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DLN: 93493220011157 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990**

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

foundations)

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

2016

☑ Yes ☐ No

Form **990** (2016)

Cat No 11282Y

		of the Treas nue Servic	ur\ ► Information al	bout Form 990 and its instructions is		,	<u>(form990</u>	O	Inspection
A Fo	or the	e 2016 (ginning 01-01-2016 , and ending	g 12-31	1-2016			
☑ Add	dress	pplicable change	C Name of organization NATIONAL COMMUNITY REINVES COALITION	STMENT			D Employe 52-1766:		cation number
	me ch tıal ret	_	Doing business as						
Fin Detur		nınated					E Telephone	number	
□ Am	endec	d return	740 15TH STREETNW NO 900	If mail is not delivered to street address)	Room/sui	ite	(202) 62		
□ Apı	plication	on pending	City or town, state or province, o	country, and ZIP or foreign postal code			(202) 02		
			WASHINGTON, DC 20005				G Gross rece	eipts \$ 19	,220,329
			F Name and address of prince JOHN TAYLOR	cipal officer		H(a) Is	this a group retu	ırn for	
			740 15TH STREETNW NO 900)			ubordinates? re all subordinate	·s	□Yes ☑No
· Tax	k-exen	npt status	WASHINGTON, DC 20005			` í ın	icluded?		☐ Yes ☐No
		·	₩ NCRC ORG	◀ (insert no)	527		"No," attach a lis roup exemption r		•
***	еръп	.e. P vv	WW NERE ORG			() 0	roup exemption i	idiliber i	
(Forn	n of or	rganızatıor	n 🗹 Corporation 🗌 Trust 🔲 A	Association Other		L Year of f	formation 1990 I	M State o	of legal domicile DC
Pa	rt I	_	nmary						
e Ce	1	NCRC'S N SEEKS TO		n or most significant activities AND EQUAL ACCESS TO CREDIT, CAI 5-TERM SOLUTIONS WHICH INCLUDE					
governance	-								
<u> </u>	-								
				discontinued its operations or dispos rning body (Part VI, line 1a)				sets 3	22
ర ^	l		-	of the governing body (Part VI, line				4	22
Acumues	l		•	calendar year 2016 (Part V, line 2a)	•			5	
3	l		• •	necessary)				6	0
	7a	Total un	related business revenue from F	Part VIII, column (C), line 12				7a	0
	ь	Net unre	elated business taxable income f	From Form 990-T, line 34				7b	0
							Prior Year		Current Year
Ġ	l		itions and grants (Part VIII, line	•	•		14,048,92	_	13,473,290
Rəvenue	l	-	•	(2g)			2,415,41		4,006,774
ç	l		ent income (Part VIII, column (A evenue (Part VIII, column (A), lii	A), lines 3, 4, and 7d)	•		232,06	_	-510,965
	l			must equal Part VIII, column (A), lin	e 12)		16,739,17		17,197,897
				X, column (A), lines 1–3)	/		2,037,21	10	2,444,097
	14	Benefits	paid to or for members (Part IX	(, column (A), line 4)				0	O
8	15	Salaries	, other compensation, employee	benefits (Part IX, column (A), lines	5-10)		6,150,29	92	6,486,631
Expenses	16a	Professi	onal fundraising fees (Part IX, c	olumn (A), line 11e)	•			0	0
Š	l		draising expenses (Part IX, column (D	·· · · - · · · · · · · · · · · · · · ·	_				
ш	l		kpenses (Part IX, column (A), lir	,			6,669,94	_	9,607,936
	l		penses Add lines 13-17 (must o e less expenses Subtract line 18	equal Part IX, column (A), line 25)			14,857,45		18,538,664 -1,340,767
x o	19	Revenue	e less expenses Subtract line 10	THOM INTO IT I I I I	•	Begini	ning of Current Ye		End of Year
Net Assets of Fund Balances									
Bal	l		sets (Part X, line 16)		•		26,496,32	22	34,012,335
	l		bilities (Part X, line 26)		•		7,572,96		16,429,745
	122	_	ets or fund balances Subtract lir	ne 21 from line 20			18,923,35	9/	17,582,590
Jnder	pena	alties of	perjury, I declare that I have ex	amined this return, including accomp					
	edge nowle		ef, it is true, correct, and compl	ete Declaration of preparer (other th	nan offic	er) is bas	ed on all informat	tion of w	hich preparer has
ia-		Signa	ture of officer				2017-08-08 Date		
Sign Here		10HN	TAYLOR PRESIDENT/CEO						
			or print name and title						
			Print/Type preparer's name NADIM E SALTI CPA	Preparer's signature		ate 017-08-08		IN 01482194	
Paic		-		NADIM E SALTI CPA		017-00-08	self-employed		
_	oare	₹1 -	Firm's name ► SALTI & ASSOCIAT Firm's address ► 3222 N STREET NW				Firm's EIN ► 20-3 Phone no (202) 33		
Jse	On	ıly	WASHINGTON, DC				1 Hone Ho (202) 33	-1003	
			WASHINGTON, DC	2000/			I		

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

4e Total program service expenses ► 11,363,039

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

No

No

Nο

Nο

No

No

Checklist of Required Schedules Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . 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 💆

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 🔒 . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

Yes

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11a

11b

Yes

No

Nο No No No No Νo No No Νo Form **990** (2016)

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Νo 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ঙ 뉰 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a **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 14h valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19

29

Page 4

No

	 	(
			7

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Part IV Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

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 If "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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Yes

Yes

20a

20b

21

22

23

24a

24b

24c

24d

25a

25b

26

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28a

28b

28c

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35a

35h

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Yes

Yes

Yes

Yes

Form 990 (2016)

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Nο

Νo

Nο

Nο

Nο

No

Nο

Νo

Νo

Nο

No

Nο

Nο

Nο

orm	990 (2016)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			Ш
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 61 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	
	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			
L	this return	 2b		No
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			110
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ►			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
Ĭ	1. For the substitute of guilled and the original control of the substitute of the s	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
•	required ?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
	·	8		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from members or snareholders			
D	against amounts due or received from them)			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	' respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction	A. Governing Body and Management			
				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year 1a 22			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 22			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2	Yes	
3		ne organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organization's assets?	5		No
6		ne organization have members or stockholders?	6	Yes	
		ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
	memb	bers of the governing body?	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ins other than the governing body?	7b	Yes	
8		ne organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing			
а	The g	overning body?	8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	8 b		No
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the inzation's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	: Code	2.)	
				Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?	10a		No
b		is," did the organization have written policies and procedures governing the activities of such chapters, affiliates, oranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has tl form?	he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were confli	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b	Yes	
c		ne organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in dule O how this was done</i>	12c	Yes	
13		ne organization have a written whistleblower policy?	13	Yes	
		ne organization have a written document retention and destruction policy?	14	Yes	
14 15		ne organization have a written document retention and destruction policy?		162	
	perso	ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		organization's CEO, Executive Director, or top management official	15a	Yes	
b		officers or key employees of the organization	15b	Yes	
		s" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a		ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ile entity during the year?	16a		No
b	ın joir	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation it venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status	s with respect to such arrangements?	16b		
Se	ction	C. Disclosure			
17	List th	ne States with which a copy of this Form 990 is required to be filed▶ NY			
18		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) able for public inspection. Indicate how you made these available. Check all that apply			
		Own website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19		ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest ,, and financial statements available to the public during the tax year			
20	State	the name, address, and telephone number of the person who possesses the organization's books and records ORGANIZATION (NCRC) 727 15TH STRNW900 WASHINGTON, DC 20005 (202) 628-8866			

compensated employees, and former such persons

(A)

Name and Title

(F)

Estimated

Form 990 (2	2016) Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
year ● Lıst all	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount ation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
• List all o	of the organization's current key employees, if any See instructions for definition of "key employee "
who receive	organization's five current highest compensated employees (other than an officer, director, trustee or key employee) In reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the In and any related organizations
• List all o	of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

organiza List 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

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

(B)

Average

hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wany hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensat employee Individual trustee or director Office: Former organizations MISC) related Institutional Trustee below dotted organizations employee line) See Additional Data Table

Form 990 (2016)										Page 8
Part VIII Section A. Officers, Direc	tors, Trustees	s, Key I	Empl	loye	es,	and I	High	nest Compensate	d Employees (col	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, ι n of	t che unles ficer	eck moss pers and a	on	(D) 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)	or related ganizations elow dotted Individual trustee Individual trustee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations			
See Additional Data Table										
	1	1	1	1	1	1	1	I	ı	I

·					

Lb Sub-Total											

1b Sub-Total			 ٠.	▶		,	'
c Total from continuation sheets to Pa	art VII, Sectio	nΑ.		▶			
d Total (add lines 1b and 1c)				▶	1,598,866	0	148,700

1b Sub-Total				•			
c Total from continuation sheets to Pa	art VII, Sectio	nΑ.		▶			
d Total (add lines 1b and 1s)					1 598 866	0	148 700

1b Sub-Total											
c Total from continuation sheets to Pa	art VII, Sectio	nΑ.				▶∟					
d Total (add lines 1b and 1c)						▶		1,598,866		0	148,700

1b Sub-Total							
c Total from continuation sheets to Pa	rt VII, Sectio	▶					

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 10		
		Yes	No

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

3

4

5

(B)

Description of services

PROFESSIONAL CONSULTANTS

Yes

Νo

Nο

106,230

(C)

Compensation

Form 990 (2016)

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization. Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

line 1a? If "Yes," complete Schedule J for such individual .

