



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt from Income Tax

2001

Under Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, or tax year beginning 10/01, 2001, and ending 9/30, 20 02

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type See specific instructions

CALIFORNIA COMMUNITY REINVESTMENT CORP 225 W BROADWAY #120 GLENDALE, CA 91204

D Employer Identification Number 95-4207717 E Telephone number (818) 550-9800 F Accounting method Cash [X] Accrual [] Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to Section 527 organizations H (a) Is this a group return for affiliates? Yes [] No [X] H (b) If yes enter number of affiliates H (c) Are all affiliates included? Yes [] No [] H (d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No [X] I Enter 4-digit group GEN M Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: N/A

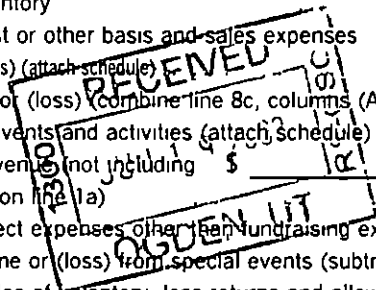
J Organization type (check only one) [X] 501(c) 3 (insert no) [] 4947(a)(1) or [] 527

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 10,727,384

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes items like Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Net rental income, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning/end of year.



SCANNED JUL 02 2003

12A

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)				
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	217,150	108,575	108,575	
26	Other salaries and wages	953,281	904,166	49,115	
27	Pension plan contributions	41,916	31,922	9,994	
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	51,209		51,209	
32	Legal fees	25,887		25,887	
33	Supplies				
34	Telephone	28,719	25,847	2,872	
35	Postage and shipping	17,598	15,838	1,760	
36	Occupancy	112,972	101,675	11,297	
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	25,612	25,612		
40	Conferences, conventions, and meetings	31,946		31,946	
41	Interest	7,961,868	7,961,868		
42	Depreciation, depletion, etc (attach schedule)	63,424	63,424		
43	Other expenses not covered above (itemize)				
a	See Statement 1	133,222	78,159	55,063	
b					
c					
d					
e					
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	9,664,804	9,317,086	347,718	0

Joint Costs Check if you are following SOP 98 2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <input type="checkbox"/> See Statement 2	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a A CONSORTIUM OF BANKS HAS PROVIDED FINANCING AND TECHNICAL ASSISTANCE FACILITATING THE DEVELOPMENT OF AFFORDABLE HOUSING IN THE STATE OF CALIFORNIA (Grants and allocations \$ _____)	9,317,086
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	9,317,086

Part IV Balance Sheets (See instructions)

Note		(A)		(B)		
Where required, attached schedules and amounts within the description column should be for end of-year amounts only		Beginning of year		End of year		
ASSETS	45 Cash – non interest bearing		300	45	300	
	46 Savings and temporary cash investments		384,687	46	417,383	
	47a Accounts receivable	47a	797,186			
	b Less allowance for doubtful accounts	47b		47c	797,186	
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b		48c		
	49 Grants receivable			49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a Other notes & loans receivable (attach sch)	51a	120,490,936			
	b Less allowance for doubtful accounts	51b	2,980,991	112,200,454	51c	117,509,945
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges				53	
	54 Investments – securities (attach schedule)			7,562,298	54	9,299,892
	55a Investments – land, buildings, & equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
	56 Investments – other (attach schedule)				56	
	57a Land, buildings, and equipment basis	57a	376,737			
	b Less accumulated depreciation (attach schedule)	57b	156,554	280,015	57c	220,183
58 Other assets (describe ▶ See Statement 4)			344,818	58	73,544	
59 Total assets (add lines 45 through 58) (must equal line 74)			121,474,447	59	128,318,433	
LIABILITIES	60 Accounts payable and accrued expenses		177,658	60	289,038	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a Tax exempt bond liabilities (attach schedule)			64a		
	b Mortgages and other notes payable (attach schedule)			114,660,726	64b	121,099,154
	65 Other liabilities (describe ▶ See Statement 5)			3,094,082	65	2,325,680
66 Total liabilities (add lines 60 through 65)			117,932,466	66	123,713,872	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		3,339,780	67	4,604,561	
	68 Temporarily restricted		202,201	68		
	69 Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)			3,541,981	73	4,604,561
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)			121,474,447	74	128,318,433

