



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

2000

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2000 calendar year, or tax year period beginning 10/01, 2000, and ending 9/30, 2001

- B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return

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 Check if application pending

G Organization type (check only one) 501(c)(3) (insert no) 527 OR 4847(a)(1)

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

J Accounting method Cash Accrual Other (specify)

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.

Note H and I are not applicable to section 527 orgs. H(a) Is this a group return filed for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (if "No," attach a list See instructions) Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit group exemption no (GEN)

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 21 rows and multiple columns for revenue and expenses. Includes sub-rows for contributions, program service revenue, membership dues, interest, dividends, gross rents, other investment income, sales of assets, special events, gross sales of inventory, and total expenses. Total revenue is 10,497,364 and total expenses is 9,776,063, resulting in an excess of 721,301.

RECEIVED
MAY 19 2001
OGDEN, UT

SCANNED JUN 10 2002

**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 Specific Instructions on page 20.)

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 \$ _____)	22				
23	Specific assistance to individuals (att sch )	23				
24	Benefits paid to or for members (att sch )	24				
25	Compensation of officers, directors, etc	25	174,445	87,223	87,222	
26	Other salaries and wages	26	810,542	763,331	47,211	
27	Pension plan contributions	27	30,094	27,394	2,700	
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31	55,235		55,235	
32	Legal fees	32	38,128		38,128	
33	Supplies	33	17,024		17,024	
34	Telephone	34	27,269	24,542	2,727	
35	Postage and shipping	35	14,750	13,275	1,475	
36	Occupancy	36	68,396	61,557	6,839	
37	Equipment rental and maintenance	37	7,406	6,665	741	
38	Printing and publications	38				
39	Travel	39	22,904	22,904		
40	Conferences, conventions, and meetings	40	9,761	9,761		
41	Interest	41	8,041,973	8,041,973		
42	Depreciation, depletion, etc (attach schedule)	42	40,181	40,181		
43	Other expenses (itemize) a <u>Statement 1</u>	43a	417,955	299,760	118,195	
	b _____	43b				
	c _____	43c				
	d _____	43d				
	e _____	43e				
44	Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13 - 15	44	9,776,063	9,398,566	377,497	0

**Reporting of Joint Costs** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  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 Specific Instructions on page 23)

What is the organization's primary exempt purpose? <u>See Statement 2</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a <u>A CONSORTIUM OF BANKS HAS PROVIDED FINANCING AND TECHNICAL ASSISTANCE FACILITATING THE DEVELOPMENT OF AFFORDABLE HOUSING IN THE STATE OF CALIFORNIA.</u> (Grants and allocations \$ _____ )	9,398,566
b _____ (Grants and allocations \$ _____ )	
c _____ (Grants and allocations \$ _____ )	
d _____ (Grants and allocations \$ _____ )	
e Other program services (attach schedule) (Grants and allocations \$ _____ )	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>9,398,566</b>

**Part IV Balance Sheets** (See Specific Instructions on page 23 )

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
ASSETS	45	Cash - non-interest-bearing		300	45	300
	46	Savings and temporary cash investments		683,472	46	384,687
	47a	Accounts receivable	47a 701,875			
	b	Less allowance for doubtful accounts	47b	750,136	47c	701,875
	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 sch)			50	
	51a	Other notes and loans receivable (attach schedule)	51a 115,036,939			
	b	Less allowance for doubtful accounts	51b 2,836,485	116,366,865	51c	112,200,454
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54	Investments - securities (attach schedule)	Cost FMV	8,736,750	54	7,562,298
	55a	Investments - land, buildings, and equipment basis	55a			
b	Less accumulated depreciation (attach schedule)	55b		55c		
56	Investments - other (attach schedule)			56		
57a	Land, buildings, and equipment basis	57a 373,146				
b	Less accumulated depreciation (attach schedule) Stmt 3	57b 93,131	20,512	57c	280,015	
58	Other assets (describe ▶ See Statement 4 )		86,878	58	344,818	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		126,644,913	59	121,474,447	
LIABILITIES	60	Accounts payable and accrued expenses		227,377	60	177,658
	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)		119,048,056	64b	114,660,726
	65	Other liabilities (describe ▶ See Statement 5 )		4,548,800	65	3,094,082
66	<b>Total liabilities</b> (add lines 60 through 65)		123,824,233	66	117,932,466	
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		2,664,686	67	3,339,780
	68	Temporarily restricted		155,994	68	202,201
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		2,820,680	73	3,541,981
	74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		126,644,913	74	121,474,447

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.

