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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2007
Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 10-01-2007 and ending 09-30-2008

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
 CALIFORNIA COMMUNITY REINVESTMENT CORP

Number and street (or P O box if mail is not delivered to street address) Room/suite
 225 W BROADWAY No 120

City or town, state or country, and ZIP + 4
 GLENDALE, CA 91204

D Employer identification number
 95-4207717

E Telephone number
 (818) 550-9800

F Accounting method Cash Accrual
 Other (specify) _____

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

G Web site: E-CCRC.ORG

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **13,160,316**

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates **_____**

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

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

I Group Exemption Number **_____**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

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

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b			
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e			
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			13,269,773
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			135,885
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
	b Less rental expenses	6b			
c Net rental income or (loss) subtract line 6b from line 6a	6c				
7 Other investment income (describe _____)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	8a				
	8b				
c Gain or (loss) (attach schedule)	8c				
d Net gain or (loss) Combine line 8c, columns (A) and (B)	8d				
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events Subtract line 9b from line 9a	9c			
10a Gross sales of inventory, less returns and allowances	10a				
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			-245,342	
12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			13,160,316	
Expenses	13 Program services (from line 44, column (B))	13			11,467,504
	14 Management and general (from line 44, column (C))	14			558,367
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses Add lines 16 and 44, column (A)	17			12,025,871
Net Assets	18 Excess or (deficit) for the year Subtract line 17 from line 12	18			1,134,445
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			13,569,896
	20 Other changes in net assets or fund balances (attach explanation) _____	20			-141,936
	21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21			14,562,405

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.)

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	
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	674,629	306,303	368,326	
b Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b				
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b and c	26	940,188	940,188		
27 Pension plan contributions not included on lines 25a, b and c	27	61,464	61,464		
28 Employee benefits not included on lines 25a - 27	28	146,147	133,271	12,876	
29 Payroll taxes	29	90,997	82,545	8,452	
30 Professional fundraising fees	30				
31 Accounting fees	31	56,474		56,474	
32 Legal fees	32	30,994	27,895	3,099	
33 Supplies	33				
34 Telephone	34	19,997	17,998	1,999	
35 Postage and shipping	35	12,386	11,147	1,239	
36 Occupancy	36	215,557	194,001	21,556	
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	29,095	10,685	18,410	
40 Conferences, conventions, and meetings	40	35,695		35,695	
41 Interest	41	8,782,783	8,782,783		
42 Depreciation, depletion, etc. (attach schedule)	42	100,035	100,035		
43 Other expenses not covered above (itemize)					
a See Additional Data Table	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	12,025,871	11,467,504	558,367	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? ▶ PROVIDE FINANCING AND RELATED SERVICES FOR THE DEVELOPMENT OF AFFORDABLE HOUSING PRIMARILY FOR LOW AND VERY LOW INCOME FAMILIES IN CALIF 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.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a 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 (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	11,461,804
b PROVIDING SCHOLARSHIPS FOR QUALIFIED HOUSING RESIDENTS (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	5,700
c _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d _____ _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	11,467,504

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.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		-1	45		
	46 Savings and temporary cash investments		1,601,192	46	1,010,318	
	47a Accounts receivable	47a	972,814			
	b Less allowance for doubtful accounts	47b		848,775	47c	972,814
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a	163,991,912			
	b Less allowance for doubtful accounts	51b	2,978,184	145,874,020	51c	161,013,728
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			68,179	53	59,425
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54a	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54b	
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments—other (attach schedule)			319,920	56		
57a Land, buildings, and equipment basis	57a	854,531				
b Less accumulated depreciation (attach schedule)	57b	553,302	384,897	57c	301,229	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			121,870	58	62,793	
59 Total assets (must equal line 74) Add lines 45 through 58			149,218,852	59	163,420,307	
Liabilities	60 Accounts payable and accrued expenses		271,660	60	430,426	
	61 Grants payable			61		
	62 Deferred revenue			1,687,871	62	1,805,864
	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)			132,976,424	64b	145,788,368
	65 Other liabilities (describe <input type="checkbox"/> _____)			713,001	65	833,244
66 Total liabilities Add lines 60 through 65			135,648,956	66	148,857,902	
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		13,569,896	67	14,510,105	
	68 Temporarily restricted			68	52,300	
	69 Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)			13,569,896	73	14,562,405
	74 Total liabilities and net assets / fund balances Add lines 66 and 73			149,218,852	74	163,420,307

Part VI Other Information (continued)

