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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 10-01-2006 and ending 09-30-2007

- 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: 225 W BROADWAY No 120. City or town: GLENDALE, CA 91204

D Employer identification number: 95-4207717. E Telephone number: (818) 550-9800. F Accounting method: Accrual

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

- H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: E-CCRCORG

J Organization type (check only one): 501(c)(3)

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

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 10,034,482

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances at end of year.

Part III Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	362,252	181,126	181,126	
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)				
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)				
26	Salaries and wages of employees not included on lines 25a, b and c	689,914	635,316	54,598	
27	Pension plan contributions not included on lines 25a, b and c	36,465	34,281	2,184	
28	Employee benefits not included on lines 25a - 27				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	70,224		70,224	
32	Legal fees	8,181	7,363	818	
33	Supplies				
34	Telephone	15,472	13,925	1,547	
35	Postage and shipping	9,173	8,256	917	
36	Occupancy	160,039	144,035	16,004	
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	28,744	7,845	20,899	
40	Conferences, conventions, and meetings	44,463		44,463	
41	Interest	7,161,966	7,161,966		
42	Depreciation, depletion, etc. (attach schedule)	62,683	62,683		
43	Other expenses not covered above (itemize)				
a	See Additional Data Table				
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	9,576,053	9,159,481	416,572	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"/>	9,159,481
b (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
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) ▶	9,159,481

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		30,681	45	-1	
	46 Savings and temporary cash investments		2,247,493	46	1,601,192	
	47a Accounts receivable	47a	848,775			
	b Less allowance for doubtful accounts	47b		625,347	47c	848,775
	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	148,356,044			
	b Less allowance for doubtful accounts	51b	2,482,024	98,107,799	51c	145,874,020
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			78,987	53	68,179
	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)			726,667	56 <input type="checkbox"/>	319,920	
57a Land, buildings, and equipment basis	57a	838,164				
b Less accumulated depreciation (attach schedule)	57b	453,267	83,757	57c <input type="checkbox"/>	384,897	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			264,251	58 <input type="checkbox"/>	121,870	
59 Total assets (must equal line 74) Add lines 45 through 58			102,164,982	59	149,218,852	
Liabilities	60 Accounts payable and accrued expenses		476,227	60	271,660	
	61 Grants payable			61		
	62 Deferred revenue		1,675,436	62	1,687,871	
	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)			85,286,721	64b	132,976,424
	65 Other liabilities (describe <input type="checkbox"/> _____)			471,216	65 <input type="checkbox"/>	713,001
66 Total liabilities Add lines 60 through 65			87,909,600	66	135,648,956	
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		14,255,382	67	13,569,896	
	68 Temporarily restricted			68		
	69 Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)			14,255,382	73	13,569,896
	74 Total liabilities and net assets / fund balances Add lines 66 and 73			102,164,982	74	149,218,852

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

a	Total revenue, gains, and other support per audited financial statements	a	10,003,281
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) <input type="checkbox"/> _____	b4	525,000
	Add lines b1 through b4	b	525,000
c	Subtract line b from line a	c	9,478,281
d	Amounts included on Part I, line 12, but not on line a		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) <input type="checkbox"/> _____	d2	556,201
	Add lines d1 and d2	d	525,000
e	Total revenue (Part I, line 12) Add lines c and d	e	10,034,482

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

a	Total expenses and losses per audited financial statements	a	10,688,766
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) <input type="checkbox"/> _____	b4	1,116,438
	Add lines b1 through b4	b	1,116,438
c	Subtract line b from line a	c	9,572,328
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) <input type="checkbox"/> _____	d2	3,725
	Add lines d1 and d2	d	3,725
e	Total expenses (Part I, line 17) Add lines c and d	e	9,576,053

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question (75a-d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? 75d: Does the organization have a written conflict of interest policy?

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

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (If not paid enter -0-), (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? 77: Were any changes made in the organizing or governing documents but not reported to the IRS? 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? 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? 80b: If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81a: Enter direct or indirect political expenditures. 81b: Did the organization file Form 1120-POL for this year?

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?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
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?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
89b 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?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g 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?

90a List the states with which a copy of this return is filed CA
90b Number of employees employed in the pay period that includes March 12, 2006 (See instructions) 14

91a The books are in care of MARY KAISER Telephone no (818) 550-9800
225 W BROADWAYSTE 120
Located at GLENDALE, CA ZIP + 4 91204

91b 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)?
If "Yes," enter the name of the foreign country
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)

Yes No

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					8,764,705
b loanrate lock fees					341,699
c DEVELOPERBROKER FEE					88,318
d loan servicing income					224,963
e					
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	58,596	
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 AFFORDABLE HOUSING PARTNERS FORM K-1	525990	-5			
b ccrc workforce HOUSING fund FORM K-1	525990	-43,794			
c ccrc workforce HOUSING fund FORM K-1	541610	600,000			
d					
e					
104 Subtotal (add columns (B), (D), and (E))		556,201		58,596	9,419,685
105 Total (add line 104, columns (B), (D), and (E))					10,034,482

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)
93A	INTEREST FROM PROVIDING FINANCING FOR LOW-INCOME HOUSING
93B	LOAN Revenue FROM providing financing for low-income housing
93C	LOAN REVENUE FROM providing financing for low-income housing
93D	LOAN REVENUE FROM providing financing for low-income housing

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	-5	5
CCRC FUND MANAGER LLC 225 W BROADWAY 120 GLENDALE, CA91204 20-3205707	10000 00 %	MANAGEMENT AND TECHNICAL ASSISTANCE FOR DEVELOPING AFFORDABLE HOUSING	0	4,796
	%			
	%			

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
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
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	2008-02-06 Date
	MARY KAISER president Type or print name and title	

Paid Preparer's Use Only	Preparer's signature Stanley F Shimohara CPA	Date 2008-02-06	Check if self-employed <input checked="" 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.)

