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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2005

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 2005 calendar year, or tax year beginning 10-01-2005 and ending 09-30-2006

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

C Name of organization: CALIFORNIA COMMUNITY REINVESTMENT CORP. Number and street: 225 W BROADWAY No 120. City or town: GLENDALE, CA 91204

D Employer identification number: 95-4207717

E Telephone number: (818) 550-9800

F Accounting method: Accrual

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

G Web site: E-CCRCORG

J Organization type: 501(c)(3)

K Check here if the organization's gross receipts are normally not more than \$25,000

- H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 8,201,512

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, 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 at beginning and end of year.

**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 (See the instructions )

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
<b>22</b>	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b>				
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b>				
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25</b>	Compensation of officers, directors, etc . . . . .	<b>25</b>	301,631	150,816	150,815	
<b>26</b>	Other salaries and wages . . . . .	<b>26</b>	678,857	628,544	50,313	
<b>27</b>	Pension plan contributions . . . . .	<b>27</b>	61,470	58,451	3,019	
<b>28</b>	Other employee benefits . . . . .	<b>28</b>				
<b>29</b>	Payroll taxes . . . . .	<b>29</b>				
<b>30</b>	Professional fundraising fees . . . . .	<b>30</b>				
<b>31</b>	Accounting fees . . . . .	<b>31</b>	85,867		85,867	
<b>32</b>	Legal fees . . . . .	<b>32</b>	29,942	26,948	2,994	
<b>33</b>	Supplies . . . . .	<b>33</b>				
<b>34</b>	Telephone . . . . .	<b>34</b>	17,606	15,846	1,760	
<b>35</b>	Postage and shipping . . . . .	<b>35</b>	12,727	11,454	1,273	
<b>36</b>	Occupancy . . . . .	<b>36</b>	98,664	88,798	9,866	
<b>37</b>	Equipment rental and maintenance . . . . .	<b>37</b>				
<b>38</b>	Printing and publications . . . . .	<b>38</b>				
<b>39</b>	Travel . . . . .	<b>39</b>	36,183	9,317	26,866	
<b>40</b>	Conferences, conventions, and meetings . . . . .	<b>40</b>	27,157		27,157	
<b>41</b>	Interest . . . . .	<b>41</b>	5,171,598	5,171,598		
<b>42</b>	Depreciation, depletion, etc (attach schedule) <input checked="" type="checkbox"/>	<b>42</b>	41,591	41,591		
<b>43</b>	Other expenses not covered above (itemize)					
<b>a</b>	See Additional Data Table	<b>43a</b>				
<b>b</b>		<b>43b</b>				
<b>c</b>		<b>43c</b>				
<b>d</b>		<b>43d</b>				
<b>e</b>		<b>43e</b>				
<b>f</b>		<b>43f</b>				
<b>g</b>		<b>43g</b>				
<b>44</b>	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	7,206,734	6,826,641	380,093	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** (See the instructions.)

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.

What is the organization's primary exempt purpose? <b>▶ PROVIDE FINANCING AND RELATED SERVICES FOR THE DEVELOPMENT OF AFFORDABLE HOUSING PRIMARILY FOR LOW AND VERY LOW INCOME FAMILIES IN CALIF</b>  All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
<b>a</b> <b>PROVIDE FINANCING AND RELATED SERVICES FOR THE DEVELOPMENT OF AFFORDABLE HOUSING UNITS PRIMARILY FOR LOW AND VERY LOW INCOME FAMILIES IN THE STATE OF CALIFORNIA</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	6,826,641
<b>b</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <input type="checkbox"/>	6,826,641