3

4

5

individual .

GERALD KELLMAN.

940 W GUNNISON ST CHICAGO, IL 60640

Section B. Independent Contractors

compensation from the organization ▶ 1

Part	VII	Statement of	Revenue									- age 5
				a respo	nse or note to an	y line in t	this Part VIII	:				🗆
							(A) revenue	Rel ex fu	(B) ated or xempt nction venue	Unr bus	(C) elated siness renue	(D) Revenue excluded from tax under sections 512-514
	12	a Federated campaigi	ns	1a			I	16	venue			312-314
nts Ints		b Membership dues		1b	113,195							
Gra not	١,	c Fundraising events		1c								
_ \$. _ <u>A</u>	۱,	d Related organizatio	ns	1d								
ii ci	١,	e Government grants (co	ontributions)	1e	3,810,598							
ms, Sin	1	f All other contributions,										
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts no above	ot included	1f	9,549,497							
<u> </u>	۱ ا	g Noncash contribution in lines 1a-1f \$	ons included									
in di		Total.Add lines 1a-1	£									
		1 Iotal. Add lines 1a-1				ss Code	3,473,290					
Service Revenue	2 a	CONFERENCE				900099	4,0	06,774	4,00	5,774		
F.	b	-		_								
- Ce	С	,										
Ser v	d	I 										
an.	е	•										
Program	f	All other program se	rvice revenue		4	,006,774						
<u>~</u>	g	Total.Add lines 2a-2f	f	. 1	<u> </u>	,000,771						
		Investment income (in similar amounts) .			nterest, and othe	r ▶	92,895	5				92,895
		Income from investme			ond proceeds	•						
	5	Royalties				>						
	6-	Gross rents	(ı) Rea	I	(II) Personal							
	Va	GIOSS TEIRS	1,5	11,467								
	b Less rental expenses 2,022,432											
	c	Rental income or										
		(loss)				_	-510,965	_				540.065
		Net rental income of	r (loss) (ı) Securit		(II) Other		-310,900	 				-510,965
	7a	Gross amount from sales of	, ,	.35,903	(II) Other							
		assets other than inventory		,								
	b	Less cost or										
		other basis and sales expenses		0								
		Gain or (loss)		.35,903		\Box						
		I Net gain or (loss) . Gross income from fo			<u> </u>		135,903	3				135,903
<u>ə</u>	- Cu	(not including \$		of								
重		contributions reporte See Part IV, line 18		. a								
Rev	ь	Less direct expense:	s	ь								
Other Revenue		: Net income or (loss)		r	ents 🕨							
\$	9a	Gross income from g See Part IV, line 19		es								
				а								
		Less direct expenses		ь								
		: Net income or (loss) Gross sales of invent		activiti	es >							
		returns and allowand	ces									
		Less cost of goods s	لداد	a b								
		Net income or (loss)		_ L	ory ►							
		Miscellaneous		IIIVEIIC	Business Code							
	11	.a										
	ь)										
	c											
												<u> </u>
		All other revenue . Total. Add lines 11a								-		
	12	! Total revenue. See	instructions	• •	· · · •		17,197,897	7	4,006,774		0	-282,167 Form 990 (2016)
												rorm 990 (2016)

e Professional fundraising services See Part IV, line 17

18 Payments of travel or entertainment expenses for any federal, state, or local public officials

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

25 Total functional expenses. Add lines 1 through 24e
 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)

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O)

b DUES AND SUBSCRIPTIONS

a LOSS IN AFFILIATE

c TEMPORAY HELP

d LOBBYING EXPENSES

e All other expenses

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

f Investment management fees .

12 Advertising and promotion .

13 Office expenses .

20 Interest . . .

23 Insurance .

15 Royalties .

17 Travel .

16 Occupancy .

14 Information technology

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must comp	elete column (A)	_
Check if Schedule O contains a response or note to any	line in this Part IX			<u> </u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,444,097	2,444,097		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	822,929	101,473	717,753	3,703
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	4,429,401	3,301,068	979,678	148,655
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	306,185	200,660	96,558	8,967
9 Other employee benefits	541,599	354,940	170,798	15,861
10 Payroll taxes	386,517	253,306	121,892	11,319
11 Fees for services (non-employees)				
a Management	9,412	9,412		
b Legal	159,337	83,219	76,118	
c Accounting	111,879		111,879	

1,127,071

101,373

304,224

97,238

984,117

485,773

725,113

20,517

48,873 14,289

5,076,837

142,528

60,821

43,598

94,936

18,538,664

618,498

88,655

158,010

58,289

783,941

332,538

690,585

15

106,062

49,718

1,728,553

11,363,039

416,323

12,498

140,290

36,426

186,624

150,512

27,921

20,517

48,873

14,274

5,076,837

33,966

4,603

43,598

-1,682,208

6,805,730

92,250

220

5,924

2,523

13,552

2.723

6,607

2,500

6,500

48,591

369,895

Form 990 (2016)

Form 990 (2016)

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Liabilities 22

Fund Balances

Assets or 30

Net

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and

Grants payable . .

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

1	Cash-non-interest-bearing	1,550,039	1	3,059,947
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	6,201,397	3	7,072,830
4	Accounts receivable, net	502,203	4	1,421,207
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			

	4	Accounts receivable, net			502,203	4	1,421,207
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L		5			
٧٥.	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L		6			
et	7	Notes and loans receivable, net		1,192,301	7	1,529,023	
Assets	8	Inventories for sale or use		•		8	
⋖	9	Prepaid expenses and deferred charges			65,849	9	45,293
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	14,625,113			
	ь	Less accumulated depreciation	10b	5,605,806	8,894,050	10 c	9,019,307
	11	Investments—publicly traded securities .		11			

s		voluntary employees' beneficiary organizations Part II of Schedule L		` ' ' '		6	
ets	7	Notes and loans receivable, net	1,192,301	7	1,529,023		
SS	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges			65,849	9	45,293
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	14,625,113			
	ь	Less accumulated depreciation	10b	5,605,806	8,894,050	10 c	9,019,307
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .		7,815,650	12	11,530,220
	13	Investments—program-related See Part IV, line		13			
	14	Intangible accets				14	

et	7	Notes and loans receivable, net	1,192,301	7	1,529,023		
SS	8	Inventories for sale or use		8			
۷	9	Prepaid expenses and deferred charges	65,849	9	45,293		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D					
	ь	Less accumulated depreciation	10b	5,605,806	8,894,050	10 c	9,019,307
	11	Investments—publicly traded securities .		11			
	12	Investments—other securities See Part IV, line		7,815,650	12	11,530,220	
	13	Investments—program-related See Part IV, line	•		13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			274,833	15	334,508
	16	Total assets.Add lines 1 through 15 (must equ	26,496,322	16	34,012,335		

612,427

1,280,567

4,754,000

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125.971

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18,262,757

18,923,357

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16,429,745

13,603,192

3,979,398

17,582,590

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Form **990** (2016)

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Yes

Yes (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 52-1766126

Name: NATIONAL COMMUNITY REINVESTMENT

COALITION

Form 990 (2016)

Form 990, Part III, Line 4a: NATIONAL NEIGHBORS SILVER IS A CAMPAIGN TO EMPOWER, ORGANIZE AND SUPPORT ECONOMICALLY VULNERABLE OLDER ADULTS COMBINING ADVOCACY. ORGANIZING AND DIRECT SERVICES THE CAMPAIGN PROMOTES ACCESS TO QUALITY BANKING SERVICES AND ADEQUATE HOUSING FOR OLDER ADULTS WORKING WITH THE BANKING INDUSTRY. THE AGING NETWORK AND HOUSING EXPERTS. NATIONAL NEIGHBORS SILVER OFFERS A PLATFORM FOR POLICY AND PROGRAM SOLUTIONS TO BUILD ECONOMIC SECURITY AND PRESERVE WEALTH FOR AGING AMERICANS