Yes No

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?	82a		No
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)	82b		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b 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 the prior year	85b		
c Dues assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h 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?	85h		
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts, included on line 12, for public use of club facilities	86b		
87 501(c)(12) orgs. Enter a Gross income from members or shareholders	87a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88a 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	88a	Yes	
b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____ 0, section 4912 <input type="checkbox"/> _____ 0, section 4955 <input type="checkbox"/> _____ 0			
b 501(c)(3) and 501(c)(4) orgs. 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	89b		No
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____ 0			
d Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> _____			
e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		No
90a List the states with which a copy of this return is filed <input type="checkbox"/> CA			
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b		12
91a The books are in care of <input type="checkbox"/> MARY KAISER Telephone no <input type="checkbox"/> (818) 550-9800 225 W BROADWAYSTE 120 Located at <input type="checkbox"/> GLENDALE, CA ZIP + 4 <input type="checkbox"/> 91204			
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)?	91b	Yes	No
If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year **92**

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	
93 Program service revenue					
a INTEREST INCOME-LOANS					10,275,234
b loanrate lock fees					1,310,457
c DEVELOPERBROKER FEE					130,458
d loan servicing income					273,970
e Loan prepayments fees					1,279,654
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	135,885	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a ccrc workforce HOUSING fund FORM K-1	525990	-745,342			
b ccrc workforce HOUSING fund FORM K-1	541610	500,000			
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		-245,342		135,885	13,269,773
105 Total (add line 104, columns (B), (D), and (E))					13,160,316

Note: Line 105 plus line 1e, 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	10000 00 %	FINANCING FOR AFFORDABLE HOUSING	-10	0
CCRC FUND MANAGER LLC 225 W BROADWAY 120 GLENDALE, CA91204 20-3205707	10000 00 %	MANAGEMENT AND TECHNICAL ASSISTANCE FOR DEVELOPING AFFORDABLE HOUSING	0	0
	%			
	%			

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).

Part XI Information Regarding Transfers To and From Controlled Entities *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No		
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No		
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No

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.

***** Signature of officer	2009-02-02 Date
MARY KAISER president Type or print name and title	

Paid Preparer's Use Only	Preparer's signature Stanley F Shimohara CPA	Date 2009-02-02	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	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			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.)

2007

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	126,129	7,568	0
MARK RASMUSSEN 225 W BROADWAY STE 120 GLENDALE, CA 91204	EXEC VICE PRS 40 00	221,335	13,280	7,800
MARK NILES 225 W BROADWAY STE 120 GLENDALE, CA 91204	SR VICE PRES 40 00	128,548	7,713	4,800
RENEE COOKS 225 W BROADWAY STE 120 GLENDALE, CA 91204	VICE PRES 40 00	102,550	6,153	0
SARAH WALKER 225 W BROADWAY STE 120 GLENDALE, CA 91204	LOAN SUPERVIS 40 00	69,578	4,175	0
Total number of other employees paid over \$50,000	3			

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 FINANCIAL CONSULTANT	244,572
SANDERS KALVIN MCMILLAN CARTER LLP 11845 W OLYMPIC BLVD STE 900 LOS ANGELES, CA 90064	AUDITOR	74,016
Zimmerman Walker and Monitz LLP 23975 Park Sorrento Suite 210 Calabasas, CA 91302	LEGAL SERVICES	73,170
Navagant Consulting 300 south grand ave LOS ANGELES, CA 90071	CONSULTING SERVICES	54,943
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 2 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		

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>1 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</p>	1		No
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		No
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) </p>	3a	Yes	
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		No
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a	Yes	
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year</p>			_____
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p>			_____
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts</p>			0 _____
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year</p>			0 _____

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					<input type="checkbox"/>

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					0
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	9,975,886	8,622,227	12,461,106	10,975,530	42,034,749
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	58,596	86,121	113,675	58,607	316,999
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	10,034,482	8,708,348	12,574,781	11,034,137	42,351,748
24 Line 23 minus line 17	58,596	86,121	113,675	58,607	316,999
25 Enter 1% of line 23	100,345	87,083	125,748	110,341	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 0
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____				
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2) , enter the sum of these differences (the excess amounts) for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 42,034,749 20 _____ 21 _____					27c 42,034,749
d Add Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e 42,034,749
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f 42,351,748
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 9925 15 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 74 85 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

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

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See 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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals

(b)
To be completed
for all electing
organizations

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— 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	41		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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

- 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

TY 2007 Other Revenues Included Schedule

Name: CALIFORNIA COMMUNITY REINVESTMENT CORP

EIN: 95-4207717

Description	Amount
	183,331

**TY 2007 Other Revenues
Not Included Schedule**

Name: CALIFORNIA COMMUNITY REINVESTMENT CORP

EIN: 95-4207717

Description	Amount
(-745,342
)	500,000

Form 4562-FY

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-

2007

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Name(s) shown on return CALIFORNIA COMMUNITY REINVESTMENT CORP

Business or activity to which this form relates Form 990 Page 2

Identifying number 95-4207717

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 5 rows for Part I election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for Part I calculation, including description of property, cost, and 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 rows for Part II depreciation allowance and other depreciation.