OMB No 1545-0047

2006

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 2 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 STE 120 GLENDALE, CA 91204	SR VICE PRES 40 00	95,004	3,800	0
MARK RASMUSSEN 225 W BROADWAY STE 120 GLENDALE, CA 91204	EXEC VICE PRS 40 00	217,713	8,709	7,800
MARK NILES 225 W BROADWAY STE 120 GLENDALE, CA 91204	SR VICE PRES 40 00	127,713	5,109	4,800
RENEE COOKS 225 W BROADWAY STE 120 GLENDALE, CA 91204	VICE PRES 40 00	87,550	3,502	0
SARAH WALKER 225 W BROADWAY STE 120 GLENDALE, CA 91204	LOAN SUPERVIS 40 00	67,400	2,696	0
Total number of other employees paid over \$50,000	5			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 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
VINE ASSOCIATES 225 W BROADWAY STE 120 GLENDALE, CA 91204	COMMUNITY DEV FINANCIAL CONSULTANT	310,838
SANDERS KALVIN MCMILLAN CARTER LLP 11845 W OLYMPIC BLVD STE 900 LOS ANGELES, CA 90064	AUDITOR	81,582
ATKINSON ANDELSON LOYA RUUD ROMO 17871 PARK PLAZA DR STE 200 CERRITOS, CA 90703	LEGAL SERVICES	75,526
SONNENSCHN NATH ROSENTHAL 601 S FIGUEROA STREET STE 1500 LOS ANGELES, CA 90017	LEGAL SERVICES	54,858
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 individuals 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)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	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		No
<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		No
<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 ▶ 0 _____</p>			
<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 ▶ 0 _____</p>			

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					

- 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) 2005	(b) 2004	(c) 2003	(d) 2002	(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	8,622,227	12,461,106	10,975,530	10,141,717	42,200,580
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	86,121	113,675	58,607	263,634	522,037
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	8,708,348	12,574,781	11,034,137	10,405,351	42,722,617
24 Line 23 minus line 17	86,121	113,675	58,607	263,634	522,037
25 Enter 1% of line 23	87,083	125,748	110,341	104,054	

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 (2005) _____ (2004) _____ (2003) _____ (2002) _____		
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 (2005) _____ (2004) _____ (2003) _____ (2002) _____			
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 42,200,580 20 _____ 21 _____		27c	42,200,580
d Add Line 27a total _____ and line 27b total _____		27d	
e Public support (line 27c total minus line 27d total)		27e	42,200,580
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f	42,722,617	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g		9877 81 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h		122 19 %

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?	29	
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?	30	
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)	31	
32 Does the organization maintain the following	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
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?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
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?	34a	
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	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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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 13 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) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 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

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2006

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

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

Part I Election To Expense Certain Property Under Section 179

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

Table with 2 columns: Description, Amount. Rows 1-5.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-13.

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 2 columns: Description, Amount. Rows 14-16.

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

Section A

Table with 2 columns: Description, Amount. Rows 17-18.

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows 20a-c.

Part IV Summary (see instructions)

Table with 2 columns: Description, Amount. Rows 21-23.

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

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

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

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

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

Section B—Information on Use of Vehicles

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

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year (see instructions)					
43 Amortization of costs that began before your 2006 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				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	30,146	15,366	14,780	
b OFFICE & MAINTENANCE	43b	45,096	40,586	4,510	
c DUES & SUBSCRIPTIONS	43c	13,519	13,519		
d OUTSIDE SERVICES	43d	317,170	317,170		
e MISCELLANEOUS	43e	19,015	19,015		
f payroll processing fees	43f	4,502		4,502	
g LOAN LOSS PROVISION	43g	390,939	390,939		
h MEALS & ENTERTAINMENT	43h	29,633	29,633		
i marketing and business development	43i	76,457	76,457		

