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DLN: 93493290003134

# Form **990**

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS

generally cannot redact the information on the form
► Information about Form 990 and its instructions is at <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

2013

Open to Public Inspection

<b>B</b> Che	eck ıf a	pplicable	endar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31- C Name of organization NATIONAL COMMUNITY REINVESTMENT COALITION	2013	D Employe	r ident	ification number	
	dress ch	_	Doing Business As		52-176	5126		
	me cha :ial retu	_						
_	mınate		Number and street (or P O box if mail is not delivered to street address) Room/suite 727 15TH STREETNW NO 900	!	E Telephone	numbe	er	
	ended		City or town, state or province, country, and ZIP or foreign postal code		(202)62	28-88	66	
		n pending	WASHINGTON, DC 20005		<b>G</b> Gross rece	eipts \$ 2	22,470,108	
			F Name and address of principal officer	<b>H(a)</b> Is	this a group re		<u> </u>	
			JOHN TAYLOR 727 15TH STREETNW NO 900		ibordinates?		ΓYes <b>Γ</b> No	
			WASHINGTON, DC 20005	<b>H(b)</b> Ar	re all subordina	tes	┌ Yes ┌ No	
<b>.</b> To	v ovon	npt status	▼ 501(c)(3)		cluded?	l.a+ /a		
		•	W NCRC ORG				see instructions)	
			✓ Corporation  Trust  Association  Other ►	1	formation 1000			
	n or or rt I	_	mary	<b>L</b> Year o	f formation 1990	M S	tate of legal domicile DC	
Governance		NCRC'S PRODUC	escribe the organization's mission or most significant activities MISSION IS TO INCREASE FAIR AND EQUAL ACCESS TO CREDIT, CTS NCRC SEEKS TO SUPPORT AND PROVIDE LONG-TERM SOLUTI NG COMMUNITY AND INDIVIDUAL NET WORTH					
Sovem	2	Check th	nis box 🔰 if the organization discontinued its operations or disposed of	more tha	n 25% of its ne	et ass	ets	
	٦	Number	of voting members of the governing body (Part VI, line 1a)		1	з	26	
Activities &			of independent voting members of the governing body (Part VI, line 1b)		<u> </u>	4	26	
<u> </u>			mber of individuals employed in calendar year 2013 (Part V, line 2a)		<del></del>	5	99	
ă.			mber of volunteers (estimate if necessary)		<del></del>	6	0	
	7a	Total uni	related business revenue from Part VIII, column (C), line 12		🗀	7a	0	
	ь	Net unre	lated business taxable income from Form 990-T, line 34		[	7b	0	
				P	Prior Year		Current Year	
-	8	Contri	butions and grants (Part VIII, line 1h)		11,958,55	8	12,108,490	
Ravenue	9	Progra	ım service revenue (Part VIII, line 2g)			0	0	
946	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)		605,89	9	552,113	
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,073,40	2	340,779	
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		13,637,85	9	13,001,382	
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)		3,745,67	_	3,264,204	
	14		ts paid to or for members (Part IX, column (A), line 4)			0	0	
	15		es, other compensation, employee benefits (Part IX, column (A), lines					
8		5-10)			6,501,14	_	5,980,739	
Expenses	16a		sional fundraising fees (Part IX, column (A), line 11e)		0			
五	Ь		ndraising expenses (Part IX, column (D), line 25) 180,435			_		
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,522,00	$\overline{}$	5,676,245	
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		14,768,81		14,921,188	
. 07	19	Reven	ue less expenses Subtract line 18 from line 12	D = =:==	-1,130,95	9	-1,919,806	
Net Assets or Fund Balances				Degini	ning of Current Year		End of Year	
38. 84.	20	Total	assets (Part X, line 16)		25,799,06	3	23,796,705	
Age Be	21		labilities (Part X, line 26)		7,280,09	8	6,788,852	
žÏ	22	Net as	sets or fund balances Subtract line 21 from line 20		18,518,96	5	17,007,853	
Pai	rt II	Sign	ature Block			· •		
Unde my ki	r pena nowle	alties of p	perjury, I declare that I have examined this return, including accompanyi belief, it is true, correct, and complete Declaration of preparer (other tha nowledge					
<b>c</b> -		**** Signa	** ature of officer		2014-10-17 Date			
Sign Here		JOHN	I TAYLOR PRESIDENT/CEO		Dute			
		11 1	or print name and title  Preparer's signature Dat	e T	ohad E. a. In	ΓIN		
Paid	4			المدمدة		)14821	94	
			irm's name ► SALTI & ASSOCIATES LLC		Firm's EIN 🕨 20-3	551532	<u> </u>	
	pare		irm's address ► 3222 N STREET NW STE 300		Phone no (202) 3	37-180	13	
USE	On	יע			(=, 0			
			WASHINGTON, DC 20007	1				

May the IRS discuss this return with the preparer shown above? (see instructions)  $\,$  .

✓ Yes No

Par			vice Accomplishme sponse or note to any li			
ORG	Briefly describe the o NATIONAL COMMUNI ANIZATIONS THAT P	rganization's missio ITY REINVESTMEN ROMOTE ACCESS	n IT COALITION IS AN TO BASIC BANKING S	ASSOCIATION OF	MORE THAN 600 CO	DMMUNITY-BASED AVINGS, TO CREATE AND
SUS	TAIN AFFORDABLE HO	DUSING, JOB DEVI	ELOPMENT AND VIBR	ANT COMMUNITIE	S FOR AMERICA'S W	VORKING FAMILIES
2	Did the organization u the prior Form 990 or If "Yes," describe the	990-EZ?	cant program services	during the year which	h were not listed on	「Yes F No
3		ease conducting, or	make significant chang	ges in how it conduc	ts, any program	「Yes 「No
4	Describe the organiza expenses Section 50	tion's program serv 1(c)(3) and 501(c)(	ice accomplishments fo (4) organizations are re- ir each program service	quired to report the		
4a	US BECAUSE OF ACCESS SUCCESS IS MEASURED E	TO RELIABLE PENSIONS BY THEIR THEFT FROM E	PROTECT THE ECONOMIC SE AND SOCIAL SECURITY THIS	G GROUP HAS BECOME T ING IS THE SIGNATURE	THE TARGET OF UNSCRUPL PROGRAM DEVELOPED BY	728,180 ) WING POPULATION GROUP IN THE JLOUS SCAM ARTISTS WHOSE NATIONAL NEIGHBORS SILVER TO
4b	CAPITAL AND BANKING SE REPRESENTATIVE IN THE NATIONAL TRAINING ACAI	ERVICES FOR ALL COMM IR OWN COMMUNITIES A DEMY CLASSES WITHOU DRTUNITIES FOR ITS ME	DMMUNITY-BASED INSTITUT: UNITIES AND POPULATIONS AND ENGAGES THEM IN SUPI T CHARGE AND GAIN FIRST- MBERS BY WAY OF PASS-TH	NCRC SUPPORTS AND PORT OF NATIONAL LEGI HAND KNOWLEDGE FRO	EMPOWERS ITS MEMBERS SLATIVE INITIATIVES MEM M RECOGNIZED EXPERTS (	114,103 )  ND EQUAL ACCESS TO CREDIT, TO BE EFFECTIVE LEADERS AND BERS CAN PARTICIPATE IN NCRC'S ON CURRENT TOPICS NCRC OFTEN ISING EFFORTS, AND
4c	PROMOTE RACIAL AND CU INFLUENCING PUBLIC POI THROUGHT THE REALIZAT EDUCATION AND OUTREA	JLTURAL EQUALITY, OPP LICY, AND DEVELOPING FION OF OUR NATION'S ICH, FAIR HOUSING PLA	IL RIGHTS PROGRAM, NATIO ORTUNITY AND DIVERSITY NATIONAL MODELS AND MUL CIVIL RIGHTS LAWS, INCLUD	IT DOES THIS BY INCRE. TI-FACETED PROGRAMS ING MEMBER TECHNIC DLUNTARY COMPLIANCE	ASING MULTI-CULTURAL DI THAT SUPPORT HEALTH AI AL ASSISTANCE, ACTING A SERVICES, RESEARCH, MY	ECTOR PARTNERSHIPS THAT IALOGUE AND ACCESS, ND SUSTAINABLE COMMUNITIES S PRIVATE ATTORNEY GENERAL, 'STERY SHOPPING AND TESTING
	PROFIT ORGANIZATIONS,	AND BANKS, WHICH W	ORK TOGETHER IN THE ACC	AINING IS OFFERED TO I	PITAL ARENA AND WHICH A	2,293,628 ) AS WELL AS GOVERNMENT, NON- ALL SEEK TO SERVE THE LOW-TO- DOMUNITIES AS IS THE ANNUAL
	"LONG TERM SOCIAL IMPA OF THE NCRC OPERATION	ACTS & FINANCIAL COS N SUCH AS ADVOCACY A N PITTSBURGH, SAN DIE	RFORMS PRO-BONO PROJECT TS OF FORECLOSURE ON FAN ND LEGISLATION FURTHER,	AILIES AND COMMUNITI THE RESEARCH DEPAR	ES OF COLOR" RESEARCH TMENT PROVIDED TECHNIC	275,271 ) CATION OF THE WHITE PAPER SUPPORTS MANY OTHER ASPECTS CAL ASSISTANCE AND ORGANIZING AGE OF RESPONSIBLE BANKING
		MBERG, THE ASSOCIATI	N NEWS STORIES IN SUCH PIED PRESS, POLITICO AND HO			43,043 ) HE WASHINGTON POST, AMERICAN NAL TELEVISION APPEARANCES ON
	NEEDS OF MEMBER ORGA CREDIT, AND FINANCIAL	NNIZATIONS THAT ARE P SERVICES ACADEMY CO CES AND ASSISTS IN BU	EMY PROVIDES A COMPREHE ROVIDING DIRECT SERVICES DURSE OFFERINGS AND FAC	TO CONSUMERS, BUSI ULTY INCREASES THE LE	NESSES OR WORKING TO I VEL OF KNOWLEDGE AND S	0 ) LUM THAT MEETS THE DIVERSE NCREASE ACCESS TO HOUSING, SKILLS OF ORGANIZATIONS SEEKING ENT AGENCIES, FAITH-BASED
	LANDLORD/TENANT, HOM HOTLINE (800 475 NCRC) 87 HCN PARTNERS IN 30	ELESSNESS PREVENTION AND OFFICES NATION STATES AND THE DISCT	FFILIATES PROVIDED HUD C N AND FAIR HOUSING COUNS WIDE NCRC PROVIDED FINA	SELING TO OVER 50,000 NCIAL SUPPORT, TECHN ATIONAL LEVEL, MORE T	CUSTOMERS NATIONWIDE NICAL ASSISTANCE, COMPL HAN 50% OF THE CUSTOM	3,100,000 ) TION, REVERSE MORTGAGE, E THROUGH A 24-HOUR INTAKE IANCE AND RELATED SERVICES TO IERS WHO RECEIVED SERVICES
		DISTRESSED NEIGHBO	ESIDENT BILL CLINTON AND RHOODS BY REBUILDING THE			450,000 ) CLINTON GLOBAL INITIATIVE IT IS NSIVE WORKFORCE TRAINING
	TEAMING CENTER WHICH CONTRACTS CLASSES, C	I ALLOWS SMALL BUSINE OACHING AND NETWOR	S A WOMEN'S BUSINESS CEN SSES TO ALLY THEMSELVES N	WITH OTHER ENTERPRIS MMUNITY DEVELOPMEN	SES TO FORM A GROUP ELI T FUND FOR BUSINESS LOA	
4d	Other program service (Expenses \$	7,160,360 ır	cluding grants of \$	1,374,527	) (Revenue \$	7,385,689)
<u>4e</u>	Total program service	e expenses <b>F</b>	13,691,738			

art IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		Νο
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\bullet}$	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
l1	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
L5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
L <b>6</b>	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>	16		No
L7	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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
L9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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 $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Statements Regarding Other 1RS Filings and Tax Compliance			<u>_</u>
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   84		. 65	
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 2a 99			
_	by this return	1		
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u> </u>		
_	The rest, to fine Su of SB, and the organization mer of microsin occorrence in the same successful in the same suc	5с		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
	organization solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
	were not tax deductible?	OD		
7	Organizations that may receive deductible contributions under section 170(c).	l _		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
_	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
		l-°		INC
_	Sponsoring organizations maintaining donor advised funds.			NI -
а	Did the organization make any taxable distributions under section 4966?	9a		N o
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
1	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L				
	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O			
ט	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

Se	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		N o
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No.
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	H		
<i>,</i> u	more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Νο
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
S∈ 17				
	ection C. Disclosure			

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

Form 990	(2013)	
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г	a	ч	_	•

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

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

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

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	more t	tion ( han d n is	ne l both	box, an d	heck unless officer stee)	3	(D) Reportable compensation from the organization (W-		( <b>E)</b> Reportable compensation from related organizations (W	,_	(F) Estima amount o compens from t	ited f other sation
		for related organizations below dotted line)	Individual trustiei or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	C	organizati relati organiza	ed │
												+		
1b	Sub-Total							, T						
c d	Total from continuation sheet Total (add lines 1b and 1c).	s to Part VII, S	ection A	· .	٠.	٠.		_		1,170,616		0		202,103
2	Total number of individuals (in	cluding but not					d abov	e) wl	ho receive	d more th	ıan			
	\$100,000 of reportable compe	ensation from th	e organ	izatio	on <b>F</b> -7									
3	Did the organization list any <b>fc</b>	<b>ormer</b> officer, du	ector o	r trus	tee	kev	emplo	vee.	or highes	t compen	sated employee		Yes	No
	on line 1a? If "Yes," complete S					•		•		• •		3		No
4	For any individual listed on line organization and related organ													TI:
5	Did any person listed on line 1	a receive or acc	crile coi	nnen	• satu	• on fr	om an	• v iinr	elated ord	anızatıon	or individual for	4	Yes	
•	services rendered to the organ											5		No
Se	ction B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organizers	e highest comp											tay year	
		(A) ame and business		acion	101	ciie c	arend	ar ye	ar enumy		(B) scription of services		(C Comper	)
	CREEK CAPITAL GROUP LLC 3865 BEE	CHER STREET NW	WASHING			007				CONSULTI	NG		сопре	330,000
FENTO	ON COMMUNICATIONS INC 1000 VERM	ONT AVE NW WASH	IINGTON	DC 20	005					CONSULTI	NG			131,892
												_		
	Total number of independent coi \$100,000 of compensation from			not	lımıt	ed to	thos	e list	ed above)	who rece	ived more than			

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII									
		C neck IT Scheal	ue O contains a respor	ise or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
w 20	1a	Federated camp	oaigns 1a								
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es <b>1b</b>	324,278							
5 6	С	Fundraising eve	ents <b>1c</b>								
iffs,	d	Related organiz	ations 1d								
	e	Government grants		7,307,229							
ons Sir	f	All other contribution	ons, gifts, grants, and <b>1f</b>	4,476,983				 			
ig ig	ı	similar amounts no	t included above								
를	g	Noncash contribution 1a-1f \$	ons included in lines								
Cont	h	Total. Add lines	s 1a-1f		12,108,490						
				Business Code							
Program Serwce Revenue	2a										
₽3	ь										
93	С										
E.	d										
⊆	е										
∑ Gra	f	All other progra	m service revenue								
ΔĚ	g	Total. Add lines	32a-2f								
	3		ome (ıncludıng dıvıden		385,159			385,159			
	4		ar amounts) tment of tax-exempt bond		303,133			303,133			
	5			F							
		,	(ı) Real	(II) Personal							
	6a	Gross rents	1,383,726								
	b	Less rental expenses	1,253,738								
	С	Rental income or (loss)	129,988								
	d	, ,	me or (loss)		129,988			129,988			
			(ı) Securities	(II) Other							
	7a	Gross amount from sales of assets other than inventory	8,381,942								
	b	Less cost or other basis and	8,214,988								
	_	sales expenses Gain or (loss)	166,954								
	c d		s)		166,954	166,954					
	8a	Gross income fi	i	· · · · · · · · · · · · · · · · · · ·	·	·					
Other Revenue		s f contributions See Part IV, lin	reported on line 1c)								
<u>-</u>	_		a								
돌			penses <b>b</b> loss) from fundraising	avents <b>b</b>							
•	9a		rom gaming activities	events p.							
			a								
	b c		penses <b>b</b> loss) from gaming acti	vities							
		Gross sales of	i								
		returns and allo	wances .								
			a .								
			oods sold <b>b</b> loss) from sales of inve	entory <b>b</b>							
	_	Miscellaneous		Business Code							
	11a	OTHER INCOM		900099	210,791	210,791					
	ь										
	С										
	d	All other revenu	ıe								
	e	Total. Add lines	s 11a-11d	🕨	210,791						
	12	Total revenue.	See Instructions .	🕨	13,001,382	377,745	0	515,147			

Form	990 (2013)				Page <b>10</b>
Part	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	ons must comp	lete column (A )	
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,264,204	3,264,204		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	665,956		633,350	32,606
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	4,243,461	3,619,063	545,293	79,105
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	280,268	185,896	88,873	5,499
9	Other employee benefits	374,187	248,191	118,655	7,341
10	Payroll taxes	416,867	276,499	132,189	8,179
11	Fees for services (non-employees)				
а	Management	1,023,487	830,805	191,682	1,000
b	Legal				
С	Accounting				
d	Lobbying				_
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	108,482	84,309	24,103	70
13	Office expenses	332,685	277,950	52,537	2,198
14	Information technology	166,158	131,325	31,708	3,125
15	Royalties				
16	Occupancy	590,526	483,138	98,969	8,419
17	Travel	538,124	399,738	138,347	39
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	599,267	581,766	17,091	410
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	47,445		47,445	
23	Insurance	27,087		27,087	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PROGRAM EXPENSES	1,323,158	1,297,677	25,481	
b	BAD DEBT	560,695		560,695	
c	DUES AND SUBSCRIPTIONS	121,398	102,396	18,187	815
d	DEVELOPMENT SEMINARS	67,919	61,644	5,395	880
e	All other expenses	169,814	1,847,137	-1,708,072	30,749
25	Total functional expenses. Add lines 1 through 24e	14,921,188	13,691,738	1,049,015	180,435
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)		. ,		, -

Part X Balance Sheet

Par	t X	Check if Schedule O contains a response or note to any line in	this Pa	art X			
		,			(A)		(B)
					Beginning of year		End of year
	1	Cash-non-interest-bearing			1,228,037		1,879,711
	2	Savings and temporary cash investments			4 575 700	2	0.000.040
	3	Pledges and grants receivable, net			4,575,709		2,290,849
	4	Accounts receivable, net			495,671	4	449,091
	5	Loans and other receivables from current and former officers, cemployees, and highest compensated employees. Complete P. Schedule L	art II d	of		5	
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	outing employers		6		
Š.	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			161,177		163,934
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		13,685,892			100,001
	ь	Less accumulated depreciation	10b	4,244,070	9,792,763	10c	9,441,822
	11	Investments—publicly traded securities				11	, ,
	12	Investments—other securities See Part IV, line 11	9,543,306		9,569,032		
	13	Investments—program-related See Part IV, line 11	2,212,222	13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			2,400	15	2,266
	16	Total assets. Add lines 1 through 15 (must equal line 34).			25,799,063		23,796,705
	17	Accounts payable and accrued expenses			1,366,082	17	1,055,606
	18	Grants payable			1,000,002	18	1,000,000
	19	Deferred revenue	•		321,546		380,806
	20	Tax-exempt bond liabilities		• •	5,242,190		5.069.183
		·			5,242, 190		3,009,103
S	21	Escrow or custodial account liability Complete Part IV of Sch				21	
Liabiliti	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	fied	•			
<u> </u>		persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third partie				23	
	24	Unsecured notes and loans payable to unrelated third parties			241,700	24	120,875
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa D	rt X of	Schedule	108,580	25	162,382
	26	Total liabilities. Add lines 17 through 25			7,280,098	26	6,788,852
—— Ф		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.					
anc	27	Unrestricted net assets			16,168,473	27	16,201,188
<u> </u>	28	Temporarily restricted net assets			2,350,492	28	806,665
=	29	Permanently restricted net assets				29	
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.				·	
	30	Capital stock or trust principal, or current funds	_			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
\$ \$	32	Retained earnings, endowment, accumulated income, or other		• • •		32	
	33	Total net assets or fund balances			18,518,965	33	17,007,853
Net	34	Total liabilities and net assets/fund balances			25,799,063	34	23,796,705
	J-4	i otal nabilities and het assets/fully balances	• •	• •	25,799,063	34	23,790,705