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25)

a	Total revenue, gains, and other support per audited financial statements	▶ a	10,497,364
b	Amounts included on line a but not on line 12, Form 990	b	
(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	10,497,364
d	Amounts included on line 12, Form 990 but not on line a	d	
(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	10,497,364

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

a	Total expenses and losses per audited financial statements	▶ a	9,776,063
b	Amounts included on line a but not on line 17, Form 990	b	
(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	9,776,063
d	Amounts included on line 17, Form 990 but not on line a.	d	
(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	9,776,063

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25)

(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	(E) Expense account and other allowances
MARY KAISER 225 W. BROADWAY, SUITE 120 GLENDALE, CA 91204 SEE SCHEDULE ATTACHED.	President 40	174,445	10,400	0
	Directors 2	0	0	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 Specific Instructions on page 26

Part VI Other Information (See Specific Instructions on page 26)		N/A	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
80b	If "Yes," enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0	
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 for reporting in Part III)	82b	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? 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		N/A	
85c	Dues, assessments, and similar amounts from members	85c	N/A	
85d	Section 162(e) lobbying and political expenditures	85d	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?		N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 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 Initiation fees and capital contributions included on line 12	86a	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87a	501(c)(12) organizations Enter Gross income from members or shareholders	87a	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)	87b	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 30.7701-3? 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
89c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0	
89d	Enter Amount of tax in 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, 2000 (See instructions)	90b	0	
91	The books are in care of <u>W. CARY</u> Telephone no <u>(818) 550-9800</u> Located at <u>225 W. BROADWAY, GLENDALE, CA</u> ZIP code <u>91204</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>0</u>	92	0	

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 30)

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				647,171	
b LOAN SERVICING INCOME				100,229	
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments			14	50,001	
96 Dividends and interest from securities			14	425,792	
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 personal property					
99 Other investment income			14	147,900	
100 Gain/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					9,125,699
a INTEREST INCOME-L					
b MISC					572
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,371,093	9,126,271
105 Total (add line 104, columns (B), (D), and (E))					10,497,364

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 Specific Instructions on page 31)

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 6

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 31)

(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	%			
	%			
	%			
	%			

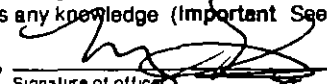
**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 31)

- (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)

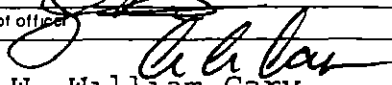
**Please Sign Here**

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. (Important See General Instruction W, on page 14)

Signature of officer:  Date: 5/14/02 Type or print name and title: Mary Kaiser, President

---

**Paid Preparer's Use Only**

Preparer's signature:  Date: 5/14/02 Check if self-employed:  Preparer's SSN or PTIN: 571-17-9904

Firm's name (or yours if self-employed) and address, and ZIP code: Cary Troncale & Venturelli LLC, 301 E. Colorado Blvd, Ste 705, Pasadena, CA 91101-1911 Phone no: (626) 568-0790

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

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

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

OMB No 1545-0047

**2000**

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

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 Majczinger 225 W Broadway, Glen, Ca	Loan Admin Offi 40	66,015	3,961	0
Mark Rasmussen 225 W. Broadway, Glen, Ca	Loan Manager 40	141,489	8,489	0
Mark Niles 225 W Broadway, Glen, Ca	Vice Pres 40	67,000	3,862	0
Mary Kaiser 225 W Broadway, Glen, CA.	President 40	204,445	10,500	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 page 1 of the 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	73,500
VINE & ASSOCIATES 3622 EMANUEL DRIVE, GLENDALE, CA.	CONSULTING SERVICES	163,230
Total number of others receiving over \$50,000 for professional services ▶		0



**Part III** Statements About Activities

	Yes	No
<b>1</b> 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 ► \$ <u>N/A</u> 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		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>e</b> Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
<b>4a</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>b</b> 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 (See page 2 of the instructions)		

**Part IV** Reason for Non-Private Foundation Status (See pages 2 through 5 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, page 5)
  - 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 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)				42,534	42,534
16 Membership fees received					
17 Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc. purpose	12,852,609	12,576,027	12,871,700	11,434,892	49,735,228
18 Gross income from interest dividends, amounts received from payments on securities (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	515,694	304,052	306,682	123,716	1,250,144
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 sch Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	13,368,303	12,880,079	13,178,382	11,601,142	51,027,906
24 Line 23 minus line 17	515,694	304,052	306,682	166,250	1,292,678
25 Enter 1% of line 23	133,683	128,801	131,784	116,011	

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

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum 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," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person" Enter the sum of such amounts for each year

(1999) 0 (1998) 0 (1997) 0 (1996) 0

b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year

(1999) 0 (1998) 0 (1997) 0 (1996) 0

c Add Amounts from column (e) for lines 15 42,534 16 \_\_\_\_\_  
17 49,735,228 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 on line 23, column (e) **27f** 51,027,906

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) **27g** 97.55%

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) **27h** 2.45%

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 (See page 5 of the instructions)

Part V

Private School Questionnaire (See page 5 of the instructions )
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

- 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 )

Table with 2 columns: Yes, No. Row 29.