Form 990, Part III, Line 4b: MEMBERSHIP-NATIONAL COMMUNITY REINVESTMENT COALITION PROVIDES BROAD SET OF BENEFITS AND SPECIAL SERVICES FOR ITS MEMBER ORGANIZATIONS. INCLUDING CUSTOMIZED DATA ANALYSIS, TRAININGS, TECHNICAL ASSISTANCE, LEGISLATIVE AND REGULATORY UPDATES, AND MORE

Form 990, Part III, Line 4c: CENTER FOR CIVIL RIGHTS - THROUGH THE CENTER FOR CIVIL RIGHTS' INITIATIVES, NCRC CONVENES, SUPPORTS AND PURSUES WORKSHOPS, CONFERENCES, INVESTIGATIONS OF CIVIL RIGHTS COMPLAINTS, SYSTEMIC "TESTING" OF FINANCIAL AND REAL ESTATE ENTITIES, AND COMPLIANCE INITIATIVES THAT ENCOURAGE "BEST PRACTICES" THE CFCR PROGRAM ALSO PROVIDES TECHNICAL ASSISTANCE TO NCRC'S MEMBERS IN URBAN, SUBURBAN AND RURAL COMMUNITIES TO PROMOTE

ECONOMIC MOBILITY, TO ENSURE FAIR HOUSING FOR WORKING FAMILIES, AND TO ENSURE FAIR LENDING FOR WOMEN- AND MINORITY-OWNED BUSINESSES

THROUGHOUT OUR NATION

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099-Highest comper employee organization and Former Individual truste or director Institutional MISC) organizations MISC) related below dotted organizations employee line)

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IRVIN HENDERSON	1 00					15,000	0	
BOARD MEMBER						13,000		
DORY RAND	1 00					0	0	

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IRVIN HENDERSON	1 00	x			15,000
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DORY RAND	1 00	×			0
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BOARD SECRETARY

BOARD CHAIR

PETE GARCIA

BOARD MEMBER

ELIZABETH RISCH

BOARD MEMBER

ARDEN SHANK

BOARD MEMBER

BOARD VICE CHAIR

JEAN ISHMON

DAVID ADAME

TREASURER

BOARD MEMBER

ERNEST GENE ORTEGA

ROBERT DICKERSON JR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors (D) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensat Former MISC) organizations MISC) related organizations

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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MOISES LOZA	1 00	V	
BOARD MEMBER		X	

HUBERT VAN TOL

BOARD MEMBER

PETER HAINLEY

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

SHELLY SHEEHY

BOARD MEMBER

MARYELLEN LEWIS

BOARD MEMBER

CHARLES HARRIS

BOARD CHAIR

JOHN TAYLOR

CEO/PRESIDENT

BETHANY SANCHEZ

PAST BOARD CHAIR

KEVIN STEIN

MATHEW LEE

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual trustee or director Highest compens employee Former Institutional organizations MISC) MISC) related director. below dotted employee organizations line)

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MARCELINE A WHITE	1 00	×				0	0	
BOARD MEMBER		^				9	0	
DAVE SNYDER	1 00	X				0	0	
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181,576

145,755

125,255

168,038

105,500

108,923

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20,675

18,028

4,606

19,735

15,018

8,011

7,283

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BOARD MEMBER	•••••	Х			0	
DAVE SNYDER	1 00	x			0	
BOARD MEMBER		, ,			•	
CATHERINE HOPE CROSBY	1 00					
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DICA ADOTEVI

JESSE VAN TOL

MANUEL HIDALGO

SAMIRA COOK

KEVIN SALL

JOHN LAZAR

COO - EFFECTIVE 7/1/16

COO - ENDED 6/30/16

FRANCIS BREEDLOVE

DIR OF DEVELOPMENT

VP BUSINESS DEVELOPMENT

DIR OF HUMAN RESOURCES

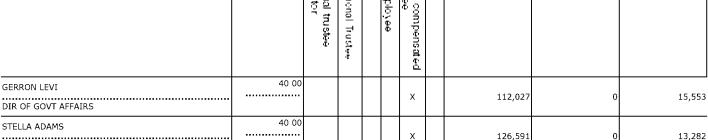
DIR OF INFORMATION TECHNOLOGY

CFO

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

BOARD MEMBER						
DAVE SNYDER	1 00	l .			0	
BOARD MEMBER						
CATHERINE HOPE CROSBY	1 00	_			0	
BOARD MEMBER		^				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent, Contractors (C) (E) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation from the week (list person is both an officer from related compensation any hours and a director/trustee) organization organizations from the for related (W- 2/1099-(W- 2/1099organization and Individual or director organizations Institutiona MISC) MISC) related below dotted organizations employee line)



CHIEF OF CIVIL RIGHTS

efil	e GR/	APHIC prii	nt - DO NOT PROCES	S As Filed	Data -			DLN: 9	3493220011157
SCI	HED	ULE A	Puhli	c Charity S	Statu	s and Pub	olic Supp	ort	OMB No 1545-0047
(For	m 990			e organization is	s a secti	on 501(c)(3) d	organization o		2016
990E	ZZ)					mpt charitable 190 or Form 99			
		the Treasury	► Information a	bout Schedule A	(Form			uctions is at	Open to Public Inspection
Nam	e of th	nue Service h e organiza DMMUNITY REI	tion		Willisige			Employer identific	<u></u>
COALI		DIMINIONITY KET	NVESTMENT					52-1766126	
Pa Thom			for Public Charity Some private foundation beca					See instructions.	
1			onvention of churches, o	•		•		(Λ\(i\	
2		·	scribed in section 170((4)(1)1	
3			or a cooperative hospital			•		iii)	
4		·	esearch organization ope	_					nter the hospital's
•	Ш		and state	- Tatea III conjuncti	IOTT WICH	a mospital deseri	- Section		The Hospital's
5			ation operated for the be (iv). (Complete Part II)	nefit of a college o	or univer	sity owned or op	perated by a gov	vernmental unit descri	bed in section 170
6			tate, or local governmen	t or governmenta	l unit des	scribed in sectio	on 170(b)(1)(A	A)(v).	
7	✓	section 17	ation that normally receive (0(b)(1)(A)(vi). (Comp	lete Part II)			-	unit or from the gener	al public described in
8		A communi	ty trust described in sec	tion 170(b)(1)(A)(vi) (Complete Part I	I)		
9			ural research organization rant college of agriculture						ege or university or a
LO		from activit	ation that normally receivities related to its exempt income and unrelated because section 509(a)(2).	functións—subjec usiness taxable inc	ct to cert come (le	ain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
1		•	ation organized and oper			public safety S	ee section 509	(a)(4).	
L2		more public	ation organized and oper ly supported organizatio through 12d that descri	ns described in se	ection 5	09(a)(1) or sec	tion 509(a)(2). See section 509(a	
а		Type I. A s	supporting organization on n(s) the power to regula	perated, supervis	ed, or co	ntrolled by its si	upported organı	zation(s), typically by	
b		-	Part IV, Sections A and supporting organization		trolled in	connection with	ute cupported a	organization(s) by ba	una control or
ט	Ш	manageme	nt of the supporting orga plete Part IV, Sections	ınızatıon vested ın					
С			unctionally integrated organization(s) (see insti						ted with, its
d		Type III n functionally	on-functionally integr integrated The organiz	ated. A supporting	g organiz ust satisf	zation operated i y a distribution i	in connection w	th its supported organ	
e			 You must complete box if the organization re 	·		· ·	RS that it is a Ty	/pe I, Type II, Type II	I functionally
f		ıntegrated,	or Type III non-function	ally integrated sup			·		•
f g			of supported organization of supported organization of the control		nzation(s	:)			
		f supported		(iii) Type		(iv	v)	(v)	(vi)
				organizat (described o 1- 10 above instruction	n lines e (see	Is the organiz your governin		Amount of monetary support (see instructions)	Amount of other support (see instructions)
						Yes	No		
Tota			tion Act Notice, see th	- To store 11 1		Cat No 11285		 Schedule A (Form 9	00 000 57\ 0011