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		<b>(A)</b>		<b>(B)</b>		
		Beginning of year		End of year		
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .		29,301	<b>45</b>	30,681	
	<b>46</b> Savings and temporary cash investments . . . . .		2,230,009	<b>46</b>	2,247,493	
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>	625,347			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b>		389,761	<b>47c</b>	625,347
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>				
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>			<b>48c</b>	
	<b>49</b> Grants receivable . . . . .				<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .				<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>	100,050,883			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>	1,943,084	83,884,148	<b>51c</b>	98,107,799
	<b>52</b> Inventories for sale or use . . . . .				<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .			34,512	<b>53</b>	78,987
	<b>54</b> Investments—securities (attach schedule) . . . . .				<b>54</b>	
	<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>			<b>55c</b>		
<b>56</b> Investments—other (attach schedule) . . . . .				<b>56</b>	726,667	
<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b>	474,341				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	390,584	69,292	<b>57c</b>	83,757	
<b>58</b> Other assets (describe <input type="checkbox"/> _____)			95,826	<b>58</b>	264,251	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .			86,732,849	<b>59</b>	102,164,982	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		237,185	<b>60</b>	476,227	
	<b>61</b> Grants payable . . . . .			<b>61</b>		
	<b>62</b> Deferred revenue . . . . .		2,385,716	<b>62</b>	1,675,436	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .				<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .				<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .			70,614,685	<b>64b</b>	85,286,721
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____)			337,764	<b>65</b>	471,216
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .			73,575,350	<b>66</b>	87,909,600	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>					
	<b>67</b> Unrestricted . . . . .		13,157,499	<b>67</b>	14,255,382	
	<b>68</b> Temporarily restricted . . . . .			<b>68</b>		
	<b>69</b> Permanently restricted . . . . .			<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>					
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>		
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21) . . . . .			13,157,499	<b>73</b>	14,255,382
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .			86,732,849	<b>74</b>	102,164,982

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	8,708,348
<b>b</b>	Amounts included on line <b>a</b> but not on line 12		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) <input type="checkbox"/> _____	<b>b4</b>	500,000
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	500,000
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	8,208,348
<b>d</b>	Amounts included on line 12, but not on line <b>a</b>		
<b>1</b>	Investment expenses not included on line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) <input type="checkbox"/> _____	<b>d2</b>	-6,836
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	500,000
<b>e</b>	<b>Total revenue</b> (line 12) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	8,201,512

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

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	7,760,463
<b>b</b>	Amounts included on line <b>a</b> but not on line 17		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on line 20 . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	553,729
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	553,729
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	7,206,734
<b>d</b>	Amounts included on line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (line 17) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	7,206,734

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>	<b>Yes</b>	<b>No</b>
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <u>20</u>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . .	<b>75b</b>	No
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	<b>75c</b>	No
<b>d</b> Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	Yes

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

<b>Part VI Other Information</b> <i>(See the instructions.)</i>	<b>Yes</b>	<b>No</b>
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>76</b>	No
<b>77</b> 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	<b>77</b>	No
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	No
<b>80a</b> 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? . . . . .	<b>80a</b>	Yes
<b>b</b> If "Yes," enter the name of the organization <b>See Additional Data Table</b> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct or indirect political expenditures (See line 81 instructions) . . . . . <b>81a</b> _____		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	No