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		13,0	001,382
2	Total expenses (must equal Part IX, column (A), line 25)	2		140	21,188
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		-1,5	919,806
		4		18,5	18,965
5	Net unrealized gains (losses) on investments	5		4	108,694
6	Donated services and use of facilities	6			
7	Investment expenses				
•	Duran manual adouates anta	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		17 (	07,853
Par	t XII Financial Statements and Reporting	10		17,0	007,000
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔽
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separasis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	3a	Yes	
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 in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Software ID: Software Version:

**EIN:** 52-1766126

Name: NATIONAL COMMUNITY REINVESTMENT COALITION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Form 990, Part VII - Compensation Compensated Employees, and Inde				Iru	ste	es, r	Кеу	Employees, Higi	nest	
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th perso and a	ion (d nan o n is b	ne b oth ctor/	ox, ι an o ⁄trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033-11130/	2/1033-11136/	related organizations
IRVIN HENDERSON	1 00	x						0	0	0
BOARD MEMBER DORY RAND	1 00									
BOARD MEMBER		Х						0	0	0
ERNEST E HOGAN BOARD MEMBER	1 00	x						o	o	О
TED WYSOCKI	1 00	x						0	0	0
BOARD MEMBER CHARLES HELMS	1 00	-								
BOARD MEMBER		Х						0	0	0
NADINE COHEN ESQ BOARD MEMBER	1 00	х						0	0	0
BOB DICKERSON	1 00	х						0	0	0
BOARD MEMBER PETE GARCIA	1 00							0	0	0
BOARD MEMBER STELLA J ADAMS	1 00	Х						0	0	<u> </u>
BOARD MEMBER		Х						0	0	0
ARDEN SHANK BOARD MEMBER	1 00	х						0	0	О
JEAN ISHMON	1 00	х						0	0	0
BOARD MEMBER MARVA SMITH BATTLE-BEY	1 00	Х						0	0	0
BOARD MEMBER ERNEST GENE ORTEGA	1 00									
TREASURER MOISES LOZA	1 00	×		X				0	0	0
BOARD MEMBER		х						0	0	0
HUBERT VAN TOL	1 00	х						0	0	0
BOARD MEMBER EDMUNDO HIDALGO	1 00	x						0	0	0
BOARD MEMBER ALAN FISHER	1 00	<u> </u>								
BOARD MEMBER		Х						0	0	0
MATHEW LEE BOARD MEMBER	1 00	x						o	0	О
BETHANY SANCHEZ	1 00	Х		х				0	0	0
BOARD CHAIR SHELLY SHEEHY	1 00	<u> </u>							0	
BOARD MEMBER MARYELLEN LEWIS	1 00	×						0	0	0
BOARD MEMBER		х						О	0	0
CHARLES HARRIS SECRETARY	1 00	х		х				0	0	0
JOHN TAYLOR	37 50	x		х				308,864	0	50,353
CEO/PRESIDENT GAIL BURKS	1 00	-								
BOARD MEMBER	1.55	Х						0	0	0
DAVE SNYDER BOARD MEMBER	1 00	x						0	0	0
	_					•				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours	Average Position (do not check more than one box, unless perk (list person is both an officer and a director/trustee)				nless ficer		( <b>D)</b> Reportable compensation from the organization (W-	(E)  Reportable  compensation  from related  organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
MIKE GLEASON	1 00	х						0	0	0
BOARD MEMBER		,,						,	·	
JIM HUNT	1 00	X						0	0	0
BOARD MEMBER										
DICA ADOTEVI	37 50			х				182,606	0	26,250
CFO/EVP OF ADMIN										
RACHEL MALEH CHIEF OF STAFF	37 50			х				137,080	0	25,482
DAVID BERENBAUM	37 50									
CHIEF OF PROGRAMS						X		170,848	0	31,792
MICHAEL MITCHEL	37 50					L.		102.705		40.207
DIR OF NATIONAL NEIGHBORS						X		103,705	0	18,207
ED GORMAN	37 50					х		150.635	0	21.266
CHIEF OF MEMBERSHIP						^		158,635	U	31,266
SAMIRA COOK	37 50					Х		108,878	0	18,753
VP BUSINESS DEVELOPMENT						_ ^		100,076		10,733

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DLN: 93493290003134

#### JLN: 93493290003134

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2013

Open to Public Inspection

Name of the organization **Employer identification number** NATIONAL COMMUNITY REINVESTMENT COALITION 52-1766126 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 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) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h

(i) Name of supported organization	(ii) EIN	(iii) EIN  (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Schedule A (Form 990 or 990-EZ) 2013 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 (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 **(e)** 2013 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 3,186,954 9,384,420 6,347,803 10,261,839 9,983,854 39,164,870 include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 3,186,954 9,384,420 6,347,803 10,261,839 9,983,854 39,164,870 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 2,088,084 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 37,076,786 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total beginning in) 🟲 3,186,954 9,384,420 6,347,803 10,261,839 9,983,854 39,164,870 Amounts from line 4 Gross income from interest, dividends, payments received on 1,449,911 1,876,953 1,889,495 1,935,839 securities loans, rents, royalties 1,468,071 8,620,269 and income from similar sources 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 129,944 182,885 321,606 893,584 210,791 1,738,810 capital assets (Explain in Part IV) 11 Total support (Add lines 7 49,523,949 through 10) Gross receipts from related activities, etc (see instructions) 12 12 8,755,753 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and  $\operatorname{stop}$  here  $\ldots\ldots\ldots\ldots\ldots$ Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 74 870 % Public support percentage for 2012 Schedule A, Part II, line 14 15 15 71 510 % 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported  $\vdash \Gamma$ organization

b 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning	( ) 2000	(1) 2010	( ) 2011	(1) 2012	( ) 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	( <b>B)</b> 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	<b>(B)</b> 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2012	(5,232	
9	in)  A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (	on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here  ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization  ic Support Performance (line 8, column ( 2 Schedule A, Paragraphic Performance)  colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or  13, column (f)) <b>ge</b> by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or  13, column (f)) <b>ge</b> by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test						
Return Reference	Explanation					
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS INCOME - 2009 AMOUNT \$ 129,944 2010 AMOUNT \$ 182,885 2011 AMOUNT \$ 321,606 2012 AMOUNT \$ 893,584 2013 AMOUNT \$ 210,791					

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493290003134

# OMB No 1545-0047

Open to Public

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

Department of the Treasury Internal Revenue Service

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

**Political Campaign and Lobbying Activities** 

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

If the organization answered "Yes" to 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" to 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

Political expenditures  Volunteer hours  Part I-B Complete if the organization is exempt under section 501(c)(3).  Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes No  If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds form filing organization's funds Also enter the amount of political contributions received and promptly and directly delivered to a separate political organization organization's funds from the filing organization for funds from the filing organization's fund		me of the organization TONAL COMMUNITY REINVESTMENT CO	ALITION		Employer iden	tification number
Provide a description of the organization's direct and indirect political campaign activities in Part IV  Political expenditures  Volunteer hours  Part I-B Complete if the organization is exempt under section 501(c)(3).  I Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes No  If "Yes," describe in Part IV  In Enter the amount directly expended by the filing organization for section 501(c), except section 501(c)(3).  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Total exempt function expenditures received that were promptly and interestly delivered to a separate political organization funds. Also enter the amount political contributions received that were promptly and activity delivered to a separate political organization in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization in Part IV  (e) Amount of political confinituons received that were promptly and directly delivered to a separate political organization in Part IV						
Political expenditures  Volunteer hours  Part I-B Complete if the organization is exempt under section 501(c)(3).  I Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes No  Was a correction made?  If "Yes," describe in Part IV  If "Yes," describe in Part IV  In Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3).  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL for this year?  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL for this year?  Yes No  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 filing organizations funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization from filing organization. If none, enter -0-  and promptly and directly delivered to a separate political organization. If none, organization I fone, organization. If none, organization. I	<u>ar</u>	Complete if the or	ganization is exempt unde	r section 501(	c) or is a section 527	organization.
Volunteer hours    Complete if the organization is exempt under section 501(c)(3).   Enter the amount of any excise tax incurred by the organization under section 4955   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Provide a description of the org	ganızatıon's dırect and ındırect pol	itical campaign ac	tivities in Part IV	
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? 4 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 5 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 6 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 5 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?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization is and promptly and directly delivered to a separate political organization If none, enter -0-  and promptly and directly delivered to a separate political organization If none, organiza	2	·			▶	\$
Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes No  Was a correction made?  Tyes No	3	Volunteer hours				-
Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Was a correction made?  If "Yes," describe in Part IV  Complete if the organization is exempt under section 501(c), except section 501(c)(3).  Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  A Did the filing organization file Form 1120-POL for this year?  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, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds contributions received and promptly and directly delivered to a separate ontributions received and promptly and directly delivered to a separate political contributions received and promptly and directly delivered to a separate political organization in Part IV	ar	t I-B Complete if the or	ganization is exempt unde	r section 501(	(c)(3).	
If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Was a correction made?  If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds Also enter the and promptly and directly delivered to a separate political contributions received and promptly and directly delivered to a separate political organization is funds.  (e) Amount of political contributions received to a separate political organization if none, enter -0-	1	Enter the amount of any excise	e tax incurred by the organization (	ınder section 495	5	\$
Was a correction made?    Tyes   No	2	Enter the amount of any excise	e tax incurred by organization man	agers under sectio	on 4955 🕨	\$
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?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0-  filing organization's funds If none, enter -0-  separate political organization If none, organization If none, organization If none, organization If none,	3	If the organization incurred a s	ection 4955 tax, did it file Form 4	720 for this year?		┌ Yes
Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds If none, enter -0- and promptly and directly delivered to a separate political contributions received and promptly and directly delivered to a separate political contributions received and promptly and directly delivered to a separate political contributions received and promptly and directly delivered to a separate political contributions received and promptly and directly delivered to a separate political organization. If none,	4a	Was a correction made?				┌ Yes
Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0- and promptly and directly delivered to a separate political organization if none, enter organization.						
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?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0- and promptly and directly delivered to a separate political organization. If none, organization If none,	Par	t I-C Complete if the or	ganization is exempt unde	r section 501(	c), except section 50	1(c)(3).
Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) A mount paid from filing organization's funds. If none, enter -0- and promptly and directly delivered to a separate political organization. If none, organization.	1					\$
Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0 and promptly and directly delivered to a separate political organization. If none, organization. If none,	2		rganization's funds contributed to	other organization	s for section 527	\$
Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0- and promptly and directly delivered to a separate political organization. If none, organization.	3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 11:	20-POL, line 17b ►	¢
organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0 and promptly and directly delivered to a separate political organization. If none,	4	Did the filing organization file <b>F</b>	f <b>orm 1120-POL</b> for this year?			⊤ Yes
filing organization's contributions received and promptly and directly delivered to a separate political organization If none,	5	organization made payments f amount of political contribution	For each organization listed, enter as received that were promptly and	the amount paid fr I directly delivered	om the filing organization's I to a separate political orga	funds Also enter the anization, such as a
		(a) Name	(b) Address	(c) EIN	filing organization's	directly delivered to a separate political organization If none,