Sch	nedule A (Form 990 or 990-EZ) 2016						Page 2
ŀ	Support Schedule for (Complete only if you ch III. If the organization fa	ecked the box o	n line 5, 7, 8, o	r 9 of Part I or if	the organizatio	n failed to qualify	
	Section A. Public Support			-	-	-	
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	10,261,839	9,983,854	10,012,648	13,989,357	13,231,493	57,479,191
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	10,261,839	9,983,854	10,012,648	13,989,357	13,231,493	57,479,191
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on	20,202,333	5,255,00	20,022,010	20,722,000	15,253, 155	2,948,657
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						54,530,534
	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
7		10,261,839	9,983,854	10,012,648	13,989,357	13,231,493	57,479,191
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and	1,889,495	1,935,839	1,690,172	1,560,487	1,740,265	8,816,258
9	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 capital assets (Explain in Part VI)	893,584					893,584
11	10						67,189,033
12	Gross receipts from related activities,	etc (see instruction	ons)			12	13,442,504
13	First five years. If the Form 990 is for	-			•	· · · · · · <u>-</u>	nization,
	check this box and stop here					▶ ⊔	
	Section C. Computation of Publi	• • •					
14	Public support percentage for 2016 (III	ne 6, column (f) dı	vided by line 11, o	olumn (f))		14	81 160 %
	Public support percentage for 2015 Sc					15	80 200 %
16	a 33 1/3% support test—2016. If the	organization did r	not check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this b	_
Ŀ	and stop here. The organization qual 33 1/3% support test—2015. If th				ind line 15 is 33 1/	/3% or more, check	▶ ✓ this
17	box and stop here. The organization a 10%-facts-and-circumstances tes is 10% or more, and if the organization in Part VI how the organization meets organization	t —2016. If the org n meets the "facts	ganization did not -and-circumstance	check a box on line es" test, check this	box and stop he	re. Explain	▶ □
L	10%-facts-and-circumstances te	st-2015. If the or	rganization did not	check a box on lir	ne 13 16a 16b o	r 17a and line	

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-F7) 2016

Section A. Public Support											
the organization fails to qualify under the tests listed below, please complete Part II.)											
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT										

Se	ection A. Public Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not	I					
	ınclude any "unusual grants`")	<u> </u>					
2	Gross receipts from admissions,	I					
	merchandise sold or services performed, or facilities furnished in	I					
	any activity that is related to the	I					
	organization's tax-exempt purpose	I					
_	Cross receipts from activities that are						
3	Gross receipts from activities that are not an unrelated trade or business	I					
	under section 513	I					
4	Tax revenues levied for the						
	organization's benefit and either paid	I					
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to	I					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5	<u></u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I					
	5 received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	I					
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I					
	13 for the year	I					
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
31	ection B. Total Support	Г	1	T	Т		
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f)Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12) First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization
14	check this box and stop here	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCOT 301(C)(3) 01	yanızatıon, ► □
<u> </u>	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2016 (lin			column (f))		15	
16	Public support percentage from 2015 S		· ·	(.,,		16	
	ection D. Computation of Invest	<u> </u>				10	
17	Investment income percentage for 20:			line 13, column (f))	17	
18	Investment income percentage from 2			,(••	18	
	331/3% support tests—2016. If the			on line 14, and lir	ie 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶ □
	33 1/3% support tests—2015. If the						. —

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

ightharpoons

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Schedule A (Form 990 or 990-EZ) 2016

6

7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations Yes No

Page 4

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

_	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes." describe in Part VI when and how the organization made the		

эa	Did the organization have a supported organization described in section 301(c)(4), (5), or (6), it res, answer (b) and (c)					
	below	3a				
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the					
	determination					
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?					
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations		
		4b	
	Supervised by or in connection with its supported organizations		

	determination			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
		3с		-
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			-
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b		
С	supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) numbers			
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	necked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support	·	
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the		
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by	5a	

U	bld the organization have ditinate control and discretion in deciding whether to make grants to the foreign supported				
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes				
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the				
	organization's organizing document?	5b			

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	** Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
C-	ection B. Type I Supporting Organizations			
se	ection B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint of	ır 🗆	1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or			
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such			
	powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
			•	•
Se	ection C. Type II Supporting Organizations		Yes	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [res	No
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	or		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
		1		
				•
Se	ection D. All Type III Supporting Organizations		T.	
	Did the appropriate any would be each of the grown what a manufacture has the last through a COL manufacture.	,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of			
	Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	<u> </u>	-	<u> </u>
2	Were any of the organization's officers directors or trustoes either (1) appointed or elected by the supported arrangement	n 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization	"		
	maintained a close and continuous working relationship with the supported organization(s)	<u> </u>		
_	Divinion of the valeting described in (2) did the surround of	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
			1	
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	actions)		
a				
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ictions))
2	Activities Test Answer (a) and (b) below.	_	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was	3		
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>		
	substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the			
	organization's position that its supported organization(s) would have engaged in these activities but for the organization	s		
_	involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of 3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	\vdash	1	
,	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		
		,	1	

-	Add liftes 1 till odgif 3			
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

d	Total (add lines 1a, 1b, and 1c)	1d	
е	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

b Excess from 2013.

d Excess from 2015.

e Excess from 2016. . . .

c Excess from 2014.



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Political Campaign and Lobbying Activities

OMB No 1545-0047

DLN: 93493220011157

Open to Public

SCHEDULE C (Form 990 or 990-

EZ)

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

Department of the Treasury www.irs.gov/form990. Inspection Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** NATIONAL COMMUNITY REINVESTMENT COALITION 52-1766126 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 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). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes □ No h If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization fileForm 1120-POL for this year? 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 (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-3 5

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

Lobbying Expenditures During 4-Year Averaging Period

(a) 2013

624,541

313,102

156,135

(b) 2014

635,087

313,102

158,772

(c) 2015

715,806

257,676

178,952

(d) 2016

926,835

410,108

231,709

Schedule C (Form 990 or 990-EZ) 2016

(e) Total

2,902,269

4.353,404

1,293,988

725,568

1.088.352

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Grassroots ceiling amount

Lobbying ceiling amount

2a

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

SCHEDULE D

Supplemental Financial Statements

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

► Attach to Form 990.

DLN: 93493220011157 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

	TIONAL COMMUNITY REINVESTMENT ALITION			52-1766126		
Pā	Organizations Maintaining Donor Complete of the organization answere					
		(a) Donor advised fu		(b)Funds a	nd other accounts	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor funds are the organization's property, subject to t			advised	☐ Yes	□ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				☐ Yes	□ No
Pa	rt II Conservation Easements. Complet	e if the organization ans	wered "Yes" on F	orm 990, Part I	V, line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all tha	t apply)			
	Preservation of land for public use (e g , rec	reation or education)	Preservation of	an historically im	portant land area	
	Protection of natural habitat		Preservation of	a certified histori	c structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	held a qualified conservation	contribution in the			. 1
а	Total number of conservation easements			2a Heid	at the End of the	Year
ь	Total acreage restricted by conservation easemen	ts		2b		
С	Number of conservation easements on a certified	historic structure included in	n (a)	2c		
d	Number of conservation easements included in (c) structure listed in the National Register) acquired after 8/17/06, an	d not on a historic	2d		
3	Number of conservation easements modified, trartax year ▶	nsferred, released, extinguis	hed, or terminated	by the organization	on during the	
4	Number of states where property subject to conse	ervation easement is located	ı ▶	_		
5	Does the organization have a written policy regar and enforcement of the conservation easements i	ding the periodic monitoring t holds?	ı, ınspection, handlı	ng of violations,	☐ Yes ☐	No
6	Staff and volunteer hours devoted to monitoring, •	inspecting, handling of viola	ations, and enforcing	g conservation eas	sements during the	year
7	Amount of expenses incurred in monitoring, insper ▶ \$	ecting, handling of violations	, and enforcing con	servation easeme	nts during the year	
8	Does each conservation easement reported on lin	e 2(d) above satisfy the req	urements of sectio	n 170(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?				☐ Yes ☐	No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organ				
Pai	Organizations Maintaining Collect Complete if the organization answere			Other Similar A	ssets.	
1 a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it	eld for public exhibition, edu	cation, or research	in furtherance of p		of
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held fo following amounts relating to these items					
1	(i) Revenue included on Form 990, Part VIII, line 1			> \$ _		
(ii)Assets included in Form 990, Part X			> \$		
2	If the organization received or held works of art, following amounts required to be reported under			- inancial gain, prov	vide the	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$_		
b	Assets included in Form 990, Part X			▶ \$		
For	Paperwork Reduction Act Notice, see the Instr	uctions for Form 990.	Cat	No 52283D Sc l	hedule D (Form 9	90) 2016

 ${f d}$ Equipment .

e Other .