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	10,727,384
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments	\$	
(2)	Donated services and use of facilities	\$	
(3)	Recoveries of prior year grants	\$	
(4)	Other (specify)		
	-----	\$	
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	10,727,384
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990	\$	
(2)	Other (specify)		
	-----	\$	
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	10,727,384

a	Total expenses and losses per audited financial statements	a	9,664,804
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities	\$	
(2)	Prior year adjustments reported on line 20, Form 990	\$	
(3)	Losses reported on line 20, Form 990	\$	
(4)	Other (specify)		
	-----	\$	
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	9,664,804
d	Amounts included on line 17, Form 990 but not on line a.		
(1)	Investment expenses not included on line 6b, Form 990	\$	
(2)	Other (specify)		
	-----	\$	
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	9,664,804

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 6		217,150	14,112	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
 If 'Yes,' attach schedule - see instructions

Part VI Other Information (See specific instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		X
81a	Enter direct or indirect political expenditures See line 81 instructions <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4) (5), or (6) organizations Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
85c	Dues, assessments, and similar amounts from members	N/A	
85d	Section 162(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	N/A	
85h	If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	N/A	
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 <u>0</u> , Section 4912 <u>0</u> , Section 4955 <u>0</u>		
89b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958			0
d Enter Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed <u>CALIFORNIA</u>		
90b	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)		0
91	The books are in care of <u>Mary Kaiser</u> Telephone number <u>(818) 550-9800</u> Located at <u>225 W BROADWAY, GLENDALE, CA</u> ZIP + 4 <u>91204</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<input type="checkbox"/>
		92	N/A

Part VII Analysis of Income-Producing Activities (See instructions)

Note. Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a LOAN FEES				1,117,323	
b LOAN SERVICING INCOME				49,420	
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14		
96 Dividends & interest from securities			14	358,634	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income			14	21,394	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b INTERST INCOME-LOANS					9,180,613
c MISC					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,546,771	9,180,613
105 Total (add line 104, columns (B), (D), and (E))					10,727,384

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	See Statement 7

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of year assets
N/A	%			
	%			
	%			
	%			

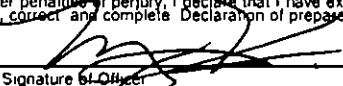
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note. If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

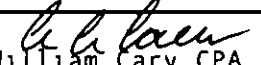
Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of Officer:  Date: 5/20/03

Type or Print Name and Title: Mary Kaiser, President

Paid Preparer's Use Only

Preparer's Signature:  Date: 5/20/03

Check if self employed:

Preparer's SSN or PTIN (see General Instruction W):

Firm's name (or yours if self employed) and address and ZIP + 4: Cary Troncale & Venturelli LLC, 301 E Colorado Blvd, Ste 705, Pasadena, CA 91101-1911

EIN: Phone no: (626) 568-0790

Schedule A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information - (See separate instructions)

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information - (see separate instructions)

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the Organization

Employer Identification Number

CALIFORNIA COMMUNITY REINVESTMENT CORP

95-4207717

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Maria Majczinger 225 W Broadway, Glen, Ca	Loan Admin Offi 40	68,858	3,820	0
Mark Rasmussen 225 W Broadway, Glen, Ca	Loan Manager 40	132,796	7,968	0
Mark Niles 225 W Broadway, Glen, Ca	Vice Pres 40	78,225	5,650	0
Sarah E Walker 225 W Broadway, Glen, CA	System Manager 40	60,833	300	0
Joesph A Johnson 225 W Broadway, Glen, Ca	Loan Review 40	50,560	3,034	0
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SALLY WELCH 6159 SHADOWBROOK DR GRANITE BAY, CA	CONSULTING SERVICES	75,000
VINE & ASSOCIATES 3622 EMANUEL DRIVE, GLENDALE, CA	CONSULTING SERVICES	145,613
Andrea Vogel, Attorney At Law 9836 White Oak Avenue, # 105, Northridge, Ca	LEGAL SERVICES	98,085
SONNENSCHN, NATH & ROSENTHAL 8000 SEARS TOWER, CHICAGO, IL 60606	LEGAL SERVICES	91,041
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See instructions)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ N/A _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking 'Yes,' must complete Part VI B and attach a statement giving a detailed description of the lobbying activities</p>		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments		