**Part VI Other Information** (continued)

Yes No

<p><b>82a</b> 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? . . . . .</p>	<b>82a</b>		No
<p><b>b</b> 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) . . . . .</p>	<b>82b</b>		
<p><b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?</p>	<b>83a</b>	Yes	
<p><b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .</p>	<b>83b</b>		No
<p><b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .</p>	<b>84a</b>		No
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<b>84b</b>		
<p><b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members? . . . . .</p>	<b>85a</b>		
<p><b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .</p> <p>If "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year</p>	<b>85b</b>		
<p><b>c</b> Dues assessments, and similar amounts from members . . . . .</p>	<b>85c</b>		
<p><b>d</b> Section 162(e) lobbying and political expenditures . . . . .</p>	<b>85d</b>		
<p><b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .</p>	<b>85e</b>		
<p><b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .</p>	<b>85f</b>		
<p><b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .</p>	<b>85g</b>		
<p><b>h</b> 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? . . . . .</p>	<b>85h</b>		
<p><b>86 501(c)(7) orgs.</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12 . . . . .</p>	<b>86a</b>		
<p><b>b</b> Gross receipts, included on line 12, for public use of club facilities . . . . .</p>	<b>86b</b>		
<p><b>87 501(c)(12) orgs.</b> Enter <b>a</b> Gross income from members or shareholders . . . . .</p>	<b>87a</b>		
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .</p>	<b>87b</b>		
<p><b>88</b> 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 . . . . .</p>	<b>88</b>	Yes	
<p><b>89a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____</p>			
<p><b>b 501(c)(3) and 501(c)(4) orgs.</b> 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 . . . . .</p>	<b>89b</b>		No
<p><b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="checkbox"/></p>			
<p><b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . <input type="checkbox"/></p>			
<p><b>90a</b> List the states with which a copy of this return is filed <input type="checkbox"/> CA</p>			
<p><b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions) . . . . .</p>	<b>90b</b>		13
<p><b>91a</b> The books are in care of <input type="checkbox"/> MARY KAISER Telephone no <input type="checkbox"/> (818) 550-9800</p> <p style="margin-left: 40px;">225 W BROADWAY STE 120</p> <p>Located at <input type="checkbox"/> GLENDALE, CA ZIP + 4 <input type="checkbox"/> 91204</p>			
<p><b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p> <p>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____</p> <p>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b>, Report of Foreign Bank and Financial Accounts</p>	<b>91b</b>	Yes No	No
<p><b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States?</p> <p>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____</p>	<b>91c</b>		No
<p><b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b>—Check here . . . . . <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/></p>	<b>92</b>		



**Part VII Analysis of Income-Producing Activities** (See the 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	
<b>93</b> Program service revenue					
<b>a</b> INTEREST INCOME-LOANS					6,667,105
<b>b</b> loanrate lock fees					741,924
<b>c</b> DEVELOPERBROKER FEE					353,256
<b>d</b> loan servicing income					339,032
<b>e</b> loan prepayment fee					20,910
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments			14	86,122	
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> non debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> CCRC AFFORDABLE HOUSING PARTNERS FORM K-1					-8
<b>b</b> ccrc workforce fund	525990	-6,829			
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .		-6,829		86,122	8,122,219
<b>105 Total</b> (add line 104, columns (B), (D), and (E)) . . . . .					8,201,512

**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 the 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 Additional Data Table

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the 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
CCRC AFFORDABLE HOUSING PARTNERS LLC 225 W BROADWAY 120 GLENDALE, CA91204 95-4799771	100 0000	FINANCING FOR AFFORDABLE HOUSING	-7	7
CCRC FUND MANAGER LLC 225 W BROADWAY 120 GLENDALE, CA91204 20-3205707	100 0000	MANAGEMENT AND TECHNICAL ASSISTANCE FOR DEVELOPING AFFORDABLE HOUSING	0	158,550
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the 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: 2007-03-23

MARY KAISER president  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: Stanley F Shimohara CPA Date: 2007-03-23 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: SANDERS KALVIN MCMILLAN CARTER LLP  
11845 W OLYMPIC BLVD SUITE 900  
LOS ANGELES, CA 900641149

Preparer's SSN or PTIN (See Gen Inst W)

EIN: Phone no: (310) 477-6161

**SCHEDULE A  
(Form 990 or  
990EZ)**

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

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

**2005**

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

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
CALIFORNIA COMMUNITY REINVESTMENT CORP