3	11											
-		g the organization's acqu s (check all that apply)	usition, accession, and oth	er records, ch	neck a	ny of	the fol	llowing t	hat are a	significant i	use of its co	llection
а		Public exhibition			d		Loan	or exch	ange prog	grams		
b		Scholarly research			e		Other	r				
c		Preservation for future	generations									
4	Provi Part)		organization's collections a	nd explain hov	w the	y furth	ner the	organiz	zation's e	xempt purpo	se in	
5			anization solicit or receive ds rather than to be main							nılar	☐ Yes	□ No
Par	t IV		odial Arrangements. ganization answered "Yi	es" on Form	990,	Part	IV, lii	ne 9, o	r reporte	ed an amou	ınt on Forr	n 990, Part
1a		e organization an agent, ded on Form 990, Part X	trustee, custodian or othe	er intermediar	y for (contril	butions	s or othe	er assets	not	☐ Yes	□ No
ь	If "Y∈	es," explain the arrange	ment in Part XIII and com	plete the follow	wing t	able				A	mount	
c		nning balance							1c			
d	_	ions during the year							1d			
е		butions during the year							1e			
f		ng balance							1f			
2a		3	an amount on Form 990, i	Part V June 21	for a	ccrou	or cu	stodial a	scount lu	ability2		
b		-	ment in Part XIII Check h							•	☐ Yes	□ No
Pa	rt V	Endowment Fund	is. Complete if the orga	anization ans	swere	ed "Ye	es" or	n Form	990, Pa	rt IV, line 1	.0.	
			(a)Cur	ent year	(b) Pri	or yea	r ·	(c) Two y	ears back	(d)Three yea	ars back (e)	Four years back
1a	Beginn	ning of year balance .										
b	Contrib	outions										
С	Net inv	vestment earnings, gain	s, and losses									
d	Grants	or scholarships										
		expenditures for facilitie ograms	es									
f	Admını	istrative expenses .										
g	End of	year balance										
2	Provi	de the estimated percer	ntage of the current year e	nd balance (lii	ne 1g	, colui	mn (a))) held a	s	•		
а		d designated or quasi-er		•		•	,	•				
h	Perm	anent endowment >										
c	Temn	oorarily restricted endow	vment ▶									
~			2b, and 2c should equal 1	.00%								
3а	Are tl	- ·	not in the possession of th		that	are h	eld and	d admin	istered fo	r the		Yes No
	(i) uı	nrelated organizations									3a(i)	
ь		elated organizations .es" on 3a(ii), are the rela		s required on :	Sched	 dule R	,				3a(ii) 3b	
4			nded uses of the organiza									
Par	t VI	Land, Buildings, a	and Equipment. ganization answered 'Ye	es' on Form 9	990,	Part :	IV, lın	e 11a.	See For	m 990, Par	t X, line 1	0.
	Descri	iption of property	(a) Cost or other basis (investment)	(b)Cost or o						lepreciation		ook value
1a	Land		1,337,30	06								1,337,30
	Buildin	F	8,967,88	32		13	36,616			3,212,396		5,892,10
		nold improvements	3,265,97	70						1,750,369		1,515,60

296,650

620,689

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)

33,050

241,248

9,019,307

263,600

379,441

	restments—Other Securities. Complete if the Form 990, Part X, line 12.	ne organization answ	vered 'Yes' on Form	990, Part IV, line 11b.
	a) Description of security or category (including name of security)	(b)Book value		ethod of valuation d-of-year market value
(1)Financial deriv (2)Closely-held e		9,433,281		F
(3) Other (A) MARKETABLE		2,055,770		
B) CERTIFICATE		41,169		F
В)		,		·
C)				
D)				
E)				
F)				
G)				
H)				
	must equal Form 990, Part X, col (B) line 12)	,,		
	vestments—Program Related. Complete if e Form 990, Part X, line 13.		swered 'Yes' on Forn	n 990, Part IV, line 11c.
	(a) Description of investment	(b) Book value		ethod of valuation d-of-year market value
1)				
2)				
3)				
(4)				
5)				
6)				
7)				
(8)				
9)				
	must equal Form 990, Part X, col (B) line 13)	•		
Part IX Oth	ner Assets. Complete if the organization answered (a) Description		rt IV, line 11d See For	rm 990, Part X, line 15 (b) Book value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
Part X Oth	b) must equal Form 990, Part X, col (B) line 15) ner Liabilities. Complete if the organization a e Form 990, Part X, line 25.	nswered 'Yes' on Fo	rm 990, Part IV, line	. • 11e or 11f.
L .	(a) Description of liability	(b) B	ook value	
1) Federal Incom	ne taxes			
ACCRUED VACATI	ION PAYABLE		77,295	
ENANT SECURIT 3)	Y DEPOSITS		133,743	
4)				
5)				
<u></u>				
6)7)8)				
7)				

Net unrealized gains (losses) on investments . . . 2a а Donated services and use of facilities . 2b b

2c 2d 2,022,432

Recoveries of prior year grants . . . Other (Describe in Part XIII) . . Add lines 2a through 2d Subtract line 2e from line 1 .

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Other (Describe in Part XIII)

Total expenses and losses per audited financial statements .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII)

Supplemental Information

Schedule D (Form 990) 2016

Part XI

c

d

е

3

4

5

1

2

b

d

e 3

а

b

c

Part XIII

5

4

b

Part XII

Add lines 4a and 4b . . .

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

4a

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4b Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2a

2b 2c

2d

4b

Explanation

2,022,436

4c

2e

3

4c

5

2e

3

Page 4

19,220,329

2,022,432

17,197,897

17,197,897

20,561,100

2,022,436

18.538.664

18,538,664

Schedule D (Form 990) 2015

Page 5	ule D (Form 990) 2015				
	Information <i>(continued)</i>	Part XIII Supplemental Info			
planation		Return Reference			

Schedule D (Form 990) 2016

Additional Data

Software ID: Software Version:

EIN: 52-1766126

UNCERTAIN TAX PROVISIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL ST

Name: NATIONAL COMMUNITY REINVESTMENT COALITION

Supplemental Information

ATEMENTS

Return Reference Explanation PART X, LINE 2 THE FINANCIAL ACCOUNTING STANDARD BOARD RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDE GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED DECEMBER 31,2016, NCRC HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 AND DETERMINED THAT NO MATERIAL

Supplemental Information	
Return Reference	Explanation
•	RENTAL EXPENSES ARE INCLUDED AS EXPENSES ON THE FINANCIAL STATEMENTS AND ARE 2,022,432 NETTED AGAINST REVENUE ON FORM 990

Supplemental Information	
Return Reference	Explanation
	RENTAL EXPENSES ARE INCLUDED AS EXPENSES ON THE FINANCIAL STATEMENTS AND ARE 2,022,432 NETTED AGAINST REVENUE ON FORM 990 ROUNDING 4

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493220011157 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number NATIONAL COMMUNITY REINVESTMENT 52-1766126 COALITION Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes □ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash other) or government assistance See Additional Data Table (1)(2)(3)(4)(6)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2016

Schedule I (Form 990) 2016					Page 2				
	stance to Domestic Individed if additional space is needed		ganızatıon answered "Yes	on Form 990, Part IV, line 22					
(a) Type of grant or assistar	•	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance				
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
Part IV Supplemental In	nformation. Provide the in	formation required in	Part I, line 2, Part III	, column (b), and any other a	dditional information.				
Return Reference	Explanation								
PART I, LINE 2	GRANTEE MUST SIGN COPIES OF THE GRANT AGREEMENT AND PROVIDE THE FOLLOWING DOCUMENTATION A- CERTIFICATION THAT THE GRANTEE IS AUTHORIZED								

Additional Data

AFFORDABLE

TRUST

HOMEOWNERSHIP

FOUNDATION INC 5264 CLAYTON CT FORT MYERS, FL 33907 BRIDGEPORT NEIGHBORHOOD

570 STATE STREET BRIDGEPORT, CT 06604

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

65-1046928

22-2809353

1 990, <mark>S</mark>	chedule I	, Part	II, Grants and	Other Assistance to	Domestic	: Organiza	tions and	Domesti	ic Governments.
		,							

18,216

45,218

(a) Name and address of	(D) LIN	(C) INC Section	(u) Amount of Cash	(e) Airiount of hon-	(1) Method of Valuation
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,
or government				assistance	other)