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	10,071,572	12,852,609	12,576,027	12,871,700	48,371,908
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	425,792	515,694	304,052	306,682	1,552,220
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	10,497,364	13,368,303	12,880,079	13,178,382	49,924,128
24 Line 23 minus line 17	425,792	515,694	304,052	306,682	1,552,220
25 Enter 1% of line 23	104,974	133,683	128,801	131,784	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 N/A

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.

c Total support for Section 509(a)(1) test. Enter line 24, column (e)

d Add: Amounts from column (e) for lines 18 _____ 19 _____
 22 _____ 26b _____

e Public support (line 26c minus line 26d total)

f **Public support percentage** (line 26e (numerator) divided by line 26c (denominator))

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:
 (2000) _____ 0 (1999) _____ 0 (1998) _____ 0 (1997) _____ 0

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:
 (2000) _____ 0 (1999) _____ 0 (1998) _____ 0 (1997) _____ 0

c Add: Amounts from column (e) for lines 15 _____ 16 _____
 17 48,371,908 20 _____ 21 _____

d Add: Line 27a total _____ 0 and line 27b total _____ 0

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) 27f | 49,924,128

g **Public support percentage** (line 27e (numerator) divided by line 27f (denominator)) 27g | 96.89 %

h **Investment income percentage** (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h | 3.11 %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions)
 (To be completed Only by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table –		
	If the amount on line 40 is –		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is –		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	
Caution If there is an amount on either line 43 or line 44, you must file Form 4720			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities (See instructions)
 (For reporting only by organizations that did not complete Part VI A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h.)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

CALIFORNIA COMMUNITY REINVESTMENT CORP

95-4207717

Statement 1
Form 990, Part II, Line 43
Other Expenses

	(A)	(B)	(C)	(D)
	<u>Total</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
DUES & SUB	14,867	14,867		
INSURANCE	16,194		16,194	
LOAN FEE RECOVERY	-162,376	-162,376		
LOAN LOSS PROVISION	144,506	144,506		
MISCELLANEOUS	30,859	30,859		
OFFICE EXP, MAINT, ETC	38,869		38,869	
OUTSIDE SERVICES & OTHER	50,303	50,303		
Total	<u>\$ 133,222</u>	<u>\$ 78,159</u>	<u>\$ 55,063</u>	<u>\$ 0</u>

Statement 2
Form 990, Part III
Organization's Primary Exempt Purpose

ASSISTANCE ON AFFORDABLE HOUSING DEVELOPMENT

Statement 3
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

<u>Category</u>	<u>Basis</u>	<u>Accum Deprec.</u>	<u>Book Value</u>
Machinery and Equipment	\$ 376,737	\$ 156,554	\$ 220,183
Total	<u>\$ 376,737</u>	<u>\$ 156,554</u>	<u>\$ 220,183</u>

Statement 4
Form 990, Part IV, Line 58
Other Assets

PREPAIDS & OTHER RECEIVABLES		\$ 73,544
Total		<u>\$ 73,544</u>

Statement 5
Form 990, Part IV, Line 65
Other Liabilities

Deferred Income-pending loan fees	\$ 1,572,532
Interest payable -member banks	753,148
Total	<u>\$ 2,325,680</u>