**Employer identification number**

95-4207717

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the 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 MAJZINGER 225 W BROADWAY STE 120 GLENDALE, CA 91204	SR VICE PRES 40 00	102,960	6,178	0
MARK RASMUSSEN 225 W BROADWAY STE 120 GLENDALE, CA 91204	EXEC VICE PRS 40 00	175,576	10,535	7,800
MARK NILES 225 W BROADWAY STE 120 GLENDALE, CA 91204	SR VICE PRES 40 00	140,709	8,443	4,800
RENEE COOKS 225 W BROADWAY STE 120 GLENDALE, CA 91204	VICE PRES 40 00	95,417	5,725	0
SARAH WALKER 225 W BROADWAY STE 120 GLENDALE, CA 91204	LOAN SUPERVIS 40 00	67,400	4,044	0
Total number of other employees paid over \$50,000	9			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individual 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
VINE ASSOCIATES 225 W BROADWAY STE 120 GLENDALE, CA 91204	COMMUNITY DEV FINANC	190,607
SONNENSCHN NATH ROSENTHAL 601 S FIGUEROA STREET STE 1500 LOS ANGELES, CA 90017	LEGAL SERVICES	108,804
ANDREA P VOGEL ATTY AT LAW 9836 WHITE OAK AVE STE 105 NORTHRIDGE, CA 91325	LEGAL SERVICES	100,762
ATKINSON ANDELSON LOYA RUUD ROMO 17871 PARK PLAZA DR STE 200 CERRITOS, CA 90703	LEGAL SERVICES	58,266
Total number of others receiving over \$50,000 for professional services		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, include 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 ►\$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) 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		No
<b>2</b>	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.)		
<b>a</b>	Sale, exchange, or leasing property?	<b>2a</b>	No
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>	No
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>	No
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	No
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>	No
<b>3a</b>	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	<b>3a</b>	No
<b>b</b>	Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	No
<b>c</b>	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	<b>3c</b>	No
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>	No
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>	No

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the 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)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (see page 5 of the 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 page 5 of the 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )					0
<b>16</b> Membership fees received					0
<b>17</b> 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	12,461,106	10,975,530	10,141,717	8,821,979	42,400,332
<b>18</b> 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	113,675	58,607	263,634	358,634	794,550
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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					0
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
<b>23</b> Total of lines 15 through 22	12,574,781	11,034,137	10,405,351	9,180,613	43,194,882
<b>24</b> Line 23 minus line 17	113,675	58,607	263,634	358,634	794,550
<b>25</b> Enter 1% of line 23	125,748	110,341	104,054	91,806	
<b>26 Organizations described on lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b>
<b>b</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 2001 through 2004 exceeded the amount shown in line 26a <b>Do not file this list with your return.</b> Enter the total of all these excess amounts					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b>
<b>d</b> Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b>
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b>
<b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>					<b>26f</b>
<b>27 Organizations described on line 12:</b> <b>a</b> 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 " <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year (2004) _____ (2003) _____ (2002) _____ (2001) _____					
<b>b</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 <b>larger</b> of <b>(1)</b> the amount on line 25 for the year or <b>(2)</b> \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals ) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in <b>(1)</b> or <b>(2)</b> , enter the sum of these differences (the excess amounts) for each year (2004) _____ (2003) _____ (2002) _____ (2001) _____					
<b>c</b> Add Amounts from column (e) for lines 15 _____ 0 16 _____ 0 17 _____ 42,400,332 20 _____ 0 21 _____ 0					<b>27c</b>
<b>d</b> Add Line 27a total _____ and line 27b total _____					<b>27d</b>
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b>
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27f</b>
<b>g</b> <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>					<b>27g</b>
<b>h</b> <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>					<b>27h</b>
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 <b>Do not file this list with your return.</b> Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> 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?	<b>29</b>	
<b>30</b> 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?	<b>30</b>	
<b>31</b> 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 )	<b>31</b>	
_____		
_____		
<b>32</b> Does the organization maintain the following	<b>32a</b>	
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32b</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	<b>32c</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32d</b>	
<b>d</b> 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 )		
_____		
<b>33</b> Does the organization discriminate by race in any way with respect to	<b>33a</b>	
<b>a</b> Students' rights or privileges?	<b>33b</b>	
<b>b</b> Admissions policies?	<b>33c</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33d</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33e</b>	
<b>e</b> Educational policies?	<b>33f</b>	
<b>f</b> Use of facilities?	<b>33g</b>	
<b>g</b> Athletic programs?	<b>33h</b>	
<b>h</b> Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
_____		
_____		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</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	<b>34b</b>	
<b>35</b> 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	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
**(To be completed ONLY by an eligible organization that filed Form 5768)**