501 C 3

501 C 3

воок

воок

(g) Description of

non-cash assistance

(h) Purpose of grant

HOUSING COUNSELING

HOUSING COUNSELING

or assistance

SERVICES

SERVICES

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 72-1341787 501 C 3 21.808 воок CENTER FOR FAIR HOUSING HOUSING COUNSELING INC SERVICES 600 BEL AIR BLVD STE 112

MOBILE, AL 36606

CENTRE FOR 27-2691355 501 C 3 248,528 BOOK HOUSING COUNSELING SERVICES

ECONOMIC DEVELOPMENT CORPORATION 105 W CORBINSTREET

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

HILLSBOROUGH, NC 27278

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government other) assistance CLARIFI 23-1671903 501 C 3 39,800 воок HOUSING COUNSELING SERVICES

воок

HOUSING COUNSELING

SERVICES

1608 WALNUT STREET 10TH FLOOR PHILADEPHIA, PA 19103

42.330

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

501 C 3

COMMUNITY HOUSING

COUNCIL OF FRESNO

FRESNO, CA 93711

2560 W SHAW LANE STE 101

11-3686123

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization ıf applıcable grant cash or assistance or government other) assistance COMMUNITY LEGAL SERVICES 59-1156260 501 C 3 11.381 воок HOUSING COUNSELING OF MID-FLORIDA INC SERVICES

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

PORT CHARLOTTE, FL 33952

128 ORANGE AVENUE UITE 300 DAYTON BEACH, FL 32114						
COMREHENSIVE HOUSING & ECONOMIC DEVELOPMENT CORPORATION 21450 GIBRALTER DRIVE 2ND	30-0622312	501 C 3	27,064	воок	1	HOUSING COUNSELING SERVICES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501 C 3 18.275 воок DEBT COUNSELING CORP 11-3282205 HOUSING COUNSELING 3033 EXPRESS DRIVE NORTH SERVICES

3033 EXPRESS DRIVE NORTH HAUPPAUGE, NY 11749

EAST SIDE ORGANIZING 34-1752943 501 C 3 130,198 BOOK HOUSING COUNSELING

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

PROJECT INC

7000 EUCLID AVE SUITE 203 CLEVELAND, OH 44103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 34-1752943 501 C 3 62.504 воок EMPOWERING & HOUSING COUNSELING STRENGTHENING OHIO'S SERVICES

PEOPLE 7000 FUCLID AVE CLEVELAND, OH 44103 501 C 3 12,400 FAMILY MANAGEMENT CREDIT 42-1390688 Івоок HOUSING COUNSELING

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

WATERLOO, IA 50701

COUNSELORS SERVICES 359 ROCK ISLAND AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 56-2492634 501 C 3 111.042 Івоок FRAMEWORKS COMMUNITY HOUSING COUNSELING DEVELOPMENT CORP SERVICES

701 TILLERY STREET SUITE A-7B BOX AUSTIN, TX 78702

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

3684 N WATKINS STREET MEMOHIS, TN 38127

FRAYSER COMMUNITY 58-2158058 501 C 3 55,334 Івоок HOUSING COUNSELING DEVELOPMENT CORPORATION SERVICES/NEIGHBORWORKS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 65-1302144 501 C 3 37.844 воок GARWYN OAKS NORTHWEST HOUSING COUNSELING HOUSING RESOURCE CENTER SERVICES

HELPING HANDS COMMUNITY	37-1422618	501 C 3	67,262	воок	HOUSING COUNSELING
2300 GARRISON BLVD SUITE 140 BALTIMORE, MD 21216					

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

OUTREACH CENTER

4999 NORTHCUTT PLACE DATON, OH 45414

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government other) assistance HOME PRESERVATION & 80-0597884 501 C 3 58.595 воок HOUSING COUNSELING PREVENTION INC SERVICES 3939 LONG BEACH BLVD LONG BEACH, CA 90807

воок

HOUSING COUNSELING

SERVICES

26,324

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

501 C 3

HOME REPAIR RESOURCE

CENTER

2520 NOBLE RD CLEVELAND, OH 44121 23-7131204

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 65-0831621 501 C 3 25.257 воок HOUSING SERVICES OF HOUSING COUNSELING CENTRAL ELOPIDA CEDVICEC

300 S DUNCAN AVE CLEARWATER, FL 33755					SERVICES
HAITIAN AMERICAN COMMUNIT DEVELOPMENT CORP (LITTLE HAITI)	59-2801211	501 C 3	80,113	воок	HOUSING COUNSELING SERVICES

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

181 NORTHEAST 82 STREET

MIAMI, FL 33138

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 45-0474279 501 C 3 40.110 воок NATIONAL HOUSING THOUSING COUNSELING

HOUSING COUNSELING

SERVICES

JCVISION & ASSOCIATES INC	58-2525433	501 C 3	8.044	воок	HOUSING CO
COUNCELING AGENCY 155 WESTRIDGE PARKWAY MCDONOUGH. GA 30253			·		SERVICES

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

HINESVILLE, GA 31310

PO BOX 1972

(e) Amount of non-(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government assistance other) JUSTINE PETERSEN HOUSING 43-1769074 501 C 3 42.212 воок HOUSING COUNSELING

воок

HOUSING COUNSELING

SERVICES

AND REINVESTMENT				SERVICES
CORPORATION				
1023 NORTH GRAND BLVD				
ST LOUIS, IL 63106				

76,155

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

501 C 3

52-1766126

NCRC

740 15TH STREET NW

WASHINGTON, DC 20005

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government other) assistance NEW CHRISTINAL JOY FULL 36-4235450 501 C 3 11.560 воок HOUSING COUNSELING GOSPEL BAPTIS CHURCH SERVICES 11594 S STATE STREET CHICAGO, IL 60628

воок

HOUSING COUNSELING

SERVICES

26.348

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

501 C 3

NORTHWEST INDIANA

5948 HOHMAN AVENUE HAMMOND, IN 46320

REINVESTMENT ALLIANCE

33-1166773

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization arant cash or government other) assistance NEW JERSEY CITIZENS 22-2395222 501 C 3 25,000 Івоок MEMBERSHIPMEMBERSHIP

ACTION
744 BROAD STREET
NEWARK, NJ 07102

OUR CASAS RESIDENT 74-2585308 501 C 3 43.919 BOOK HOUSING COUNSELING

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

COUNCIL INC

2300 WEST COMMERCE SAN ANTONIO, TX 78207

(b) EIN (a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government other) assistance PARTNERS IN COMMUNITY 37-1442688 501 C 3 94,486 Івоок HOUSING COUNSELING DUITEDING INC CEDVICEC

CHICAGO, IL 60622				
4622 S KING DRIVE			·	SERVICES

93.860 IBOOK HOUSING COUNSELING UNITED SOUTH BROADWAY 85-0371937 501 C 31 CORPORATION SERVICES/NEIGHBORWORKS

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

1500 WALTER STREET SE ALBUQUERQUE, NM 87125

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 31-1496789 501 C 3 42.884 воок NEIGHBORWORKS WE HELP COMMUNITY

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

105

SHYMA, TN 37167

DEVELOPMENT CORPORATION 349 SE 3RD ST BELLE GLADE, FL 33430					
YOU CAN MAKE IT HOMEOWNERSHIP CENTER 660 FITZHUGH BLVD SUITE	83-0423384	501 C 3	57,470	воок	HOUSING COUNSELING SERVICES

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government other) assistance UNITY FDC 75-3047401 501 C 3 7.883 воок NEIGHBORWORKS 5801 ALLENTOWEN RD SUITLAND, MD 20746 DELAWARE COMMUNIY 51-0329119 501 C 3 22.576 воок NEIGHBORWORKS REIVESTMENT ACTION COUNCIL 601 NORTH CHURCH STREET

WILMINGTON, DE 19801

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 56-2114496 501 C 3 62.361 воок DURHAM REGIONAL HOUSING COUNSELING FINANCIAL CENTER SERVICES 2634 DURHAM-CHAPEL HILL

2034 DURHAM-CHAPEL HILL
BLVD SYITE
212
DURHAM, NC 27707

ELDER LAW IF MICHIGAN INC 38-2960530 501 C 3 15,497 BOOK HOUSING COUNSELING

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

3815 WEST ST JOSEPH SUITE

LANSING, MI 48917

C-200

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government other) assistance LAFAYETTE NEIGHBORHOOD 31-1057335 501 C 3 19.632 воок HOUSING COUNSELING HOUSING SERVICES INC SERVICES 671 N 36 STREET