CALIFORNIA COMMUNITY REINVESTMENT CORP

95-4207717

Statement 6
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen-sation</u>	<u>Contri-bution to EBP & DC</u>	<u>Expense Account/ Other</u>
MARY KAISER 225 W BROADWAY, SUITE 120 GLENDALE, CA 91204	President 40	\$ 217,150	\$ 14,112	\$ 0
SEE SCHEDULE ATTACHED	Directors 2	0	0	0
Total		<u>\$ 217,150</u>	<u>\$ 14,112</u>	<u>\$ 0</u>

Statement 7
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes

<u>Line #</u>	<u>Explanation of Activities</u>
93A	INCOME IS NON TAXABLE DUE TO ITS DIRECT RELATIONSHIP TO THE ORGANIZATION'S EXEMPT FUNCTION OF PROVIDING FINANCING AND TECHNICAL ASSISTANCE TO FACILITATE THE DEVELOPMENT OF AFFORDABLE HOUSING IN THE STATE OF CALIFORNIA
103a	INCOME IS NON TAXABLE DUE TO ITS DIRECT RELATIONSHIP TO THE ORGANIZATION'S EXEMPT FUNCTION OF PROVIDING FINANCING FOR AFFORDABLE HOUSING IN CALIFORNIA
103b	MISCELLANEOUS INCOME RELATED TO AFFORDABLE HOUSING ACTIVITIES

CALIFORNIA COMMUNITY REINVESTMENT CORP
 FORM 990
 FEID# 95-4207717

BANK	NAME	TITLE	ADDRESS	CITY	ST	ZIP			
Bank of Agriculture & Commerce	Mr. Ned A. Smull	Director	P O Box 7066	Stockton	CA	95267			
Bank of America EXEC COMM	Ms Gail Lannoy	Director	555 S Flower Street, 10 th Floor Mail Code. CA9-706-10-72	Los Angeles	CA	90071-2385			
Bank of the West EXEC COMM	Mr Stephen Glenn	Director	1450 Treat Boulevard	Walnut Creek	CA	94596			
Capital Flows EXEC COMM	Mr. Daniel Leibsohn	Director	635 Buena Vista Avenue West	San Francisco	CA	94117			
CCRC EXEC COMM	Ms. Mary Kaiser	President	225 W Broadway, Suite 120	Glendale	CA	91204			
City National Bank EXEC COMM	Mr. Jeff Puchalski	Director	606 S. Olive Street, Ninth Floor	Los Angeles	CA	90014			
Comerica Bank-California	Mr. Allen G. Williams	Director	333 West Santa Clara Street, 5 th Floor	San Jose	CA	95113-1715			
Community Bank	Mr. Dwayne Glover	Director	100 E Corson Street	Pasadena	CA	91103-3839			

BANK	NAME	TITLE	ADDRESS	CITY	ST	ZIP			
Community Corporation of Santa Monica	Ms. Joan Ling	Director	1423 Second Street, Suite B	Santa Monica	CA	90401			
California Bank & Trust	Mr. Charlie Cline	Director	1940 Century Park East	Los Angeles	CA	90067			
Low Income Housing Fund	Ms. Nancy Andrews	Director	1330 Broadway, Suite 600	Oakland	CA	94612			
Mellon 1 st Business Bank	Mr. F. David Hare	Director	One Bunker Hill Building 601 West Fifth Street	Los Angeles	CA	90071			
Merritt Community Capital Corporation	Mr. Bernard T Deasy	Director	1736 Franklin Street, Suite 600	Oakland	CA	94612			
Peoples Self-Help Housing EXEC COMM	Ms. Jeanette Duncan	Director	3533 Empleo Street	San Luis Obispo	CA	93401			
Silicon Valley Bank	Ms Christine B Carr	Director	160 Spear Street, Suite 360	San Francisco	CA	94105			
Omidyar Foundation	Mr. G. Edward Diener	Director	2483 E Bayshore Road, Suite 212	Palo Alto	CA	94303			