section 4911 tax for this year?

┌ Yes ┌ No

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

Check	<b>▶</b> □	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 E (The term "expenditures" means ar		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	313,102	
c	Total lobbying expenditures (add lines 1a and 1i	p)	313,102	
d	Other exempt purpose expenditures		9,177,719	
е	Total exempt purpose expenditures (add lines 1	9,490,821		
f	Lobbying nontaxable amount Enter the amount f	624,541		
	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		
	Grassroots nontaxable amount (enter 25% of lin	e 1f)	156,135	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lii	ne 1h or line 1ı, did the organization file Form 472	0 reporting	□ Ves □ 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 instructions for lines 2a through 2f on page 4.)

	Lobbying Expendi	tures During 4	l-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	( <b>d)</b> 2013	(e) Total
2a	Lobbying nontaxable amount	463,207	582,796	646,264	624,541	2,316,808
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,475,212
c	Total lobbying expenditures	314,094	241,895	196,075	313,102	1,065,166
d	Grassroots nontaxable amount	115,802	145,699	161,566	156,135	579,202
e 	Grassroots ceiling amount (150% of line 2d, column (e))					868,803
f	Grassroots lobbying expenditures	12,308				12,308

	Part II-B Complete if the organization is exempt under section filed Form 5768 (election under section 501(h)).					
For e	r each "Yes" response to lines 1a through 1ı below, provide in Part IV a detailed descri	ption of the lobbying	(a)		(1	b)
	tivity.		Yes	No	Amo	ount
1 a	legislation, including any attempt to influence public opinion on a legislative r through the use of					
b c	b Paid staff or management (include compensation in expenses reported on line	es 1c through 1ı)?				
d	d Mailings to members, legislators, or the public?					
e	e Publications, or published or broadcast statements?					
f	f Grants to other organizations for lobbying purposes?					
g	<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislati	ive body?				
h i		ımılar means?				
j	•			1		
2a	<b>.</b>	on 501(c)(3)?				
b						
C	, , , , , , , , , , , , , , , , , , , ,			İ		
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for	-				
Par	art III-A Complete if the organization is exempt under section 501(c)(6).	on 501(c)(4), section 5	01(c	)(5), c	or sect	ion
	301(0)(0).				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by membe	rs?		Г	1	111
2					2	
3					3	
Pai	art III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 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 inclease for which the section 527(f) tax was paid).	lude amounts of political	20			
a	•		2a			
b			2b 2c			
с 3		a saction 163(a) duas	3			
4						
•	does the organization agree to carryover to the reasonable estimate of nonde political expenditure next year?	•	4			
5	, , , , , , , , , , , , , , , , , , , ,		5			
P	Part IV Supplemental Information					
	Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line Part II-B, line 1 Also, complete this part for any additional information	e 5, Part II-A (affiliated grou	p lıst),	Part II	-A , line	2, and
	Return Reference Explanation					

201104410 0 (101111 330 01 330 12) 2013	r age 4		
Part IV Supplemental Information	on <i>(continued)</i>		
Return Reference	Explanation		
l			

Schedule D (Form 990) 2013

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DLN: 93493290003134

OMB No 1545-0047

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Nar	me of the organization IONAL COMMUNITY REINVESTMENT COALITION			oloyer identifica	tion number	r
Pa	rt I Organizations Maintaining Donor Advious organization answered "Yes" to Form 990,			1766126 or Accounts	. Complete	e ıf the
	organization answered fes to Form 990,	(a) Donor advised funds	I	(b) Funds and o	ther accour	nts
	Total number at end of year	(a) I che autre a range		(-)		
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the org	<del>-</del>	onor adv	ısed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and doi used only for charitable purposes and not for the benefit conferring impermissible private benefit?				┌ Yes	┌ No
ar	t II Conservation Easements. Complete if t	the organization answered "Yes"	to Forr	n 990, Part IV	, line 7.	
	Purpose(s) of conservation easements held by the orga			,	-	
	Preservation of land for public use (e.g., recreation of		an histor	rically important	land area	
	Protection of natural habitat	Preservation of a	a certifie	d historic struc	ture	
	☐ Preservation of open space					
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution ir	the forr	n of a conservat	tion	
				Held at the	End of the `	Year
a	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
:	Number of conservation easements on a certified histor	ric structure included in (a)	2c			
ı	Number of conservation easements included in (c) acquinistoric structure listed in the National Register	ured after 8/17/06, and not on a	2d			
	Number of conservation easements modified, transferre the tax year ▶	d, released, extinguished, or termina	ted by tl	he organization	during	
	Number of states where property subject to conservatio	on easement is located 🕨				
	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?		ndling o	f violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspect	ting, and enforcing conservation easo	ements (	during the year		
	A mount of expenses incurred in monitoring, inspecting,	and enforcing conservation easemer	nts durın	g the year		
	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(H)^{2}$	) above satisfy the requirements of se	ection 1	70(h)(4)(B)(ı)	┌ Yes	┌ No
	In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financi				
ar	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Treasures	, or Ot	her Similar <i>i</i>	Assets.	
a	If the organization elected, as permitted under SFAS 11 works of art, historical treasures, or other similar assets service, provide, in Part XIII, the text of the footnote to	.6 (ASC 958), not to report in its rev s held for public exhibition, educatior	n, or rese	earch in furthera		с
b	If the organization elected, as permitted under SFAS 11 works of art, historical treasures, or other similar assets service, provide the following amounts relating to these	s held for public exhibition, education				с
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>-</b> \$		
	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1			' -		
•	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
b	Accets included in Form 990 Part V			<b>L</b> ¢		

Part	Organizations Maintaining Collections of Art, His	stor	ical Tr	<u>easu</u>	res, or Oth	er S	<u>Similar Asse</u>	ets (co.	ntınued)
3	Using the organization's acquisition, accession, and other records, c collection items (check all that apply)	heck	any of tl	ne follo	owing that are	asıç	gnificant use of	fits	
а	Public exhibition d	Γ	Loan	rexch	nange prograr	ns			
b	Scholarly research e	Γ	Other						
c	Preservation for future generations								
4	Provide a description of the organization's collections and explain ho Part XIII	w the	y furthe	r the o	rganızatıon's	exem	npt purpose in		
5	During the year, did the organization solicit or receive donations of a assets to be sold to raise funds rather than to be maintained as part					ımıla		Yes	□ No
Par	Escrow and Custodial Arrangements. Complete in Part IV, line 9, or reported an amount on Form 990, P	f the	organi	zation		"Yes	" to Form 990	),	<u>,                                      </u>
1a	Is the organization an agent, trustee, custodian or other intermediary included on Form 990, Part X?				r other asset	s not		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII and complete the follo	wing	table						
							Amo	unt	
С	Beginning balance				10	:			
d	Additions during the year				10	<u> </u>			
e	Distributions during the year				16	•			
f	Ending balance				11				
2a	Did the organization include an amount on Form 990, Part X, line 21	7					Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII Check here if the exp	lanat	ion has t	een p	rovided in Pa	t XII	ı		Γ
Pa	rt V Endowment Funds. Complete if the organization and								
	(a)Current year (b	)Prior	year	<b>b (c)</b> Tv	vo years back (	<b>d)</b> Thre	ee years back (e	Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	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 (II	ne 1g	ı, columr	n (a)) h	neld as				
а	Board designated or quasi-endowment ▶								
b	Permanent endowment 🕨								
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%								
За	Are there endowment funds not in the possession of the organization	that	are held	and a	dmınıstered f	or the	9		
	organization by						- m	Yes	No
	(i) unrelated organizations	• •					3a(i) 3a(ii)		
ь	(ii) related organizations	Sche	· · · · · dule R?	•		•	3a(11)		
4	Describe in Part XIII the intended uses of the organization's endown			•		•			
Par	<b>t VI</b> Land, Buildings, and Equipment. Complete if the of 11a. See Form 990, Part X, line 10.			answ	vered 'Yes' t	o Fo	rm 990, Part	IV, lır	ne
	Description of property		a) Cost or sıs (ınvest		(b)Cost or other basis (other)	er (c	c) Accumulated depreciation	( <b>d</b> ) Boo	ok value
1a	_and	+	1,3	37,306					 1,337,306
	Buildings			56,922			2,481,528		5,975,394
	Leasehold Improvements			07,244			1,271,162		,936,082
	Equipment				287,87	1	179,808		108,063
e	Other				396,54	9	311,572		84,977
	I. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, col	umn (	(B), line	10(c).)		•		ġ	9,441,822
	( \ \ \ \ \ \ \ \ \ \ \ \ \ \		,,	- (-/-/	<u> </u>	-	Schedule D (		

