITION, INC.) and Employer identification number (52-1766126)

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

**NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.**

Schedule C (Form 990) 2022

52-1766126 Page 2

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	5,311.													
c Total lobbying expenditures (add lines 1a and 1b)	5,311.													
d Other exempt purpose expenditures	11,498,945.													
e Total exempt purpose expenditures (add lines 1c and 1d)	11,504,256.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	725,213.													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	181,303.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	813,186.	775,986.	908,093.	725,213.	3,222,478.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,833,717.
c Total lobbying expenditures	52,731.	34,022.	20,693.	5,311.	112,757.
d Grassroots nontaxable amount	203,297.	193,997.	227,023.	181,303.	805,620.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,208,430.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.

Schedule C (Form 990) 2022

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register	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?

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)?

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) 2022

**NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.**

Schedule D (Form 990) 2022

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? <input type="checkbox"/> | 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	60,341,950.		13,578,367.	46,763,583.
c Leasehold improvements	15,759,673.		7,918,960.	7,840,713.
d Equipment		712,190.	548,201.	163,989.
e Other		38,181.	38,182.	-1.
Total. Add lines 1a through 1e. <i>(Column (d) must equal Form 990, Part X, column (B), line 10c.)</i>				83,846,866.

**NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.**

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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	7,668,174.
(2) DUE FROM AFFILIATES	325,263.
(3) SECURITY DEPOSITS	2,266.
(4) INVESTMENT IN AFFILIATES	222,964.
(5) LOAN ADVANCES TO AFFILATES	800,000.
(6) DEFERRED LEASING COSTS	1,153,855.
(7) ESCROW DEPOSITS	3,008,648.
(8) INTEREST RATE SWAP	3,180,152.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	16,361,322.

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	308,098.
(3) DUE TO AFFILIATE	673,920.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	982,018.

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 ...

NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.

Schedule D (Form 990) 2022

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

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

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

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

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

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

Part XIII Supplemental Information.

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

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
RELATED ENTITY ACTIVITY

PART XII, LINE 2D - OTHER ADJUSTMENTS:

NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.

Schedule D (Form 990) 2022

Part XIII Supplemental Information *(continued)*

RENTAL EXPENSES NETTED WITH REVENUE

UNREALIZED LOSS ON INTEREST RATE SWAP

RELATED ENTITY ACTIVITY

GAIN/LOSS ON AFFILIATE

Multiple horizontal lines for supplemental information input.