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

<b>Limits on Lobbying Expenditures</b>		<b>(a)</b> Affiliated group totals	<b>(b)</b> To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred )															
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b>	Other exempt purpose expenditures	<b>39</b>													
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is—</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is—</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is—</b>	<b>The lobbying nontaxable amount is—</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	<b>41</b>	
<b>If the amount on line 40 is—</b>	<b>The lobbying nontaxable amount is—</b>														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>													
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>													

**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 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) <b>▶</b>	Lobbying Expenditures During 4-Year Averaging Period				
	<b>(a)</b> 2005	<b>(b)</b> 2004	<b>(c)</b> 2003	<b>(d)</b> 2002	<b>(e)</b> Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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	Yes	No	Amount
<b>a</b> Volunteers		No	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .)		No	
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .)			

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 11 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of

- (i)** Cash
- (ii)** Other assets

**b** Other transactions

- (i)** Sales or exchanges of assets with a noncharitable exempt organization
- (ii)** Purchases of assets from a noncharitable exempt organization
- (iii)** Rental of facilities, equipment, or other assets
- (iv)** Reimbursement arrangements
- (v)** Loans or loan guarantees
- (vi)** Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
<b>51a(i)</b>		No
<b>a(ii)</b>		No
<b>b(i)</b>		No
<b>b(ii)</b>		No
<b>b(iii)</b>		No
<b>b(iv)</b>		No
<b>b(v)</b>		No
<b>b(vi)</b>		No
<b>c</b>		No

<b>(a)</b> Line no	<b>(b)</b> Amount involved	<b>(c)</b> Name of noncharitable exempt organization	<b>(d)</b> Description of transfers, transactions, and sharing arrangements

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes  No

**b** If "Yes," complete the following schedule

<b>(a)</b> Name of organization	<b>(b)</b> Type of organization	<b>(c)</b> Description of relationship

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2005

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 3 columns: Line number, Description, Amount.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 3 columns: Line number, Description, Amount.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 3 columns: Line number, Description, Amount.

Section B—Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C—Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Line number, Description, Recovery period, Convention, Method, Amount.

Part IV Summary (see instructions)

Table with 3 columns: Line number, Description, Amount.



**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost
<b>25</b> Special allowance for for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						<b>25</b>		
<b>26</b> Property used more than 50% in a qualified business use								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
<b>28</b> Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						<b>28</b>		
<b>29</b> Add amounts in column (i), line 26 Enter here and on line 7, page 1							<b>29</b>	

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal(noncommuting) miles driven												
<b>33</b> Total miles driven during the year Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2005 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2005 tax year				<b>43</b>	
<b>44 Total.</b> Add amounts in column (f) See the instructions for where to report				<b>44</b>	

**TY 2005 Investments - Other Schedule**

**Name:** CALIFORNIA COMMUNITY REINVESTMENT CORP

**EIN:** 95-4207717

Description	Book Value	Cost/FMV
Investment in Workforce housing	726,667	C

**TY 2005 Land etc. Schedule**

**Name:** CALIFORNIA COMMUNITY REINVESTMENT CORP

**EIN:** 95-4207717

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
OFFICE EQUIPMENT	4,762	4,762	0
OFFICE EQUIPMENT	530	530	0
LOAN SERVICING HARDWARE & SOFTWARE	31,684	31,684	0
OFFICE EQUIPMENT	1,898	1,898	0
COMPUTER SYSTEM	20,396	20,396	0
COMPUTER EQUIPMENT	6,408	6,408	0
COMPUTER EQUIPMENT	6,172	6,172	0
TELEPHONE SYSTEM	24,686	24,686	0
FURNITURE (NET OF FUND MGR)	115,705	105,240	10,465
LEASEHOLD IMPROVEMENTS	10,848	10,848	0
COPIER	57,060	57,060	0
OFFICE FURNITURE	6,912	6,912	0
DIGITAL CAMERA	692	692	0
SBC	2,279	2,279	0
COMPUTER EQUIPMENT	5,026	5,026	0