Part VII Investments—Other Securities. Comp	olete if the organization a	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		cost of end of year market value
(2)Closely-held equity interests		
(3)Other (A) CERTIFICATE OF DEPOSITS AND OTHER		
SECURITIES	9,569,032	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	9,569,032	
Part VIII Investments—Program Related. Con		I answered 'Yes' to 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
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. Complete if the organization a		, Part IV, line 11d See Form 990, Part X, line 15  (b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.		
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	ization answered 'Yes' to	o rorm 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
ACCRUED VACATION PAYABLE	72,139	
TENANT SECURITY DEPOSITS	90,243	
<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	162,382	
2 Linkshitu for uncertain toy notitions In Dort VIII provide t		

ADJUSTMENTS

Part		levenue per Audited Financial Statwered 'Yes' to Form 990, Part IV, line 1		its With	Revenue p	er R	<b>eturn</b> Complete ıf
1	<u>-</u>	er support per audited financial statements				1	14,663,814
2	A mounts included on line 1 bu	ıt not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	tments	2a		408,694		
b	Donated services and use of f	acılıtıes	2b				
С	Recoveries of prior year grant	s	2c				
d	Other (Describe in Part XIII )		2d		1,253,738		
e	Add lines <b>2a</b> through <b>2d</b> .					2e	1,662,432
3	Subtract line ${f 2e}$ from line ${f 1}$ .					3	13,001,382
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII )		4b				
С	Add lines <b>4a</b> and <b>4b</b>					4c	0
5	Total revenue Add lines 3 and	d <b>4c.</b> (This must equal Form 990, Part I, line	12)			5	13,001,382
Part		xpenses per Audited Financial Sta		nts Wit	h Expenses	per	Return. Complete
1		nswered 'Yes' to Form 990, Part IV, line r audited financial statements				1	16,174,926
2		it not on Form 990, Part IX, line 25	•				10,171,320
a		acilities	2a	I			
b			2b	<del>                                     </del>		┨	
c			2c	<del>                                     </del>		1	
d			2d		1,253,738	1	
e						2e	1,253,738
3						3	14,921,188
4		O, Part IX, line 25, but not on line 1:				<u> </u>	11/522/200
a		uded on Form 990, Part VIII, line 7b	4a				
b			4b			1	
c						4c	0
5		nd <b>4c.</b> (This must equal Form 990, Part I, lin				5	14,921,188
Part	XIII Supplemental Int						
Prov Part	ide the descriptions required for	Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and					de any additional
	Return Reference	Explanation					
PART	X, LINE 2	THE FINANCIAL ACCOUNTING STAND, TAXES, THAT PROVIDE GUIDANCE FOR THE YEAR ENDED DECEMBER 31,2013, FASB ASC 740-10 AND DETERMINED T QUALIFY FOR EITHER RECOGNITION C	R REPO NCRC HAT N	RTING U HAS DO ( O MATER	NCERTAINTY CUMENTED IT RIAL UNCERT	'IN IN TS CO AIN T	NCOME TAXES FOR NSIDERATION OF AX PROVISIONS
	XI, LINE 2D - OTHER	RENTAL EXPENSES ARE INCLUDED AS	EXPEN	SES ON	THE FINANCI	AL ST	ATEMENTS AND ARE
$\Delta$ $\Box$ $\Box$ $\Box$ $\Box$	STMENTS	1,253,738 NETTED AGAINST REVENUE	ONE			– – .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

1,253,738 NETTED AGAINST REVENUE ON FORM 990

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

NATIONAL COMMUNITY REINVESTMENT COALITION

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493290003134

Open to Public Inspection

**Employer identification number** 

THE THE CONTROL OF TH	THE IT CONCERTS					52-1766126	
Part I General Informatio	n on Grants and	l Assistance				•	
<ol> <li>Does the organization maintain in the selection criteria used to aw</li> <li>Describe in Part IV the organization</li> </ol>	ard the grants or as	sıstance? <b></b> .					∀ Yes ┌
Part II Grants and Other As Form 990, Part IV, line							es" to
(a) Name and address of organization or government	<b>(p)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Addıtıonal Data Table							
2 Enter total number of section 50	)1(c)(3) and govern	nent organizations list	ed in the line 1 table.			►	117

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

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance						
Part IV Supplemental Infor	mation. Provide the inf	ormation required in Pa	art I, line 2, Part III, co	lumn (b), and any other a	dditional information.						

refrest Supplemental in	<b>normation:</b> From the information required in Fart 1, line 2, Fart 111, column (b), and any other additional information.
Return Reference	Explanation
· · · · · · · · · · · · · · · · · · ·	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 I (Form 990) 2013

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 52-1766126

Name: NATIONAL COMMUNITY REINVESTMENT COALITION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPRISENCONSUMER CREDIT COUNSELING SERVICE 4500 E BROAD STREET COLUMBUS,OH 43213	31-0731111	501 C 3	15,000		воок		NATIONAL FORECLOSURE MITIGATION COUNSELING GRANT PROVIDED BY NEIGHBORWORKS AMERICA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BREAKING CHAINS INC 23300 CHAGRIN BLVD 201 BEACHWOOD,OH 44122	45-0558933	501 C 3	8,600		воок		NATIONAL FORECLOSURE MITIGATION COUNSELING GRANT PROVIDED BY NEIGHBORWORKS AMERICA		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CATALYST MIAMI INC 1900 BISCAYNE BLDV SUITE 200 MIAMI,FL 33132	65-0690369	501 C 3	21,000		воок		HOUSING COUNSELING SERVICES AND FORECLOSURE MITIGATION COUNSELING	

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
BINGHAMPTON COMMUNITY DEVELOPMENT CORP 3000 WALNUT GROVE ROAD MEMPHIS,TN 38111	20-0060275	501 C 3	27,616		воок		NATIONAL FORECLOSURE MITIGATION COUNSELING GRANT PROVIDED BY NEIGHBORWORKS AMERICA	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CALIFORNIA COALITION FOR RURAL HOUSING 717 K STREET NW SUITE 400 SACRAMENTO,CA 95814	94-2832634	501 C 3	39,050		воок		NATIONAL NEIGHBORS SILVER GRANT BY ATLANTIC PHILANTHROPIES		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
COMMUNITY ACTION INC 20 ECLIPSE CENTER BELOIT, WI 53511	39-1052077	501 C 3	15,365		воок		HOUSING COUNSELING SERVICES AND FORECLOSURE MITIGATION COUNSELING	

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COMMUNITY ACTION PROGRAM OF EVANSVILLE & VANDERBERG 401 SE SIXTH STREET EVANSVILLE,IN 47713	35-1176665	501 C 3	18,921		воок		HOME LOAN PROGRAM AND HOUSING COUNSELING SERVICES		

Form 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COMMUNITY HOUSING DEVELOPMENT CORPORATION 1535- A FRED JACKSON WAY RICHMOND, VA 94805	68-0235719	501 C 3	15,830		воок		HOUSING COUNSELING SERVICES AND FORECLOSURE MITIGATION COUNSELING		

Form 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COMMUNITY HOUSING INOVATIONS INC 190 EAST POST ROAD SUITE 401 WHITE PLAINS,NY 10601	13-3627750	501 C 3	17,654		воок		HOUSING COUNSELING SERVICES AND FORECLOSURE MITIGATION COUNSELING		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COMMUNITY ORGANIZATION OF SOUTHERN BROOKLYN INC 4006 18 AVE BROOKLYN,NY 11218	11-3317929	501 C 3	37,318		воок		HOUSING COUNSELING SERVICES		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CEIBA HOUSING & ECONOMIC DEVELOPMENT CORP P O BOX 203 CEIBA,PR 00735	66-0429983	501 C 3	18,468		воок		NATIONAL FORECLOSURE MITIGATION COUNSELING GRANT PROVIDED BY NEIGHBORWORKS AMERICA		

Form 990,Schedule 1, Pa	Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CONSUMER EDUCATION CENTER INC 2700 BARRETT DIVE RALEIGH,NC 27609	56-2106758	501 C 3	152,616		воок		NATIONAL NEIGHBORS SILVER GRANT BY ATLANTIC PHILANTHROPIES			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COUNTY OF GREENVILLE HUMAN RELATIONS COMMISSION 301 UNIVERISTY RIDGE SUITE 1600 GREENVILLE,SC 29601	57-6000356	501 C 3	21,547		воок		HOUSING COUNSELING SERVICES		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
D&E A FINANCIAL EDUCATION AND TRAINING INSTITUTE INC 4532 JONESBORO ROAD 2ND FLOOR FOREST PARK, GA 30297	58-2562896	501 C 3	50,241		воок		HOUSING COUNSELING SERVICES AND FORECLOSURE MITIGATION COUNSELING	

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CENTER FOR FAIR HOUSING INC 600 BEL AIR BLVD SUITE 112 MOBILE,AL 36606	72-1341787	501 C 3	5,567		воок		NATIONAL FORECLOSURE MITIGATION COUNSELING GRANT PROVIDED BY NEIGHBORWORKS AMERICA		

Form 990,Schedule 1, Pa	form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DEBT COUNCELING CORP 3033 EPRESS DRIVE NORTH HAUPPAUGR,NY 11749	11-3282205	501 C 3	7,933		воок		HOUSING COUNSELING SERVICES		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
EAST SIDE ORGANIZATING PROJECT INC 3631 PERKINS AVE CLEVELAND,OH 44114	34-1752943	501 C 3	80,702		воок		NATIONAL FORECLOSURE MITIGATION COUNSELING GRANT PROVIDED BY NEIGHBORWORKS AMERICA		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ELDER LAW OF MICHIGAN INC 3815 WEST ST JOSEPH SUITE C-200 LANSING,MI 48917	38-2960530	501 C 3	27,070		воок		NATIONAL FORECLOSURE MITIGATION COUNSELING GRANT PROVIDED BY NEIGHBORWORKS AMERICA			