**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 for the latest information.

OMB No. 1545-0047

2022

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ANNE ARUNDEL COUNTY COMMUNITY ACTION AGENCY INC - 251 WEST STREET - ANNAPOLIS, MD 21401	52-6264934	501(C)3	0.	27,500.	N/A	N/A	PASS THROUGH PAYMENTS
BRIDGEPORT NEIGHBORHOOD TRUST, INC. - 570 STATE STREET - BRIDGEPORT, CT 06604	22-2809353	501(C)3	0.	150,939.	N/A	N/A	PASS THROUGH PAYMENTS
COALITION FOR NONPROFIT HOUSING AND ECONOMIC DEVELOPMENT - 727 15TH ST NW - WASHINGTON, DC 20005	52-1750323	501(C)3	0.	30,000.	N/A	N/A	PASS THROUGH PAYMENTS
COMMUNITY SERVICE NETWORK, INC. 52 BROADWAY STONEHAM, MA 02180	22-2621963	501(C)3	0.	13,141.	N/A	N/A	PASS THROUGH PAYMENTS
FRAYSER COMMUNITY DEVELOPMENT CORPORATION - 3684 N. WATKINS STREET - MEMPHIS, TN 38127	58-2158058	501(C)3	0.	17,500.	N/A	N/A	PASS THROUGH PAYMENTS
GLOBAL DETROIT 4444 SECOND AVENUE DETROIT, MI 48201	38-3880502	501(C)3	0.	5,585.	N/A	N/A	PASS THROUGH PAYMENTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **33.**
- 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) 2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER BALTIMORE CULTURAL ALLIANCE - 120 W. NORTH AVE - BALTIMORE, MD 20201	26-0010594	501(C)3	0.	5,104.	N/A	N/A	PASS THROUGH PAYMENTS
GREATER CHARLOTTESVILLE HABITAT HUMANITY - 919 WEST MAIN STREET - CHARLOTTESVILLE, VA 22903	54-1574925	501(C)3	0.	43,427.	N/A	N/A	PASS THROUGH PAYMENTS
HABITAT FOR HUMANITY OF KANSAS CITY - 1423 E LINWOOD BLVD - KANSAS CITY, MO 64109	43-1175749	501(C)3	0.	10,000.	N/A	N/A	PASS THROUGH PAYMENTS
HABITAT FOR HUMANITY OF MICHIGAN, INC - 618 S CREYTS RD SUITE A - LANSING, MI 48917	38-3142455	501(C)3	0.	75,000.	N/A	N/A	PASS THROUGH PAYMENTS
HOME REPAIR RESOURCE CENTER 2520 NOBLE ROAD CLEVELAND HEIGHTS, OH 44121	23-7121304	501(C)3	0.	58,141.	N/A	N/A	PASS THROUGH PAYMENTS
HOUSING COUNSELING SERVICES, INC. 2410 17TH ST NW SUITE 100 ADAMS WASHINGTON, DC 20009	52-0958568	501(C)3	0.	56,527.	N/A	N/A	FIELD EMPOWERMENT FUND
LEGACY CDC 3800 PARK LANE PORT ARTHUR, TX 77642	20-8023787	501(C)3	0.	10,000.	N/A	N/A	HOUSING COUNSELING SERVICES
LEGACY COMMUNITY DEVELOPMENT CORPORATION - 3800 PARK LANE - PORT ARTHUR, TX 77642	52-1755086	501(C)3	0.	27,703.	N/A	N/A	PASS THROUGH PAYMENTS
MAKING CHANGE, INC. 9770 PATUXENT WOODS DRIVE STE 307 COLUMBIA, MD 21046	52-1755086	501(C)3	0.	26,461.	N/A	N/A	PASS THROUGH PAYMENTS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANNA INC. 828 EVARTS STREET, NE WASHINGTON, DC 20018	52-1260698	501(C)3	0.	15,000.	N/A	N/A	PASS THROUGH PAYMENTS
MISSISSIPPI COUNTY ARKANSAS ECONOMIC OPPORTUNITY COMMISSION - PO BOX 1289 - BLYTHEVILLE, AR 72316	71-0386409	501(C)3	0.	20,666.	N/A	N/A	PASS THROUGH PAYMENTS
NORTHWEST INDIANA REINVESTMENT ALLIANCE - 5209 HOHMAN AVENUE - HAMMOND, IN 46320	33-1166773	501(C)3	0.	49,749.	N/A	N/A	PASS THROUGH PAYMENTS
PIMA COUNTRY COMMUNITY LAND TRUST 17 N. LINDA AVENUE TUCSON, AZ 85745	27-2635994	501(C)3	0.	51,648.	N/A	N/A	PASS THROUGH PAYMENTS
RCAP SOLUTIONS INC 145 SW 12TH AVE GARDNER, MA 01440	04-2454675	501(C)3	0.	45,000.	N/A	N/A	PASS THROUGH PAYMENTS
SOLITAS HOUSE INC 3101 EAST 7TH AVE TAMPA, FL 33605	51-0585799	501(C)3	0.	118,944.	N/A	N/A	PASS THROUGH PAYMENTS
SOUTHWEST ECONOMIC SOLUTIONS 5716 MICHIGAN AVE DETROIT, MI 48210	46-2252476	501(C)3	0.	70,000.	N/A	N/A	PASS THROUGH PAYMENTS
SOUTHWEST NEIGHBORHOOD HOUSING SERVICES - 5716 MICHIGAN AVE - DETROIT, MI 48210	31-0875532	501(C)3	0.	36,461.	N/A	N/A	PASS THROUGH PAYMENTS
ST. JOHNS HOUSING PARTNERSHIP 525 W. KING ST ST. AUGUSTINE, FL 32084	59-3422856	501(C)3	0.	72,064.	N/A	N/A	PASS THROUGH PAYMENTS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED SOUTH BROADWAY CORPORATION 1500 WALTER STREET SE SUITE 202 ALBUQUERQUE, NM 87102	85-0371937	501(C)3	0.	46,461.	N/A	N/A	PASS THROUGH PAYMENTS
WASHINGTON AREA COMMUNITY INVESTMENT FUND - 2012 RHODE ISLAND AVE NE - WASHINGTON, DC 20018	54-1442466	501(C)3	0.	30,000.	N/A	N/A	PASS THROUGH PAYMENTS
YOU CAN MAKE IT HOMEOWNERSHIP CENTER, INC - 660 FITZHUGH BLVD SUITE 105 - SMYRNA, TN 37167	83-0423384	501(C)3	0.	75,000.	N/A	N/A	PASS THROUGH PAYMENTS
COMMUNITY ACTION AGENCY 1214 GREENWOOD AVENUE JACKSON, MI 49203	38-1803599	501(C)3	0.	20,000.	N/A	N/A	PASS THROUGH PAYMENTS
COULEECAP, INC. 201 MELBY STREET WESTBY, WI 54667	39-1077614	501(C)3	0.	126,828.	N/A	N/A	PASS THROUGH PAYMENTS
EMPOWERING & STRENGTHENING OHIO'S PEOPLE - 11890 FAIRHILL ROAD - CLEVELAND, OH 44120	34-1752943	501(C)3	0.	127,922.	N/A	N/A	PASS THROUGH PAYMENTS
HAITIAN AMERICAN COMMUNITY DEVELOPMENT CORP - 181 NORTHEAST 82ND STREET - MIAMI, FL 33138	59-2801211	501(C)3	0.	10,000.	N/A	N/A	PASS THROUGH PAYMENTS
HOME PRESERVATION AND PREVENTION INC - 3939 LONG BEACH BLVD - LONG BEACH, CA 90807	80-0597884	501(C)3	0.	10,000.	N/A	N/A	PASS THROUGH PAYMENTS
LAFAYETTE NEIGHBORHOOD HOUSING SERVICES, INC. - 671 N 36TH STREET - LAFAYETTE, IN 47905	31-1057335	501(C)3	0.	104,771.	N/A	N/A	PASS THROUGH PAYMENTS