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

Section A

Table with 2 rows for Section A MACRS deductions.

Section B—Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) for Section B assets, including classification, month placed in service, basis, recovery period, convention, method, and depreciation deduction.

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 6 columns for Section C assets, including class life, recovery period, convention, method, and depreciation deduction.

Part IV Summary (see instructions)

Table with 3 rows for Part IV summary, including listed property, total depreciation, and section 263A costs.

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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for depreciation calculations.

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.

Table for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6. Rows 30-36 cover total miles driven and availability 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)

Table for Section C with rows 37-41 regarding written policies and requirements for vehicle use by employees. Includes a Note at the bottom.

Part VI Amortization

Table for Section VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

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
a INSURANCE	43a	36,987	18,031	18,956	
b OFFICE & MAINTENANCE	43b	53,696	48,326	5,370	
c DUES & SUBSCRIPTIONS	43c	9,807	9,807		
d OUTSIDE SERVICES	43d	270,896	270,896		
e MISCELLANEOUS	43e	18,224	18,224		
f payroll processing fees	43f	5,915		5,915	
g LOAN LOSS PROVISION	43g	348,580	348,580		
h MEALS & ENTERTAINMENT	43h	44,089	44,089		
i marketing and business development	43i	41,236	41,236		

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

(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
MARY KAISER 225 W BROADWAY SUITE 120 GLENDALE, CA 91204	PRESIDENT 40 00	518,392	13,800	9,000
GAIL LANNOY BANK OF AMERICA 333 SO HOPE ST 11TH FL LOS ANGELES, CA 90071	DIRECTOR 2 00	0	0	0
MARK J GLASKY BANK OF THE WEST 180 Montgomery Street 25th Floor San Francisco, CA 94104	DIRECTOR 2 00	0	0	0
DANIEL LEIBSOHN COMMUNITY DEVELOPMENT FINANCE256 ALVARADO RD BERKELEY, CA 94705	DIRECTOR 2 00	0	0	0
ALLEN G WILLIAMS COMERICA BANK 333 WEST SANTA CLARA 5th FL SAN JOSE, CA 95113	DIRECTOR 2 00	0	0	0
CHARLIE CLINE CALIFORNIA BANK TRUST 1940 CENTURY PARK EAST LOS ANGELES, CA 90067	DIRECTOR 2 00	0	0	0
BERNARD T DEASY MERRITT COMMUNITY CAPITAL CORP 1970 BROADWAY STE 250 OAKLAND, CA 94612	DIRECTOR 2 00	0	0	0
CHERYL KNIGHT First California Bank 730 Paseo Camarillo Suite 100 Camarillo, CA 93120	DIRECTOR 2 00	0	0	0
JEANETTE DUNCAN PEOPLES SELF-HELP HOUSING 3533 EMPLEO ST SAN LUIS OBISPO, CA 93401	DIRECTOR 2 00	0	0	0
CHRISTINE B CARR SILICON VALLEY BANK 185 BERRY ST LOBBY 1 STE 3000 SAN FRANCISCO, CA 94107	DIRECTOR 2 00	0	0	0

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

(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
RAPHAEL BOSTIC UNIVERSITY OF SOUTH CALIFORNIA RALPH AND GOLDY LEW HALL 326 LOS ANGELES, CA 90089	DIRECTOR 2 00	0	0	0
LANCE BOCARSLY BOCARSLY EMDEN COWN ESMAIL PARKER ARNDT LLP 633 W FIFTH ST 70TH FL LOS ANGELES, CA 90071	DIRECTOR 2 00	0	0	0
JAMIE NELSON 225 W BROADWAY SUITE 120 GLENDALE, CA 91204	TREASURER 30 00	71,413	0	0
Michael R McGuire Affinity Bank 101 S Chestnut Street Ventura, CA 93001	DIRECTOR 2 00	0	0	0
Robert L Skinner Montecito Bank Trust 1010 State Street 3rd Floor Santa Barbara, CA 93101	DIRECTOR 2 00	0	0	0
William Witte Related Companies of California 18201 Von Karman Suite 900 Irvine, CA 92612	DIRECTOR 2 00	0	0	0
Wayne Brander US Bank 633 W Fifth Street 30th Floor Los Angeles, CA 90071	DIRECTOR 2 00	0	0	0
Carl Ballton Union Bank of California 445 South Figueroa Street 4th Floor Los ANGELES, CA 90071	DIRECTOR 2 00	0	0	0
Ken Sofge Wachovia Corporation 1800 Century Park East Suite 420 Los ANGELES, CA 90067	DIRECTOR 2 00	0	0	0
Wayne-Kent A Bradshaw Washington Mutual 1500 N Vine Street 2nd Floor Hollywood, CA 90028	DIRECTOR 2 00	0	0	0