LAFAYETTE, IN 47901 PLYMOUTH REDEVELOPMENT 04-6006507 501 C 3 18.344 воок

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

11 LINCOLN STREET PLYMOUTH, MA 02360

HOUSING COUNSELING AUTHORITY SERVICES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance ROCKLAND HOUSING ACTION 13-3439109 501 C 3 57.179 воок HOUSING COUNSELING SERVICES COALITION

CONCENTION					011111010
120-126 NORTH MAIN STREET					
ANNEX					
FIRST FLOOR					
NEW YORK, NY 10956					
TOTALLY FREE INC	58-2647162	501 C 3	57,810	воок	NEIGHBORWOKS

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

1612 UNION STREET BRUNSVIWCK, GA 31520

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government other) assistance FAMILY TREE 38-3560809 501 C 3 45.276 воок HOUSING COUNSELING 615 GRISWORLD STREET STE SERVICES 1009 DETROIT, MI 48226 INNER CITY CHRISTIAN 38-1903026 501 C 3 75.493 воок HOUSING COUNSELING

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

FEDERATION

920 CHERRY STREET SE GRAND RAPIDS, MI 49506

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government other) assistance LAKESIDE COMMUNITY 42-1670630 501 C 3 14.028 воок HOUSING COUNSELING DEVELOPMENT SERVICES

DEVELOPMENT
6636 N CLARK STREET
CHICAGO, IL 60626

SOUTHEASTERN ARIZONA 86-0264390 501 C 3 8,238 BOOK HOUSING COUNSELING

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

GOVERNMENT ORGANIZATION

1403 W HWY 92 BISBEE, AZ 85603

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 31-0875532 501 C 3 38.358 воок SOUTHWEST NEIGHBORHOOD HOUSING COUNSELING HOUSING SERVICES SERVICES

воок

THOUSING COUNSELING

SERVICES

85.000

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

4605 4TH ST NW
ALBUQUERQUE, NM 87107

COULEFCAP INC 39-1077614 501 C 3

201 MELBY STREET

WESTBY, WI 54667

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government other) assistance COUNTY OF GREENVILLE 57-6000356 501 C 3 40,845 воок HOUSING COUNSELING RELATIONS COMMISSION SERVICES

воок

HOUSING COUNSELING

SERVICES

301 UNIVERSITY RIDGE STE
1600
GREENVILLE, SC 29601

18,165

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

501 C 3

35-6075575

GREENVILLE, SC 29601

HOPE OF EVENSVILLE
401 SE 6TH ST STE 206

EVANSVILLE, IL 47713

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-3422856 501 C 3 44.900 воок ST JOHNS HOUSING HOUSING COUNSELING PARTNERSHIP SERVICES 525 W KING STREET

ST AUGUSTINE, FL 32084

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

TAMPA, FL 33607

TAMPA HOUSING AUTHORITY 59-6001289 501 C 3 31.773 воок THOUSING COUNSELING 5301 W CYPRESS STREET SERVICES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 51-0073399 501 C 3 5.500 воок UNITED WAY OF DELAWARE HOUSING COUNSELING 625 N ORANGE STREET 3RD SERVICES

FLOOR WILMINGTON, DE 19801 52-1260698 501 C 3 24.471 воок THOUSING COUNSELING

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

MANNA INC. 828 EVARTS STREET NE

WASHINGTON, DC 20018

(a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant **(b)** EIN (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501 C 3 49.227 воок FAIR HOURSING COUNCIL OF 23-7001470 HOUSING COUNSELING

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

131 MAIN STREET STE 140 HACKENSACK, NJ 07601

efil	e GRAPHIC pi	int - DO NOT PROCESS As File	ed Dat	a -	DLN: 934	49322	0011	157
Schedule J		Compe	10	OMB No 1545-0047				
•	n 990) tment of the Treasury	For certain Officers, Dire Com ► Complete if the organizatio ► ► Information about Sch	, line 23.	2016 Open to Public				
	al Revenue Service	_	ww.irs	.gov/form990.			ectio	
NAT	ne of the organizational COMMUNITY	REINVESTMENT			Employer identification 52-1766126	tion nu	ımber	
Pa	rt I Questi	ons Regarding Compensation						
1a		opiate box(es) if the organization provide ection A, line 1a Complete Part III to pro					Yes	No_
	Travel for	s or charter travel companions nification and gross-up payments lary spending account		Housing allowance or residence for Payments for business use of perso Health or social club dues or initiati Personal services (e g , maid, chaut	nal residence on fees			
b		xes in line 1a are checked, did the organi ill of the expenses described above? If "N			nent or reimbursement	1b		
2		ation require substantiation prior to reimb es, officers, including the CEO/Executive			e 1a [?]	2		
3	organization's C	of any, of the following the filing organiza EO/Executive Director Check all that app and organization to establish compensation	oly Do	not check any boxes for methods				
	☐ Independ	ation committee ent compensation consultant of other organizations	∀ ∀	Written employment contract Compensation survey or study Approval by the board or compensa	tion committee			
4	During the year related organiza	, did any person listed on Form 990, Part ition	VII, Se	ection A, line 1a with respect to the fi	ing organization or a			
а	Receive a sever	ance payment or change-of-control paym	ent?			4a		No
b	Participate in, o	r receive payment from, a supplemental	nonqua	lified retirement plan?		4b		No
С		r receive payment from, an equity-based of lines 4a-c, list the persons and provide		-	t III	4c		No
5	For persons liste), 501(c)(4), and 501(c)(29) organized on Form 990, Part VII, Section A, line ontingent on the revenues of						
а	The organization	٦٦				5a		No
b	Any related orga If "Yes," on line	anızatıon? 5a or 5b, describe in Part III				5b		No
6		ed on Form 990, Part VII, Section A, line ontingent on the net earnings of	1a, dıd	the organization pay or accrue any				
а	The organization					6a		No
b	Any related orga					6b		No_
_	•	6a or 6b, describe in Part III		No. and the same of the same o	ـ ـ			
7	payments not d	ed on Form 990, Part VII, Section A, line escribed in lines 5 and 6? If "Yes," descri	be in Pa	art III	ea	7		No
8		nts reported on Form 990, Part VII, paid litial contract exception described in Regi			escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow the reb	outtable	presumption procedure described in	Regulations section	9		
For F	Paperwork Redu	iction Act Notice, see the Instruction	s for F	orm 990. Cat No 5	50053T Schedule J	(Form	990)	2016

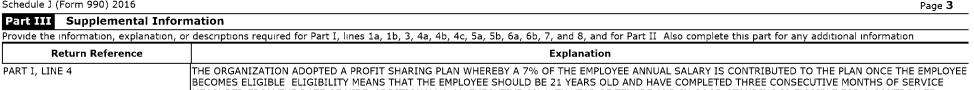
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(1)-(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

Note. The sum of column	s (B)(I)-(III) for each listed in	dividual must equal the to	otal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D) and (E) amounts for tha	t individual	
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	· · · · · · · · · · · · · · · · · · ·	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 JOHN TAYLOR CEO/PRESIDENT	(i)	370,342	0	0	0	26,509	396,851	0	
	(ii)	0	0	0	0	0	0	0	
2 DICA ADOTEVICFO	(i)	181,576	0	0	0	20,675	202,251	0	
	(ii)	0	0	0	0	0	0	0	
3 JESSE VAN TOL COO - EFFECTIVE 7/1/16	(i)	145,755	0	0	0	18,028	163,783	0	
	(ii)	0	0	0	0	0	0	0	
4 SAMIRA COOK VP BUSINESS DEVELOPMENT	(i)	168,038	0	0	0	19,735	187,773	0	
		0	0	0	0	0	0	0	
See Additional Data Table									
Таріс									
								_	

VP BUSINESS DEVELOPMENT	וט		U	0	0	19,/35	18/,//3		
	(ii)	_	0	0	0	0	0	0	
See Additional Data Table									
							Schedule	J (Form 990) 2016	



Schedule J (Form 990) 2016

IBONUS PLAN

IMEASURED FROM THE DATE OF HIRE ADDITIONALLY, AN EXECUTIVE ON 11TH YEAR OF TENURE AND IN GOOD STANDING IS ELIGIBLE FOR A CONTROLLED