Schedule I (Form 990)

**NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.**

Schedule I (Form 990) 2022

52-1766126

Page 2

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

2022

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization **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 checked="" 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? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

**NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.**

52-1766126

Schedule J (Form 990) 2022

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 and/or 1099-NEC 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) JESSE VAN TOL PRESIDENT & CEO	(i)	339,227.	64,039.	0.	30,138.	0.	433,404.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GREGORY DYSON COO	(i)	234,865.	0.	0.	6,589.	1,000.	242,454.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRADLEY BLOWER CHIEF INTERNAL LEGAL COUNSEL	(i)	208,321.	15,000.	0.	9,108.	500.	232,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ADNAN BOKHARI CFO	(i)	220,923.	0.	0.	6,973.	1,000.	228,896.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARISA CALDERON CHIEF COMMUNITY FINANCE & MOBILITY	(i)	206,099.	13,846.	0.	8,948.	0.	228,893.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DEDRICK ASANTE-MUHAMMAD CHIEF MEMBERSHIP, POLICY & EQUITY	(i)	202,173.	10,000.	0.	8,651.	250.	221,074.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANDREW NACHISON CHIEF COMMUNICATIONS & MKT OFFICER	(i)	181,981.	0.	0.	7,438.	500.	189,919.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SABRINA TERRY CHIEF PROGRAMS & STRATEGIC DEVELOPEME	(i)	171,884.	0.	0.	7,026.	500.	179,410.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.

Schedule J (Form 990) 2022

52-1766126

Page 3

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 7:

DISCRETIONARY BONUSES MAY BE GIVEN.