BANK	NAME	TITLE	ADDRESS	CITY	ST	ZIP			
U.S. Bank EXEC COMM	Ms Sally A. Lang	Director	4100 Newport Place Drive, Suite 900	Newport Beach	CA	92660			
Union Bank of California	Mr. James H. Francis	Director	200 Pringle Avenue, Suite 200	Walnut Creek	CA	94596			
Washingto n Mutual Bank EXEC COMM	Mr. Art Porter	Director	17877 Von Karman Avenue, 4 th Floor	Irvine	CA	92614			
Wells Fargo Bank EXEC COMM	Mr. Robin W Michel	Director	420 Montgomery, 6th Fl	San Francisc o	CA	94163			

Fed ID# 95-4207717
FORM 990

(4802) CALIFORNIA COMMUNITY REINVESTMENT CORP.

As of 09/30/2002

Portfolio Holdings

Description	Settlement/ Cusip	Par Value	Original Cost	Amortized Cost	Price	Market Value	% of Total	Accrued Income	Unrealized Gain/Loss	Eff Mat Date	Days to Eff Mat	Yield at Cost	Eff Yield	Moody Rating	S&P Rating
CASH AND EQUIVALENTS															
NATIONS CASH RESERVE INST CL		1,169,579	1,169,579	1,169,579	1 000	1,169,579	12.58%	1,243	0		0	1.69%	1.69%	NA	NA
Total Cash And Equivalents		1,169,579	1,169,579	1,169,579		1,169,579	12.58%	1,243	0		0	1.69%	1.69%		
CORPORATE BONDS															
CATERPILLAR FIN SERVICE CORP VAR 02/04/04	06/14/2002 14912LT3	500,000	499,957	499,965	100.071	500,355	5.38%	1,562	390	11/06/02	37	1.97%	1.17%	A2	A+
SOUTHRUST BANK NA VAR 06/21/04	06/27/2002 8447HACB	500,000	499,907	499,919	100.020	500,100	5.38%	211	181	12/21/02	82	1.90%	1.81%	A1	A
JP MORGAN CHASE & CO VAR 09/22/04	06/19/2002 46623EAX	500,000	499,563	499,618	100.019	500,095	5.38%	220	477	12/22/02	83	1.98%	1.90%	Aa3	A+
MORGAN STANLEY DEAN WITTER 7 375 04/15/03	12/13/2000 61745EPL	500,000	508,965	502,060	102.638	513,190	5.52%	17,003	11,130	04/15/03	197	6.53%	2.37%	Aa3	AA-
GENERAL ELECTRIC CAP CORP 5 880 05/19/03	12/15/2000 36962GSY	500,000	495,990	498,958	101.926	509,630	5.48%	1,307	10,672	05/19/03	231	6.24%	2.77%	Aaa	AAA
WAL-MART STORES 4 375 08/01/03	07/31/2001 931142BM	250,000	249,635	249,848	102.022	255,055	2.74%	1,823	5,207	08/01/03	305	4.45%	1.90%	Aa2	AA
ASSOCIATES CORP NA 5 750 10/15/03	12/13/2000 046003EQ	500,000	488,595	495,828	103.441	517,205	5.56%	13,257	21,377	10/15/03	380	6.64%	2.36%	Aa1	AA-
AMERICAN GENERAL FINANCE CO 5 750 11/01/03	02/06/2002 02635KCK	250,000	259,175	255,740	103.026	257,565	2.77%	5,990	1,825	11/01/03	397	3.55%	2.88%	A1	A+
BANK ONE CORP 5 625 02/17/04	07/11/2002 06422NCN	500,000	520,578	517,698	104.625	523,125	5.63%	3,438	5,427	02/17/04	505	2.97%	2.18%	Aa3	A
WAL MART STORES 6 550 08/10/04	07/27/2001 931142BD	200,000	208,850	205,414	108.313	216,626	2.33%	1,856	11,212	08/10/04	680	4.96%	1.96%	Aa2	AA
Total Corporate Bonds		4,200,000	4,231,214	4,225,047		4,292,946	46.16%	46,666	67,899		258	4.09%	2.11%		
GOVERNMENT AGENCY															
FHLB 5 125 01/13/03	01/16/2001 3133MCUE	500,000	499,175	499,882	101.000	505,000	5.43%	5,552	5,118	01/13/03	105	5.21%	1.60%	AGCY	AGCY
FHLB 4 500 04/25/03	05/04/2001 3133MENT	250,000	250,044	250,013	101.656	254,140	2.73%	4,875	4,128	04/25/03	207	4.49%	1.57%	AGCY	AGCY
FNMA 4 750 11/14/03	11/08/2001 31359MEG	250,000	260,108	255,617	103.469	258,673	2.78%	4,486	3,056	11/14/03	410	2.68%	1.62%	AGCY	AGCY