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CENTER FOR HOMEOWNERSHIP & ECONOMIC DEVELOPMENT CORP 960CORPORATE DRIVE SUITE 109 HILLSBOROUGH,NC 27278	72-1341787	501 C 3	77,253		воок		HOUSING COUNSELING SERVICES	

Form 990,Schedule 1, Pa	orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FAMILY TREE 615 GRISWOLD STREET SUITE 1009 DETROIT,MI 48226	38-3560809	501 C 3	25,066		воок		NATIONAL NEIGHBORS SILVER GRANT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FRAMEWORKS COMMUNITY DEVELOPMENT COR 701 TILLERY STREET AUSTIN,TX 78702	56-2492634	501 C 3	58,929		воок		HOUSING COUNSELING SERVICES AND FORECLOSURE MITIGATION COUNSELING			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FRAYSER COMMUNITY DEVELOPMENT CORPORATION 3684 N WATKINS STREET MEMPHIS,TN 38127	58-2158058	501 C 3	38,813		воок		HOUSING COUNSELING SERVICES AND FORECLOSURE MITIGATION COUNSELING			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GAP COMMUNITY DEVELOPMENT RESOURCES 129 WEST FOWLKES STREET SUITE 137 FRANKLIN,TN 37064	58-2679005	501 C 3	33,113		воок		EMERGENCY HOME LOAN PROGRAM		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GARWYN OAKS NORTWEST HOUSING RESOURCE CENTER 2300 GARRISON BLVD SUITE 140 BALTIMORE,MD 21216	65-1302144	501 C 3	72,817		воок		NATIONAL FORECLOSURE MITIGATION COUNSELING GRANT PROVIDED BY NEIGHBORWORKS AMERICA			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GENESIS HOUSING DEVELOPMENT CORPORATION 7735 S VERNON CHICAGO,IL 60619	36-4150441	501 C 3	15,125		воок		NATIONAL FORECLOSURE MITIGATION COUNSELING GRANT PROVIDED BY NEIGHBORWORKS AMERICA			

Form 990,Schedule 1, Pa	orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
D&E THE POWER GROUP 4532 JONESBORO ROAD 2ND FLOOR FOREST PARK,GA 30297	58-2562896	501 C 3	50,241		воок		HOUSING COUNSELING SERVICES			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance		
DELAWARE COMMUNITY REINVESTMENT ACTION COUNCIL INC 601 NORTH CHURCH STREET WILMINGTON, DE 19801	51-0329119	501 C 3	10,506		воок		HOUSING COUNSELING SERVICES		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
EMPOWERING & STRENGTHENING OHIO'S PEOPLE 3631 PERKINS AVE 4C-S CLEVELAND,OH 44115	34-1752943	501 C 3	45,000		воок		NATIONAL NEIGHBORS SILVER			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FAIR HOUSING RIGHTS CENTER IN SOUTHEASTERN PENNSYLVANIA 105 EAST GLENSIDE AVE GLENSIDE,PA 19038	23-2691322	501 C 3	9,450		воок		FAIR HOUSING INITATIVE PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GREENSBORO HOUSING COALITION 122 N ELM STREET GREENSBORO,NC 27401	56-1727193	501 C 3	26,723		воок		NATIONAL FORECLOSURE MITIGATION COUNSELING GRANT PROVIDED BY NEIGHBORWORKS AMERICA			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HELPING HANDS COMMUNITY OUTREACH CENTER 5499 WEST THIRD STREET DAYTON,OH 45417	37-1422618	501 C 3	15,000		воок		HOUSING COUNSELING SERVICES			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HOME PRESERVATION & PREVENTION CARES 4120 ATLANTIC BLVD LONG BEACH,CA 90807	80-0597884	501 C 3	12,036		воок		HOUSING COUNSELING SERVICES			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HOUSING CONSERVATION COORDINATORS INC 777 TENTH AVENUE NEWYORK,NY 10019	51-0141489	501 C 3	75,238		воок		HOUSING COUNSELING SERVICES			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HOUSING OPPORTUNITIES PROJECT FOR EXCELLENCE INC 11501 NW 2ND AVENUE MIAMI,FL 33168	65-0108794	501 C 3	7,920		воок		FAIR HOUSING INITATIVE PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance			
HOUSING OPTION AND PLANNING ENTERPRISES 6188 OXON HILL ROAD SIDE 700 OXON HILL, MD 20745	20-2526058	501 C 3	19,924		воок		MORTGAGE MODIFICATION			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HOUSING RESOURCE CENTER OF MONTEREY COUNTY P O BOX 1307 SALINAS, CA 93902	20-0215143	501 C 3	13,295		воок		MORTGAGE MODIFICATION			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HUMBOLT PARK SOCIAL SERVICES 3051 WARMITAGE AVE CHICAGO,IL 60647	36-3731388	501 C 3	11,952		воок		HOUSING COUNSELING SERVICES			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(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	32,771		воок		HOUSING COUNSELING SERVICES			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
METROPOLITAN ST LOUIS EQUAL HOUSING OPPORTUNITIES 1027 SOUTH VANDEVENTER AVE 6TH FLOOR ST LOUIS,MI 63110	43-1604756	501 C 3	7,920		воок		FAIR HOUSING INITATIVE PROGRAM			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MOVIN OUT INC 600 WILLIAMSON STREET MADISON,WI 53703	39-1833482	501 C 3	18,529		воок		HOUSING COUNSELING SERVICES			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NEIGHBORHOOD HOUSING OPPORTUNITIES 1548 POPULAR AVENUE MEMPHIS,TN 38104	42-1154088	501 C 3	5,007		воок		HOUSING COUNSELING SERVICES			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NEIGHBORHOOD HOUSING SERVICES OF BALTIMORE 819 PARK AVENUE BALTIMORE,MD 21201	52-1007666	501 C 3	45,547		воок		HOUSING COUNSELING SERVICES		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NEW HOPE COMMUNITY DEVELOPMENT NON- PROFIT 19487 EVERGREEN DETROIT,MI 48219	38-2975829	501 C 3	21,009		воок		MORTGAGE MODIFICATION		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NEW YORK STATE WIDE SENIOR ACTION COUNCIL INC 275 STATE STREET ALBANY,NY 12210	22-2233947	501 C 3	38,698		воок		NATIONAL NEIGHBORS SILVER			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NORTH TEXAS FAIR HOUSING CENTER 8625 KING GEORGE DRIVE 130 DALLAS,TX 75235	27-3256602	501 C 3	6,600		воок		FAIR HOUSING INITATIVE PROGRAM			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NORTHWEST SIDE HOUSING CENTER 5007 WEST ADDISON STREET CHICAGO,IL 60641	20-1413891	501 C 3	101,701		воок		HOUSING COUNSELING SERVICES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
OAK HILL COMMUNITY DEVELOPMENT CORP 74 PROVIDENCE STREET WORCESTER,MA 01604	22-2599363	501 C 3	20,286		воок		NATIONAL FORECLOSURE MITIGATION COUNSELING GRANT PROVIDED BY NEIGHBORWORKS AMERICA			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PARTNERS IN CHARITY 86 N WILLIAMS CRYSTAL LAKE,IL 60014	36-4378897	501 C 3	29,754		воок		NATIONAL FORECLOSURE MITIGATION COUNSELING GRANT PROVIDED BY NEIGHBORWORKS AMERICA			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PHILADELPHIA COUNCIL FOR COMMUNITY ADVANCEMENT 1617 JFK BLVD SUITE 1550 PHILADELPHIA,PA 19103		501 C 3	6,624		воок		MORTGAGE MODIFICATION		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PILSEN NEIGHBORS COMMUNITY COUNCIL 2026 S BLUE ISLAND AVE CHICAGO,IL 60608	36-2439939	501 C 3	37,500		воок		NATIONAL NEIGHBORS SILVER			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
RISE FOUNDATION 2650 THOUSAND OAKS BLVD 240 MEMPHIS,TN 38103	31-1712061	501 C 3	38,622		воок		NATIONAL NEIGHBORS SILVER			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SPANISH COALITION FOR HOUSING 1922 NORTH PULASKI CHICAGO,IL 60639	23-7230578	501 C 3	354,239		воок		NATIONAL FORECLOSURE MITIGATION COUNSELING GRANT PROVIDED BY NEIGHBORWORKS AMERICA			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ST PETERSBURGH NEIGHBORHOOD HOUSING SERVICES 1600 DR MARTIN LUTHER KING STREET ST PETERSBURGH,FL 33701	59-2026381	501 C 3	18,799		воок		MORTGAGE MODIFICATION		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE CENTER FOR WORKING FAMILIES 477 WINDSOR STREET SUITE 101 ATLANTA,GA 30312	43-2071145	501 C 3	17,724		воок		HOUSING COUNSELING SERVICES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE FAIR HOUSING COUNCIL OF SAN DIEGO 1764 SAN DIEGO AVE SUITE 103 SAN DIEGO,CA 92110	33-0379993	501 C 3	6,650		воок		FAIR HOUSING INITATIVE PROGRAM			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE GREATER SACRAMENTO URBAN LEAGUE HCA 3725 MARYSVILLE BLVD SACRAMENTO,CA 95838	94-1686314	501 C 3	130,410		воок		NATIONAL FORECLOSURE MITIGATION COUNSELING GRANT PROVIDED BY NEIGHBORWORKS AMERICA			