<b>Category/Item</b>	<b>Cost/Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>
TECHLINE STUDIO	1,500	1,500	0
MISC EQUIPMENT	1,292	1,292	0
SBC	73,910	73,910	0
M3	1,382	1,382	0
PROJECTOR	3,596	3,117	479
COMPUTER EQUIPMENT	2,722	1,406	1,316
COMPUTER EQUIPMENT	17,816	7,423	10,393
COMPUTER SOFTWARE & EQUIPMENT	18,771	5,318	13,453
COMPUTER EQUIPMENT	2,238	560	1,678
cOMPUTER EQUIPMENT	15,723	3,145	12,578
cOMPUTER EQUIPMENT	1,095	304	791
cOMPUTER EQUIPMENT	1,916	532	1,384
cOMPUTER EQUIPMENT	3,065	851	2,214
cOMPUTER EQUIPMENT	2,452	681	1,771
cOMPUTER projector	2,083	463	1,620

<b>Category/Item</b>	<b>Cost/Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>
server	17,694	3,440	14,254
COMPUTER hardware	5,110	568	4,542
FURNITURE	1,488	99	1,389
LEASEHOLD IMPROVEMENTS	5,430		5,430

## TY 2005 Officer Compensation Schedule

**Name:** CALIFORNIA COMMUNITY REINVESTMENT CORP

**EIN:** 95-4207717

### MARY KAISER

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	138,034	8,282	4,500
<b>Mgmt &amp; General</b>	138,033	8,282	4,500
<b>Fundraising</b>			

## TY 2005 Other Assets Schedule

**Name:** CALIFORNIA COMMUNITY REINVESTMENT CORP

**EIN:** 95-4207717

Description	Beginning of Year Amount	End of Year Amount
OTHER RECEIVABLES and acc dep adjustment	86,986	93,596
DEPOSITS	8,840	18,260
DUE FROM WORKFORCE HOUSING FUND		152,395

## TY 2005 Other Changes in Net Assets Schedule

**Name:** CALIFORNIA COMMUNITY REINVESTMENT CORP

**EIN:** 95-4207717

Description	Amount
book to tax differences-see STATEMENT 9 10 AND 11 ATTACHED	-46,895
adjustment for exclusion of subsidiary having a deficit	150,000



**TY 2005 Other Expenses Included Schedule**

**Name:** CALIFORNIA COMMUNITY REINVESTMENT CORP

**EIN:** 95-4207717

Description	Amount
EXPENSES RELATED TO UBTI INCOME	519,490
CAPITALIZED START-UP COSTS - NET	34,239

**TY 2005 Other Liabilities Schedule**

**Name:** CALIFORNIA COMMUNITY REINVESTMENT CORP

**EIN:** 95-4207717

Description	Beginning of Year Amount	End of Year Amount
INTEREST PAYABLE - MEMBER BANKS	337,764	471,216

**TY 2005 Other Revenues Included Schedule**

**Name:** CALIFORNIA COMMUNITY REINVESTMENT CORP

**EIN:** 95-4207717

Description	Amount
CCRC WORKFORCE HOUSING ACCRUED INCOME TO BE REPORTED K-1 12/31/06	500,000

**TY 2005 Other Revenues  
Not Included Schedule**

**Name:** CALIFORNIA COMMUNITY REINVESTMENT CORP

**EIN:** 95-4207717

Description	Amount
CCRC WORKFORCE HOUSING ACTUAL K-1 12/31/05	-6,829
CCRC AFFORDABLE HOUSING PARTNERS K-1 12/31/05	-7

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-4207717

**Name:** CALIFORNIA COMMUNITY REINVESTMENT CORP

### Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> INSURANCE	<b>43a</b>	49,558	33,978	15,580	
<b>b</b> OFFICE & MAINTENANCE	<b>43b</b>	36,946	33,251	3,695	
<b>c</b> DUES & SUBSCRIPTIONS	<b>43c</b>	10,468	10,468		
<b>d</b> OUTSIDE SERVICES	<b>43d</b>	242,218	242,218		
<b>e</b> MISCELLANEOUS	<b>43e</b>	6,868	6,868		
<b>f</b> payroll processing fees	<b>43f</b>	888		888	
<b>g</b> LOAN LOSS PROVISION	<b>43g</b>	201,191	201,191		
<b>h</b> MEALS & ENTERTAINMENT	<b>43h</b>	23,488	23,488		
<b>i</b> marketing and business development	<b>43i</b>	71,816	71,816		