(4802) CALIFORNIA COMMUNITY REINVESTMENT CORP.

As of 09/30/2002

Portfolio Holdings

Description	Settlement/ Cusip	Par Value	Original Cost	Amortized Cost	Price	Market Value	% of Total	Accrued Income	Unrealized Gain/Loss	Eff Mat. Date	Days to Eff Mat.	Yield at Cost	Eff Yield	Moody Rating	S&P Rating
GOVERNMENT AGENCY															
FHLMC 6 375	11/15/03 3134A4CQ	500,000	526,745	515,294	105.188	525,940	5.66%	12,042	10,646	11/15/03	411	3.53%	1.70%	AGCY	AGCY
FHLMC 3 250	12/18/2001 3134A4JH	250,000	249,008	249,399	101.906	254,765	2.74%	2,392	5,366	12/15/03	441	3.46%	1.65%	AGCY	AGCY
FHLMC MTN 3 250	02/01/2002 3134A4JN	500,000	499,665	499,779	101.906	509,530	5.48%	3,431	9,751	01/15/04	472	3.29%	1.75%	AGCY	AGCY
FNMA 4 750	03/11/2002 31359MHJ	250,000	254,590	253,316	104.250	260,625	2.80%	528	7,309	03/15/04	532	3.79%	1.78%	AGCY	AGCY
FHLMC 3 050	07/15/2002 312925XE	1,000,000	997,891	998,116	100.893	1,008,930	10.85%	6,439	10,814	07/15/04	654	3.16%	2.54%	AGCY	AGCY
FNMA 3 875	03/25/2002 31359MMG	250,000	244,970	245,850	103.906	259,765	2.79%	431	13,915	03/15/05	897	4.61%	2.23%	AGCY	AGCY
Total Government Agency		3,750,000	3,782,194	3,767,265		3,837,368	41.26%	40,175	70,103		472	3.71%	1.94%		
TOTALS		9,119,579	9,182,987	9,161,890		9,299,892	100.00%	88,084	138,002		314	3.63%	1.99%		

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization <u>California Community Reinvestment Corp</u>	Employer identification number <u>95-4207717</u>
	Number, street, and room or suite no. If a PO box, see instructions <u>225 W. Broadway, Ste 120</u>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address see instructions <u>Glendale, Ca. 91204</u>	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until July 15, 2003, 2003

5 For calendar year _____, or other tax year beginning October 1, 2001 and ending September 30, 2002

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ 0

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ 0

c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 0.00

Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief, it is true correct, and complete and that I am authorized to prepare this form

Signature *W. Cary* Title Accountant Date May 12, 2003

Notice to Applicant — To Be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application stated in item 7, we cannot grant your request for an extension of time to file We are not granting a **EXTENSION DENIED**
- We cannot state the date of the return for which an extension was requested
- Other **01/18/03**

DENIED-YOU DID NOT STATE WHY YOU NEED AN EXTENSION. PLEASE FILE YOUR RETURN.

MAY 30 2003

Director _____ By LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name <u>W. Cary CPA</u>
	Number and street (include suite, room, or apt no.) Or a PO box number <u>28999 Front St, Ste 105</u>
	City or town, province or state, and country (including postal or ZIP code) <u>Temecula, Ca 92590</u>