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

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 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public
Inspection

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

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) 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											

Part II Proceeds										
	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	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								

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

Schedule K (Form 990) 2022

**NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.**

Schedule K (Form 990) 2022

52-1766126

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)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

**NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.**

Employer identification number
52-1766126

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

**TO 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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

**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.**

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AUDIENCE & INFLUENCE

**NCRC PUBLISHES ORIGINAL RESEARCH, ANALYSIS AND ARTICLES. 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.**

EXPENSES \$ 1,254,028. INCLUDING GRANTS OF \$ 60,000. REVENUE \$ 0.

Schedule O (Form 990) 2022

Page 2

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

THE GENERATING REAL OPPORTUNITIES FOR WORK THROUGH HOUSING (GROWTH)

INITIATIVE - NCRC CREATES PATHWAYS TO HOME OWNERSHIP FOR LOW AND

MODERATE INCOME FAMILIES AND IMPROVES PROPERTY VALUES FOR LOW AND

MODERATE INCOME COMMUNITIES. THE INITIATIVE CREATES AN INVENTORY OF

AFFORDABLE, SECURE HOMEOWNERSHIP OPTIONS WHILE PROVIDING CONSTRUCTION

JOB AND WORKFORCE TRAINING AND DEVELOPMENT OPPORTUNITIES TO LOCAL

RESIDENTS

EXPENSES \$ 763,465. INCLUDING GRANTS OF \$ 5,250. REVENUE \$ 0.

ADVANCING BUSINESS FORMATION, RESILIENCE AND GROWTH - NCRC CONTINUED TO

EXPAND THE WAYS WE ADVANCE ENTREPRENEURSHIP, FROM CREATING IMPACT

VENTURES TO PROVIDING ASSISTANCE, TRAINING AND FINANCIAL SUPPORT

DIRECTLY TO SMALL BUSINESSES. WE ALSO PROVIDED GROUNDBREAKING RESEARCH

ON THE PANDEMIC'S IMPACTS ON SMALL BUSINESSES AND IN SUPPORT OF

INCREASED SMALL BUSINESS DATA COLLECTION.

EXPENSES \$ 261,734. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

RACIAL ECONOMIC EQUITY (REE) - THROUGH THIS WORK, NCRC EXPLORES THE

CHALLENGES COMMUNITIES ARE FACING IN LEVERAGING, DEPLOYING AND ALIGNING

LONG-TERM CAPITAL TO ADVANCE RACIAL EQUITY PRIORITIES AND DEVELOPS NEW

TOOLS IN SUPPORT OF COMMUNITIES SEEKING AND ORGANIZING AROUND CAPITAL

RESOURCES.

EXPENSES \$ 345,004. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1A:

ALL COMMITTEE MEMBERS ARE BOARD MEMBERS.

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

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

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.

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

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

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.

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

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

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 15:

ALL MATTERS AFFECTING THE EMPLOYMENT OF THE PRESIDENT 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 IS ENGAGED AS APPROPRIATE.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2022

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL REPORT IS INCLUDED IN THE ANNUAL IMPACT REPORT ([HTTPS://NCRC.ORG/IMPACT/](https://ncrc.org/impact/)).

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

SPEAKER FEES:

PROGRAM SERVICE EXPENSES	1,050,949.
MANAGEMENT AND GENERAL EXPENSES	328,204.
FUNDRAISING EXPENSES	10,823.

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

TOTAL EXPENSES	1,389,976.
-----------------------	-------------------

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,389,976.
---	-------------------

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

UNREALIZED GAIN ON INTEREST RATE SWAP	9,093,883.
--	-------------------

LOSS ON AFFILIATE	-339,875.
--------------------------	------------------

TOTAL TO FORM 990, PART XI, LINE 9	8,754,008.
---	-------------------

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

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, LLC - 81-2842259 740 15TH STREET N.W, SUITE 400 WASHINGTON, DC 20005	RENTAL COMMERCIAL OFFICE BUILDING	DELAWARE	9,619,537.	91,810,553.	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 CDFI - 26-1269202, 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

Schedule R (Form 990) 2022

COALITION, INC.

52-1766126

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.

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership.

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.

Table with 10 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No).

**NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.**

Schedule R (Form 990) 2022

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

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

NATIONAL COMMUNITY REINVESTMENT
COALITION, INC.

Schedule R (Form 990) 2022

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 CDFI

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