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNITED COMMUNITY CENTER UCC 1028 SOUTH 9TH STREET MILWAUKEE,WI 53204	39-1146191	501 C 3	14,610		воок		HOUSING COUNSELING SERVICES		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WESTERN MAINE COMMUNITY ACTION P O BOX 20020A CHURCH STREET EAST WILTON,ME 04234	01-0275156	501 C 3	38,620		воок		NATIONAL NEIGHBORS SILVER			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WOODSTOCK INSTITUTE - 29 E MADISON STREET 1710 CHICAGO,IL 60602	36-2907408	501 C 3	30,000		воок		RESEARCH			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HAZEL JOYCE WILET CAREER AND FINANCIAL LITERACY INSTITUTE 330 MAIN STREET SHELBYVILLE,KY 40066	20-3329409	501 C 3	17,190		воок		FAIR HOUSING INITIATIVE PROGRAM			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HIGH PLAINS COMMUNITY DEVELOMENT CORP 803 EAST 3RD STREET SUITE 4 CHADRON,NE 69337	47-0784065	501 C 3	29,135		воок		FAIR HOUSING PROGRAM			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HISPANIC COMMUNICATIONS NWTWORK 50F STREET NW 8TH STREET WASHINGTON, DC 20001	54-1993758	501 C 3	102,688		воок		FAIR HOUSING PROGRAM			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HOPE OF EVANSVILLE 401 SE 6TH STREET EVANSVILLE,IN 47713	35-6075575	501 C 3	28,091		воок		FAIR HOUSING PROGRAM		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HPP CARES 4120 ATLANTIC BLVD LONG BEACH,CA 90019	80-0597884	501 C 3	276,129		воок		FAIR HOUSING PROGRAM			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HRC MONTEREY PO BOX 1307 SALINAS,CA 93902	20-0215143	501 C 3	8,601		воок		FAIR HOUSING PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
INNER CITY CHRISIAN FEDERATION 920 CHERRT SE GRAND RAPIDS,MI 49506	38-1903026	501 C 3	49,424		воок		FAIR HOUSING PROGRAM		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
INTERNATIONAL ASSOCIATION OF JEWISH VOCATIONAL SERVICES 1845 WALNUT STREET PHILADELPHIA,PA 19103	13-0887555	501 C 3	21,000		воок		FAIR HOUSING PROGRAM		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
KANAWHA INSTITUTE FOR SOCAIL RESEARCH & ACTION 131 PERKINS AVE DUNBAR,WV 25064	55-0727345	501 C 3	5,079		воок		FAIR HOUSING PROGRAM			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
KOREAN RESOURCE CENTER 900 S CRENSHAW BLVD LOS ANGELES,CA 90019	95-3879699	501 C 3	21,000		воок		FAIR HOUSING PROGRAM			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LAFAYETTE NEIGHBORHOOD HOUSING SERVICES INC 200 N 2ND STREET LAFAYETTE,IN 47901	31-1057335	501 C 3	25,184		воок		FAIR HOUSING PROGRAM		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MARYLAND CONSUMER RIGHTS COALITION 1209 NORTH CALVERT STREET BALTIMORE,MD 21202	52-2266235	501 C 3	21,000		воок		FAIR HOUSING PROGRAM			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NAZARETH HOUSING INC 519 EAST 11TH STREET NEWYORK,NY 10009	13-3176952	501 C 3	7,906		воок		FAIR HOUSING PROGRAM			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NEIGHBORHOOD ECONOMIC DEVELOPMENT CORPORATION 212 MAIN STREET SPRINGFIELD,OR 97477	93-0739188	501 C 3	30,805		воок		FAIR HOUSING PROGRAM		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NEIGHBORHOOD HOUSING SERVICES OF THE EAST BAY 2320 CUTTING BLVD RICHMOND,CA 94804	94-2791683	501 C 3	109,553		воок		FAIR HOUSING PROGRAM		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NEW CHRISTIAN JY FULL GOSPEL BAPTIST CHURCH 11594 S STATE STREET CHICAGO,IL 60628	36-4235450	501 C 3	10,643		воок		FAIR HOUSING PROGRAM			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PLAYMOUTH REDEVELOPMENT AUTHORITY 11 LINCOLN STREET PLAYMOUTH,MA 02360	04-6006507	501 C 3	56,099		воок		FAIR HOUSING PROGRAM		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PROSPERITY UNLIMITED INC PO BOX 1095 CONCORD, NC 28026	58-2109939	501 C 3	37,005		воок		FAIR HOUSING PROGRAM		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ROCKLAND HOUSING ACTION COALITION 120-126 NORTH MAIN STREET ANNEX FIRST FL NEWYORK,NY 10956	13-3439109	501 C 3	21,725		воок		FAIR HOUSING PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SAN FRANCISCO HOUSING DEVELOPMENT CORPORATION 4439 THIRD STREET SAN FRANCISCO,CA 94124	94-3090854	501 C 3	12,161		воок		FAIR HOUSING PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
							FAIR HOUSING PROGRAMFAIR HOUSING PROGRAM		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SOUTHWEST NEIGHBORHOOD HOUSING SERVICES 4605 4TH SREET NW ALBUQUERQUE,NM 87107		501 C 3	31,284		воок		FAIR HOUSING PROGRAM			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TAMPA HOUSING AUTHORITY 5301 W CYPRESS STREET TAMPA,FL 33607	59-6001289	501 C 3	24,686		воок		FAIR HOUSING PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE GRADUATE SCHOOL 600 MARYLAND AVE SW 120 WASHINGTON,DC 20024	26-4232788	501 C 3	20,000		воок		FAIR HOUSING PROGRAM			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UPSTATE HOMELESS COALITION OF SOUTH CAROLINA 122 EGEWORTH STREET GREENVILLE, SC 29607	57-1032202	501 C 3	22,416		воок		FAIR HOUSING PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WHITE OAK FOUNDATION INC 1621 WHITE OAK CHURCH ROAD APEX,NC 27523	56-2093795	501 C 3	9,128		воок		FAIR HOUSING PROGRAM			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
YOU CAN MAKE IT HOMEOWNERSHIP CENTER 600 FITZHUGH BLVD SUITE 105 SMYRNA,TN 37167	83-0423384	501 C 3	45,753		воок		FAIR HOUSING PROGRAM			

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DLN: 93493290003134

OMB No 1545-0047

Schedule J (Form 990)

### **Compensation Information**

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL COMMUNITY REINVESTMENT COALITION

**Employer identification number** 

52-1766126

Pa	TEL Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement or provision of all of the expenses d			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe			2	Yes	
	, , , , , , , , , , , , , , , , , , , ,		, 3		163	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all tused by a related organization to establish compen	hat apply	·			
	▼ Compensation committee	굣	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,	paıd or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described i	n Regula	tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 $4958-6(c)$ ?	e rebutta	able presumption procedure described in Regulations	9		

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990	
(1)JOHN TAYLOR CEO/PRESIDENT	(i) (ii)	258,610 0	45,454 0	4,800 0	22,000 0	28,353 0	359,217 0	361,520 0	
(2)DICA ADOTEVI CFO/EVP OF ADMIN	(i) (ii)	182,011 0	0 0	595 0	10,400 0	15,850 0	208,856 0	262,978 0	
(3)RACHEL MALEH CHIEF OF STAFF	(i) (ii)	137,080 0	0 0	0 0	10,400 0	15,082 0	162,562 0	141,812 0	
(4)DAVID BERENBAUM CHIEF OF PROGRAMS	(i) (ii)	168,298 0	0 0	2,550 0	5,184 0	26,608 0	202,640	181,114 0	
(5)ED GORMAN CHIEF OF MEMBERSHIP	(i) (ii)	157,694 0	0 0	941 0	13,792 0	17,474 0	189,901	160,418 0	

Schedule J (Form 990) 2013

### Part IIII Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 4B	THE ORGANIZATION ADOPTED A PROFIT SHARING PLAN WHEREBY A 7% OF THE EMPLOYEE ANNUAL SALARY IS CONTRIBUTED TO THE
	PLAN ONCE THE EMPLOYEE BECOMES ELIGIBLE ELIGIBILITY MEANS THAT THE EMPLOYEE SHOULD HAVE WORKED 500 HOURS WITHIN THE
	FIRST 90 DAYS OR 1000 HOURS WITHIN THE FIRST ANNIVERSARY ADDITIONALLY, AN EXECUTIVE IN ITS 11TH YEAR OF TENURE AND IN
	GOOD STANDING IS ELIGIBLE FOR A CONTROLLED BONUS PLAN THE ORGANIZATION WILL CONTRIBUTE FOR FIVE CONSECUTIVE YEARS
	AN AMOUNT TO BE NEGOTIATED BY THE PRESIDENT AND CEO

Schedule J (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule K

(Form 990)

Department of the Treasury

**Supplemental Information on Tax Exempt Bonds** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► See separate instructions.

►Information about Schedule K (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2013

DLN: 93493290003134

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** NATIONAL COMMUNITY REINVESTMENT COALITION 52-1766126 Part I **Bond Issues** (h) On (i) Pool (g) Defeased behalf of financing (c) CUSIP # (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose ıssuer Yes No Yes No Yes No FINANCING BUILDING AND UNITED BANK 05-6000445 02-01-2005 6,500,000 PROVIDING FUNDS FOR Х Χ Χ CAPITAL IMPROVEMENTS **Proceeds** В C D Α Amount of bonds retired Amount of bonds legally defeased 2 3 Total proceeds of issue 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 6 Proceeds in refunding escrows Issuance costs from proceeds 7 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 Other spent proceeds 11 Other unspent proceeds 12 Year of substantial completion 13 No Yes Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ 14 Were the bonds issued as part of an advance refunding issue? 15 Х Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final 17 Х allocation of proceeds? **Private Business Use** Part III C Α В D Yes No Yes No Yes No Yes No

property financed by tax-exempt bonds?

financed property?

2

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

chedule K	(1011101)	, 2013		
Part III	Private	<b>Business</b>	Use	(Continuea

o b I o o p p c c Afi d I o o o o o o o o o o o o o o o o o o			A		В		С	Ţ	D
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use of bond-financed property?		х						
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?								
С	Are there any research agreements that may result in private business use of bond-financed property?		х						
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?		Х						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
С	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?		х						
Pa	t IV Arbitrage								
	Δ			B		C		D	

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?		Х						
ь	Exception to rebate?		Х						
С	No rebate due?		Х						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		Х						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
ь	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
							Sc	hedule K (Forn	1 990) 2013

Part IV Arbitrage (Continued)

**Return Reference** 

	<u> </u>	A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		х						
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х						
7	Has the organization established written procedures to monitor the requirements of section 148?		х						
Pa	rt V Procedures To Undertake Corrective Action								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		Х						
Pa		nation for res	ponses to au	lestions on S	chedule K (s	ee instructio	ns).		