Schedule J (Form 990) 2016

efile GRAPH	IIC print	- DO NOT PROCESS As Filed Data -	DL	N: 93493220011157		
SCHEDUL	ΕO	Supplemental Information to Form 99	0 or 990-F7	OMB No 1545-0047		
(Form 990 or EZ) Department of the T	· 990-	Complete to provide information for responses to specif Form 990 or 990-EZ or to provide any additional in Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and www.irs.gov/form990.	fic questions on Iformation.	2016 Open to Public Inspection		
Internal Revenue See Name of the org NATIONAL COMMU COALITION	INITY REINVI	ESTMENT plemental Information	Employer ide 52-1766126	ntification number		
Return Reference	e 0, sup	Explanation				
FORM 990, PART VI, SECTION A, LINE 2	AN EMPI	LOYEE OF THE ORGANIZATION IS RELATED TO A BOARD MEMBE	R OF NCRC			

Return Explanation
Reference

FORM 990,	NCRC IS A MEMBER CORPORATION ANY NATIONAL, REGIONAL AND LOCAL NOT-FOR-PROFIT ORGANIZATION
PART VI,	WHICH SUBSCRIBES TO NCRC'S PURPOSE SHALL BE CONSIDERED ELIGIBLE FOR MEMBERSHIP IN NCRC E
SECTION A,	ACH MEMBER IN GOOD STANDING SHALL HAVE ONE VOTE TO EXCERCISE IN CONDUCTING THE BUSINESS OF
LINE 6	NCRC

Return Explanation Reference

990 Schedule O, Supplemental Information

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 ONETHIRD OF THE TOTAL NUMBER OF ELECTED DIRECTORS SHALL BE REPRESENTATIVES OF REGIONAL, NATIO
NAL OR LOCAL ORGANIZATIONS

Return Explanation
Reference

FORM 990,	THE CHAIPERSON WITH THE EXPRESS APPROVAL OF THE BOARD, MAY ESTABLISH COMMITTEES ON STANDIN
PART VI,	G OR AN AD HOC BASIS THE EXECUTIVE COMMITTEE HAS ALL THE RIGHTS, POWERS AND AUTHORITY OF
SECTION A,	THE BOARD OF DIRECTORS, HOWEVER, ANY ACTION BY THE EXECUTIVE COMMITTEE MUST BE REPORTED TO
LINE 7B	AND APPROVED BY THE BOARD OF DIRECTORS

Return Explanation
Reference

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

Return Explanation
Reference

990 Schedule O, Supplemental Information

ELECTRONICALLY

FORM 990,

PART VI,

E INTERNAL CONTROL & OVERSIGHT COMMITTEE A FINAL COPY IS THEN PROVIDED TO ALL MEMBERS OF
SECTION B,

THE BOARD OF DIRECTORS BOARD MEMBERS ARE GIVEN A PERIOD OF TIME TO REVIEW THE FORM 990 AN
LINE 11B

D RESPOND WITH ANY QUESTIONS AS NEEDED ONCE THE REVIEW IS COMPLETED. THE RETURN IS FILED

Return Explanation
Reference

LINE 12C

FORM 990, THE ORGANIZATION UPDATES OFFICERS' INFO AND BIO ON AN ANNUAL BASIS AND SEARCH FOR ANY CONFUNCTION B.

Return Explanation
Reference

FORM 990, COMPENSATION OF CEO/PRESIDENT-ANNUAL BOARD EVALUATION OF PERFORMANCE COMPENSATION IS DETE RMINED BY MEASURING COMPATIBLE INDUSTRY STANDARDS COMPENSATION OF KEY EMPLOYEES- ANNUAL E SECTION B, VALUATION BY APPROPRIATE SUPERVISORS AND COMPENSATION IS BASED ON INDUSTRY STANDARDS

Return Explanation
Reference

LINE 19

FORM 990,
PART VI,
SECTION C.

THE ORGANIZATION MAKES THE FOLLOWING DOCUMENTS AVAILABLE TO THE PUBLIC AS THEY ARE REQUIRE
OF THE ORGANIZATION MAKES THE FOLLOWING DOCUMENTS AVAILABLE TO THE PUBLIC AS THEY ARE REQUIRE
OF THE ORGANIZATION MAKES THE FOLLOWING DOCUMENTS AVAILABLE TO THE PUBLIC AS THEY ARE REQUIRE
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OF THE ORGANIZATION MAKES THE FOLLOWING DOCUMENTS AVAILABLE TO THE PUBLIC AS THEY ARE REQUIRE
OF THE ORGANIZATION MAKES THE FOLLOWING DOCUMENTS AVAILABLE TO THE PUBLIC AS THEY ARE REQUIRE
OF THE ORGANIZATION OF

Return Explanation
Reference

990, LINE
THE ORGANIZATION'S INTERNAL CONTROL & OVERSIGHT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERS
1 IGHT OF THE AUDIT OF ITS FINANCIAL STATEMENT AND SELECTION OF AN INDEPENDENT ACCOUNTANT WH
1 ICH IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS THIS PROCESS IS CONSISTENT WITH PR
1 IOR YEARS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Name of the organization NATIONAL COMMUNITY REINVESTMENT

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.

OMB No 1545-0047

DLN: 93493220011157

Open to Public

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

► Attach to Form 990.

Inspection **Employer identification number**

COALITION							52-1	766126				
Part I Identification of Disregarded Entities Complete	ıf the organ	ızatıon answ	ered "Yes	' on Form	990, Part	IV, lıne	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity			c) nicile (state n country)	(d) Total income		(e) End-of-yea) ir assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizat related tax-exempt organizations during the tax year		te if the org	anızatıon	answered	"Yes" on F	orm 99	O, Part I'	V, line 34	because	it had one or n	nore	
(a) Name, address, and EIN of related organization	Primar ⁱ	b) y activity	Legal dom or foreigr	ıcıle (state	(d) Exempt Code	section	Public cha	e) arity status 501(c)(3))	Dir	(f) ect controlling entity	Section (13) co ent	512(b ntrolled ity?
(1) NATIONAL COMMUNITY REINVESTMENT COALITION COMMUNITY DEVELOPMENT FUND INC 740 15TH STREET NW	MICRO LENDI	CRO LENDING		C	YES		YES		NATIONAL COMMUNITY REINVESTMENT COALOLI INC (NCRC)		Yes	No
WASHINGTON, DC 20005 26-1269202												
(2)AMERICANS FOR A FAIR DEAL 740 15TH STREET NW WASHINGTON, DC 20005	PROMOTE INT WORKING CL COMMUNITIES	ASS	С	C	YES					COMMUNITY MENT COALOLITION C)	Yes	
81-4534656 (3)NORTHWEST INDIANA REINVESTMENT 5948 HOHMAN AVENUE	HOUSING CO	JNSELING	I	N	YES		YES					No
HAMMOND, IN 46320 33-1166773											<u> </u>	
For Panerwork Reduction Act Notice, see the Instructions for Forn	n 990		Ca	t No 501	35Y				Sch	edule R (Form 9	190) 20	116

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Predomina income(rela unrelated excluded fr tax unde sections 51	ted, total inco l, om r	(g) Share of me end-of-yea assets	Disprop r alloca	tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging tner?	(k Percer owner	ntage
		INVESTMENT IN	DE	NATIONAL	RENTAL			Yes	No No		Yes	No No		
(1) 740 FIFTEENTH STREET JV LLC 740 15TH STREET NW SUITE 400 NASHINGTON, DC 20005 31-2842259		REAL ESTATE	DE	COMMUNITY REINVESTMENT COALITION INC (NCRC)	INCOME									
Part IV Identification of Related Organiz because it had one or more related or							swered "Ye	es" on f	Form 9	990, Part I\	/, lin	e 34		
(a) Name, address, and EIN of related organization	(b) Primary activity	(stai	(c) Legal domicile te or forei country)			(e) Type of entity C corp, S corp, or trust)	(f) Share of tot Income	al Shar	(g) re of end year assets	d-of- Perd	(h) centage nership	e (:	(i) Section (13) cor entil	512(l ntrolle ty?
			country)										Yes	No

Schedule R (Form 990) 2016		Pa	age 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1 f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q Reimbursement paid by related organization(s) for expenses	1 q		No
r. Other transfer of cach or property to related organization(s)	10	├─	No

	Performance of services or membership or fundraising solicitations for related organization(s)	-"		140
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1p	Yes	-
	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) Name of related organization (b) Transaction Amount involved Method of determining an type (a-s)	mount	ınvolve	d
(1)74	40 FIFTEENTH STREET JV LLC B 13.000.000 BOOK			

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

-																
(a) Name, address, and EIN of entity	(b) Primary activity	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?				section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		g >	(k) Percentage ownership
		514)	Yes	No			Yes	No		Yes	No					
	•	 							Schedul	e R (Form	1 99	0) 2016				