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

(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
John Eqstein Wells Fargo Bank 1300 SW 5th Avenue MAC P6101121 Portland, OR 97201	DIRECTOR 2 00	0	0	0
Mary Jo Narez 225 W BROADWAY SUITE 120 GLENDALE, CA 91204	ASSISTANT SECRETARY 40 00	58,513	3,511	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:

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).
93A	INTEREST FROM PROVIDING FINANCING FOR LOW and AFFORDABLE INCOME HOUSING
93B	LOAN Revenue FROM providing financing for low and affordabe income housi
93C	LOAN Revenue FROM providing financing for low and affordabe income housi
93D	LOAN Revenue FROM providing financing for low and affordabe income housi
93E	LOAN Revenue FROM providing financing for low and affordabe income housi

TY 2007 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	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
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	3,596	0
COMPUTER EQUIPMENT	2,722	2,494	228
COMPUTER EQUIPMENT	17,816	14,549	3,267
COMPUTER SOFTWARE & EQUIPMENT	18,771	12,826	5,945
COMPUTER EQUIPMENT	2,238	1,456	782
cOMPUTER EQUIPMENT	15,723	9,435	6,288
cOMPUTER EQUIPMENT	1,095	1,034	61
cOMPUTER EQUIPMENT	1,916	1,810	106
cOMPUTER EQUIPMENT	3,065	2,895	170
cOMPUTER EQUIPMENT	2,452	2,315	137
cOMPUTER projector	2,083	1,851	232

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
server	17,694	15,236	2,458
cOMPUTER hardware	5,110	3,974	1,136
fuRNITURE	1,488	695	793
COMPUTER EQUIPMENT	7,765	5,176	2,589
COMPUTER	1,678	1,118	560
TELEPHONE SYSTEM	18,039	6,013	12,026
FURNITURE (nET OF FUND MGR)	91,791	17,013	74,778
LEASEHOLD IMPROVEMENTS	230,718	76,906	153,812
CABLING	5,477	1,643	3,834
COMPUTER EQUIPMENT	2,242	1,058	1,184
COMPUTER	11,543	4,810	6,733
COMPUTER EQUIPMENT	4,307	1,316	2,991
COMPUTER EQUIPMENT	2,593	432	2,161
COMPUTER SOFTWARE & EQUIPMENT	2,312	321	1,991
COMPUTER EQUIPMENT	2,718	302	2,416
COMPUTER EQUIPMENT	1,712	190	1,522
COMPUTER SOFTWARE	1,600	44	1,556
CEILING SENSORS	1,125	117	1,008

TY 2007 Other Assets Schedule**Name:** CALIFORNIA COMMUNITY REINVESTMENT CORP**EIN:** 95-4207717

Description	Beginning of Year Amount	End of Year Amount
OTHER RECEIVABLES	103,610	44,533
DEPOSITS	18,260	18,260

TY 2007 Other Changes in Net Assets Schedule**Name:** CALIFORNIA COMMUNITY REINVESTMENT CORP**EIN:** 95-4207717

Description	Amount
BOOK TO TAX DIFF - SEE STMENTS 9 10 11 & BOOK TO TAX AMORTI ADJ OF 31793	-141,936

TY 2007 Other Expenses Included Schedule

Name: CALIFORNIA COMMUNITY REINVESTMENT CORP

EIN: 95-4207717

Description	Amount
EXPENSES RELATED TO UBTI INCOME	258,037
CCRC WORKFORCE HOUSING RESERVE	344,365

**TY 2007 Other Expenses
Not Included Schedule**

Name: CALIFORNIA COMMUNITY REINVESTMENT CORP

EIN: 95-4207717

Description	Amount
TAX Amortization ADJUSTMENT	31,793

TY 2007 Other Liabilities Schedule

Name: CALIFORNIA COMMUNITY REINVESTMENT CORP

EIN: 95-4207717

Description	Beginning of Year Amount	End of Year Amount
INTEREST PAYABLE - MEMBER BANKS	696,271	809,194
ADJUSTMENT FOR 990-T ACCUMULATED DEPRECIATION	16,730	24,050

TY 2007 Scholarship Award Statement

Name: CALIFORNIA COMMUNITY REINVESTMENT CORP

EIN: 95-4207717

Statement: CCRC's Scholarship Plan is open to residents living in CCRC financed apart- ment projects. All residents are qualified to live in these projects based on their income, which has to qualify under Section 42 of the IRS Tax code, which governs all projects. Basically, 99.9% of CCRC's loans are made on apartment buildings where the residents earn 60% or less of the area median income. This income is certified by the property managers and CCRC receive a copy of the annual certification to the State of California Tax Credit, Allocation Committee, which governs the compliance for California. The Scholarship Committee determines the recipients based on Grade Point Average (GPA), SAT scores, essay responses, individual achievements, The checks are distributed directly to the educational institution.