Explanation

Schedule K (Form 990) 2013

DLN: 93493290003134

OMB No 1545-0047

Open to Public Inspection

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

**Transactions with Interested Persons** 

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** NATIONAL COMMUNITY REINVESTMENT COALITION 52-1766126 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . . Part III Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) (d) Loan to (e)Original (f)Balance (i)Written (c) (g) In (h) ınterested Relationship Purpose of or from the principal due default? Approved agreement? with organization? amount bν person loan organization board or committee? Τо Yes Yes No From No Yes Total Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (d) Type of assistance (b) Relationship between (c) A mount of assistance (a) Name of interested (e) Purpose of assistance person interested person and the organization

Part IV Business Transactions Complete if the organiza			e 28a, 28b, or 28c.			
(a) Name of Interested person	(b) Relationship between interested person and the organization	<b>(c)</b> A mount of transaction	(d) Description of transaction	(e) Sh of organiz reveni	f zatıon's	
				Yes	No	
(1) MATHEW LEE	BOARD MEMBER OF NCRC	40,000	PROVIDES CONSULTING SERVICES		No	
(2) IRVIN HENDERSON	BOARD MEMBER OF NCRC	•	PROVIDES CONSULTING SERVICES		No	

### Part V Supplemental Information

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

Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2013

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DLN: 93493290003134

OMB No 1545-0047

2013

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# SCHEDULE O . .

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization NATIONAL COMMUNITY REINVESTMENT COALITION **Employer identification number** 

52-1766126

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 3B	
FORM 990, PART VI, SECTION A, LINE 2	AN EMPLOYEE OF THE ORGANIZATION IS RELATED TO A BOARD MEMBER OF NCRC
FORM 990, PART VI, SECTION A, LINE 6	NCRC IS A MEMBER CORPORATION ANY NATIONAL, REGIONAL AND LOCAL NOT-FOR-PROFIT ORGANIZATION WHICH SUBSCRIBES TO NCRC'S PURPOSE SHALL BE CONSIDERED ELIGIBLE FOR MEMBERSHIP IN NCRC E ACH MEMBER IN GOOD STANDING SHALL HAVE ONE VOTE TO EXCERCISE IN CONDUCTING THE BUSINESS OF NCRC
FORM 990, PART VI, SECTION A, LINE 7A	AN ANNUAL MEETING OF THE MEMBERS OF NCRC IS HELD FOR THE ELECTION OF DIRECTORS, AND TRANSA CTIONS OF OTHER BUSINESSES BOARD OF DIRECTORS ARE ELECTED BY A MAJORITY VOTE OF MEMBERS W HO 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, NATIO NAL OR LOCAL ORGANIZATIONS
FORM 990, PART VI, SECTION A, LINE 7B	THE CHAIPERSON WITH THE EXPRESS APPROVAL OF THE BOARD, MAY ESTABLISH COMMITTEES ON STANDIN G OR AD HOC BASIS THE EXECUTIVE COMMITTEE HAS ALL THE RIGHTS, POWERS AND AUTHORITY OF THE BOARD OF DIRECTORS, HOWEVER, ANY ACTION BY THE EXECUTIVE COMMITTEE MUST BE REPORTED TO AN D APPROVED BY THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION A, LINE 8B	COMMITTEES DO NOT HAVE AUTHORITY TO ACT ON BEHALF OF THE BOARD COMMITTEE RECOMMENDATIONS ARE VOTED ON BY THE WHOLE GOVERNING BODY
FORM 990, PART VI, SECTION B, LINE 11	THE RETURN IS PREPARED BY AN OUTSIDE ACCOUNTANT A DRAFT OF THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE. A FINAL COPY IS THEN PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS BOARD MEMBERS ARE GIVEN A PERIOD OF TIME TO REVIEW THE FORM 990 AND RESPOND WITH ANY QUES TIONS AS NEEDED ONCE THE REVIEW IS COMPLETED, THE RETURN IS FILED ELECTRONICALLY
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION UPDATES OFFICERS' INFO AND BIO ON AN ANNUAL BASIS AND SEARCH FOR ANY CONF LICT OF INTEREST THAT MAY EXIST WITH COMPANY POLICIES
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF CEO/PRESIDENT-ANNUAL BOARD EVALUATION OF PERFORMANCE COMPENSATION IS DETE RMINED BY MEASURING COMPATIBLE INDUSTRY STANDARDS COMPENSATION OF KEY EMPLOYEES-ANNUAL E VALUATION BY APPROPRIATE SUPERVISORS AND COMPENSATION IS BASED ON INDUSTRY STANDARDS
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES THE FOLLOWING DOCUMENTS AVAILABLE TO THE PUBLIC AS THEY ARE REQUIRE D FEDERAL FORM 990 FINANCIAL STATEMENTS CONFLICT OF INTEREST POLICY
990, LINE 2C, AUDIT COMMITTEE	THE ORGANIZATIONS AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF IT S FINANCIAL STATEMENT AND SELECTION OF AN INDEPENDENT ACCOUNTANT WHICH IS REVIEWED AND APP ROVED BY THE BOARD OF DIRECTORS THIS PROCESS IS CONSISTENT WITH PRIOR YEARS

### DLN: 93493290003134

OMB No 1545-0047

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# **SCHEDULE R** (Form 990)

Name of the organization

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. ► See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Inspection **Employer identification number** 

TIONAL COMMONITY REINVESTMENT COALLITON				52-17661	. 26			
Part I Identification of Disregarded Entities Co					T	/f\		
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	Dii	(f) rect controlling entity		
Part II Identification of Related Tax-Exempt Or or more related tax-exempt organizations dur		the organization an	swered "Yes" o	on Form 990, P	art IV, l	line 34 because it	: had or	ıe
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	(e) Public charity (if section 501		<b>(f)</b> Direct controlling entity	Section (13) co ent	ontroll tity?
1) INNER CITY PRESS	CONSULTING SERVICES	NY	YES	YES			Yes	No.
O FEDEX 747 THIRD AVE								
IEW YORK, NY 10017 3-3574221								
2) NATIONAL COMMUNITY REINVESTMENT COALITION COMMUNITY DEVELOPMENT FUND INC	MICRO LENDING	DC	YES	YES				No
27 15TH STREET NW								
VASHINGTON, DC 20005 6-1269202								
3) WOODSTOCK INSTITUTE	RESEARCH	IL	YES	YES				No
29 E MADISON STREET								
CHICAGO, IL 60602 36-2907408								
								$\vdash$
								_

Part III	<b>Identification of Related Org</b> because it had one or more rela						ation ansv	vered "Ye	es" on	Form	990, Part	IV, lu	ne 34	ļ
	<b>(a)</b> Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity -	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income		<b>(h</b> Disprop r allocat	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or	<b>(k)</b> Percentage ownership
						,			Yes	No		Yes	No	
												igspace		
												$\vdash$		
Part IV	<b>Identification of Related Org</b> line 34 because it had one or mo	ore related organız							wered	d "Yes				IV,
Na	( <b>a)</b> ame, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)		<b>(d)</b> Dırect controllır entity	(e) Type of entit (C corp, S corp, or trust)	y Share of income	total Share	(g) e of end- -year ssets		(h) ercentage wnership	Section (b) (continue)	i) on 512 (13) rolled city?	No.
							1			-	ĺ	Yes	•	No
												l		

Part	rt V Transactions With Related Organizations C	omplete if the organization answe	red "Yes" on Form	990, Part IV, line	e 34, 35b, or 36.					
N	Note. Complete line 1 if any entity is listed in Parts II, III, or I	V of this schedule					Yes	No		
<b>1</b> Dur	uring the tax year, did the orgranization engage in any of the follo	owing transactions with one or more rel	ated organizations lis	sted in Parts II-IV?						
a R	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent fr	om a controlled entity				1a		No		
<b>b</b> 0	Gift, grant, or capital contribution to related organization(s)					1b	Yes			
<b>c</b> G	Gift, grant, or capital contribution from related organization(s)					1c		No		
d L	Loans or loan guarantees to or for related organization(s)					1d		No		
<b>e</b> L	Loans or loan guarantees by related organization(s)					1e		No		
f D	Dividends from related organization(s)					<b>1</b> f		No		
<b>g</b> 9	Sale of assets to related organization(s)					1g		No		
h P	Purchase of assets from related organization(s)					1h		No		
i Exchange of assets with related organization(s)										
j L	Lease of facilities, equipment, or other assets to related organi	zation(s)				1j		No		
k Lease of facilities, equipment, or other assets from related organization(s)  I Performance of services or membership or fundraising solicitations for related organization(s)										
l Performance of services or membership or fundraising solicitations for related organization(s)										
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)										
n S	Sharing of facilities, equipment, mailing lists, or other assets wi	th related organization(s)				1n	Yes			
<b>o</b> 9	Sharing of paid employees with related organization(s)					10	Yes			
p R	Reimbursement paid to related organization(s) for expenses					1p		No		
q R	Reimbursement paid by related organization(s) for expenses					1q		No		
r O	O ther transfer of cash or property to related organization(s)					1r		No		
s C	Other transfer of cash or property from related organization(s)					1s		No		
<b>2</b> It	If the answer to any of the above is "Yes," see the instructions	for information on who must complete	this line, including co	vered relationships	and transaction thresholds					
	<b>(a)</b> Name of related organization		<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining am	ount ı	nvolved			
<b>(1)</b> INNE	NER CITY PRESS		L	48,000	CASH					
(2) NCR	CRC COMMUNITY DEVELOPMENT FUND INC		N	29,506	CASH					
(3) NCR	CRC COMMUNITY DEVELOPMENT FUND INC		0	35,021	CASH					
(4) WOO	DODSTOCK INSTITUTE		В	30,000	CASH					

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions i													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations <sup>7</sup>	_	(i) Code V <sup>2</sup> UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_
			<u> </u>				l					<u> </u>	

Schedule R (Form 990) 2013

### Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2013