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
MARY KAISER 225 W BROADWAY SUITE 120 GLENDALE, CA 91204	PRESIDENT 40 00	276,067	16,564	9,000
NED A SMULL BANK OF AGRICULTURE 2021 W MARCH L STOCKTON, CA 95207	DIRECTOR 2 00	0	0	0
GAIL LANNOY BANK OF AMERICA 333 SO HOPE ST 11T LOS ANGELES, CA 90071	DIRECTOR 2 00	0	0	0
MARK J GLASKY BANK OF THE WEST 300 SO GRAND AVE LOS ANGELES, CA 90071	DIRECTOR 2 00	0	0	0
DANIEL LEIBSOHN COMMUNITY DEVELOPMENT FINANCE256 A BERKELEY, CA 94705	DIRECTOR 2 00	0	0	0
ALLEN G WILLIAMS COMERICA BANK 333 WEST SANTA CLARA SAN JOSE, CA 95113	DIRECTOR 2 00	0	0	0
JOAN LING COMMUNITY CORP OF SANTA MONICA 142 SANTA MONICA, CA 90401	DIRECTOR 2 00	0	0	0
CHARLIE CLINE CALIFORNIA BANK TRUST 1940 CENTU LOS ANGELES, CA 90067	DIRECTOR 2 00	0	0	0
MICHAEL D CARROLL FANNIE MAE 5127 T STREET SACRAMENTO, CA 95819	DIRECTOR 2 00	0	0	0
AUSTIN E PENNY JR LOCAL INITIATIVES SUPPORT CORP 105 LOS ANGELES, CA 90017	DIRECTOR 2 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
F DAVID HARE MELLON 1ST BUSINESS BANK 1 BUNKER LOS ANGELES, CA 90071	DIRECTOR 2 00	0	0	0
BERNARD T DEASY MERRITT COMMUNITY CAPITAL CORP 197 OAKLAND, CA 94612	DIRECTOR 2 00	0	0	0
CHERYL KNIGHT MONTECITO BANK TRUST P O BOX 246 SANTA BARBARA, CA 93120	DIRECTOR 2 00	0	0	0
JEANETTE DUNCAN PEOPLES SELF-HELP HOUSING 3533 EMP SAN LUIS OBISPO, CA 93401	DIRECTOR 2 00	0	0	0
CHRISTINE B CARR SILICON VALLEY BANK 185 BERRY ST SAN FRANCISCO, CA 94107	DIRECTOR 2 00	0	0	0
JAMES H FRANCIS UNION BANK OF CA 200 PRINGLE AVE WALNUT CREEK, CA 94596	DIRECTOR 2 00	0	0	0
ART PORTER WASHINGTON MUTUAL BANK 17877 VON K IRVINE, CA 92614	DIRECTOR 2 00	0	0	0
ROBIN W MICHEL 420 MONTGOMERY 6TH FL SAN FRANCISCO, CA 94163	DIRECTOR 2 00	0	0	0
BILL CAREY 225 W BROADWAY SUITE 120 GLENDALE, CA 91204	TREASURER 2 00	0	0	0

**Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:**

Name of the Organization	Exempt	Nonexempt
CCRC AFFORDABLE HOUSING PARTNERS LLC		X
CCRC FUND MANAGER LLC		X
CCRC WORKFORCE HOUSING FUND LLC		X



**Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:**

<b>Line No.</b> ▼	<b>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).</b>
93A	INTEREST FROM PROVIDING FINANCING FOR LOW-INCOME HOUSING
93B	LOAN Revenue FROM providing financing for low-income housing
93C	LOAN REVENUE FROM providing financing for low-income housing
93D	LOAN REVENUE FROM providing financing for low-income housing
93E	LOAN REVENUE FROM providing financing for low-income housing