- 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 )

Table with 2 columns: Yes, No. Rows 30, 31, 32a, 32b, 32c, 32d.

- 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 )

Table with 2 columns: Yes, No. Rows 33a, 33b, 33c, 33d, 33e, 33f, 33g, 33h.

- 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

Table with 2 columns: Yes, No. Rows 34a, 34b.

- 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

Table with 2 columns: Yes, No. Row 35.

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions )  
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<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 -			
<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	<b>41</b>	
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 9 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) 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 9 of the instructions )

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 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

Table with columns: Yes, No. Rows: 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c. All 'No' boxes are marked with an 'X'.

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.

Schedule table with columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

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 (No is checked)

b If "Yes," complete the following schedule

Schedule table with columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

## CALIFORNIA COMMUNITY REINVESTMENT CORP

95-4207717

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

Other Expenses	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
DUES & SUB	\$ 5,171	5,171		
INSURANCE	14,634		14,634	
LOAN FEE RECOVERY	-97,500	-97,500		
LOAN LOSS PROVISION	311,260	311,260		
MISC, OFF EXP, MAINT, ETC	103,561		103,561	
OUTSIDE SERVICES & OTHER	80,829	80,829		
Total	<u>\$ 417,955</u>	<u>299,760</u>	<u>118,195</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**

Asset	Basis	Accum Deprec.	Book Value
Machinery and equipment	\$ 373,146	93,131	280,015
Total	<u>\$ 373,146</u>	<u>93,131</u>	<u>280,015</u>

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

	Ending
PREPAIDS & OTHER RECEIVABLES .....	\$ 142,617
RESTRICTED CASH .....	202,201
Total	<u>\$ 344,818</u>

CALIFORNIA COMMUNITY REINVESTMENT CORP

95-4207717

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

	<u>Ending</u>
Credit Line .....	\$ 392,277
Deferred Income-pending loan fees .....	2,003,916
Interest payable -member banks .....	697,889
Total	<u>\$ 3,094,082</u>

**Statement 6**  
**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.

BANK	NAME	TITLE	ADDRESS	CITY	ST	ZIP			
Bank of America	Ms. Gail Lannoy	Director	555 S. Flower Street, 10 <sup>th</sup> Floor Mail Code: CA9-706-10-72	Los Angeles	CA	90071-2385			
Bank of the West	Mr. Stephen Glenn	Director	1450 Treat Boulevard	Walnut Creek	CA	94596			
Capital Flows	Mr. Daniel Leibsohn	Director	635 Buena Vista Avenue West	San Francisco	CA	94117			
CCRC	Ms. Mary Kaiser	Director Officer- President	225 W. Broadway, Suite 120	Glendale	CA	91204			
City National Bank	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 <sup>th</sup> Floor	San Jose	CA	95113-1715			
Community Bank	Mr. Gregory Matthews	Director	100 E. Corson Street	Pasadena	CA	91103			
Community Corporation of Santa Monica	Ms. Joan Ling	Director	1423 Second Street, Suite B	Santa Monica	CA	90401			
California Bank & Trust	Mr. Richard Korsgaard	Director	24034 Camino Del Avion	Dana Point	CA	92629-4004			
Low Income Housing Fund	Ms. Nancy Andrews	Director	1330 Broadway, Suite 600	Oakland	CA	94612			
Mellon 1 <sup>st</sup> Business Bank	Mr. B. Daniel Woerner	Director	601 W. 5 <sup>th</sup> Street	Los Angeles	CA	90071			



BANK	NAME	TITLE	ADDRESS	CITY	ST	ZIP			
Merritt Community Capital Corporation	Mr. Bernard T. Deasy	Director	1736 Franklin Street, Suite 600	Oakland	CA	94612			
Peoples Self-Help Housing	Ms. Jeanette Duncan	Director	3533 Empleo Street	San Luis Obispo	CA	93401			
U.S. Bank	Ms. Sally A. Lang	Director	4100 Newport Place Drive, Suite 900	Newport Beach	CA	92660			
United California Bank	Mr. Richard J. Davis	Director	601 S. Figueroa Street, W12-11	Los Angeles	CA	90017			
Union Bank	Mr. Ronald E. Oliveira	Director	400 California Street, 8 <sup>th</sup> Floor	San Francisco	CA	94104			
Washington Mutual Bank	Mr. Art Porter	Director	17877 Von Karman Avenue, 4 <sup>th</sup> Floor	Irvine	CA	92614			
Wells Fargo Bank	Mr. Robin W. Michel	Director	420 Montgomery, 6th Fl	San Francisco	CA	94163			