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	282,750	11,310	9,000
NED A SMULL BANK OF AGRICULTURE 2021 W MARCH LANE 2D STOCKTON, CA 95207	DIRECTOR 2 00	0	0	0
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 300 SO GRAND AVE LOS ANGELES, CA 90071	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
JOAN LING COMMUNITY CORP OF SANTA MONICA 1423 2ND ST STE B SANTA MONICA, CA 90401	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
MICHAEL D CARROLL FANNIE MAE 5127 T STREET SACRAMENTO, CA 95819	DIRECTOR 2 00	0	0	0
AUSTIN E PENNY JR LOCAL INITIATIVES SUPPORT CORP 1055 WILSHIRE BLVD STE 1600 LOS ANGELES, CA 90017	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
F DAVID HARE MELLON 1ST BUSINESS BANK 1 BUNKER HILL 601 W 5TH ST LOS ANGELES, CA 90071	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 MONTECITO BANK TRUST P O BOX 2460 SANTA BARBARA, CA 93120	DIRECTOR 2 00	0	0	0
JEANETTE DUNCAN PEOPLES SELF-HELP HOUSING 3533 EMPLEO 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
JAMES H FRANCIS UNION BANK OF CA 200 PRINGLE AVE STE 200 WALNUT CREEK, CA 94596	DIRECTOR 2 00	0	0	0
ROBIN W MICHEL 420 MONTGOMERY 6TH FL SAN FRANCISCO, CA 94163	DIRECTOR 2 00	0	0	0
RAPHAEL BOSTIC RALPH AND GOLDY LEW HALL 326 LOS ANGELES, CA 90089	DIRECTOR 2 00	0	0	0
LANCE BOCARSLY 633 W FIFTH ST 70TH FL LOS ANGELES, CA 90071	DIRECTOR 2 00	0	0	0
BILL WITTE 18201 VON KARMAN SUITE 900 IRVINE, CA 92612	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
JAMIE NELSON 225 W BROADWAY SUITE 120 GLENDALE, CA 91204	TREASURER 23 00	59,192	0	0

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

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

TY 2006 Investments - Other Schedule

Name: CALIFORNIA COMMUNITY REINVESTMENT CORP

EIN: 95-4207717

Description	Book Value	Cost/FMV
Investment in Workforce housing	319,920	C

TY 2006 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

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
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	1,950	772
COMPUTER EQUIPMENT	17,816	10,986	6,830
COMPUTER SOFTWARE & EQUIPMENT	18,771	9,072	9,699
COMPUTER EQUIPMENT	2,238	1,008	1,230
cOMPUTER EQUIPMENT	15,723	6,290	9,433
cOMPUTER EQUIPMENT	1,095	669	426
cOMPUTER EQUIPMENT	1,916	1,171	745
cOMPUTER EQUIPMENT	3,065	1,873	1,192
cOMPUTER EQUIPMENT	2,452	1,498	954
cOMPUTER projector	2,083	1,157	926

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
server	17,694	9,338	8,356
cOMPUTER hardware	5,110	2,271	2,839
fuRNITURE	1,488	397	1,091
COMPUTER EQUIPMENT	7,765	2,588	5,177
COMPUTER	1,678	559	1,119
TELEPHONE SYSTEM	18,039	2,405	15,634
FURNITURE (nET OF FUND MGR)	91,791	1,179	90,612
LEASEHOLD IMPROVEMENTS	230,718	30,762	199,956
CABLING	5,477	548	4,929
COMPUTER EQUIPMENT	2,242	311	1,931
COMPUTER	11,543	962	10,581

TY 2006 Other Assets Schedule

Name: CALIFORNIA COMMUNITY REINVESTMENT CORP

EIN: 95-4207717

Description	Beginning of Year Amount	End of Year Amount
OTHER RECEIVABLES	93,596	103,610
DEPOSITS	18,260	18,260

TY 2006 Other Changes in Net Assets Schedule

Name: CALIFORNIA COMMUNITY REINVESTMENT CORP

EIN: 95-4207717

Description	Amount
BOOK TO TAX DIFF - SEE STMENTS 8 9 10 & BOOK TO TAX DEPR ADJ OF 3725	-1,143,915

TY 2006 Other Expenses Included Schedule

Name: CALIFORNIA COMMUNITY REINVESTMENT CORP

EIN: 95-4207717

Description	Amount
EXPENSES RELATED TO UBTI INCOME	639,690
CCRC WORKFORCE HOUSING RESERVE	476,748

**TY 2006 Other Expenses
Not Included Schedule**

Name: CALIFORNIA COMMUNITY REINVESTMENT CORP

EIN: 95-4207717

Description	Amount
TAX DEPRECIATION ADJUSTMENT	3,725

TY 2006 Other Liabilities Schedule

Name: CALIFORNIA COMMUNITY REINVESTMENT CORP

EIN: 95-4207717

Description	Beginning of Year Amount	End of Year Amount
INTEREST PAYABLE - MEMBER BANKS	471,216	696,271
ADJUSTMENT FOR 990-T ACCUMULATED DEPRECIATION		16,730

TY 2006 Other Revenues Included Schedule

Name: CALIFORNIA COMMUNITY REINVESTMENT CORP

EIN: 95-4207717

Description	Amount
CCRC WORKFORCE HOUSING ACCRUED INCOME TO BE REPORTED ON FORM K-1 12/31/07	525,000

**TY 2006 Other Revenues
Not Included Schedule****Name:** CALIFORNIA COMMUNITY REINVESTMENT CORP**EIN:** 95-4207717

Description	Amount
CCRC WORKFORCE HOUSING K-1 12/31/06	-43,794
CCRC AFFORDABLE HOUSING PARTNERS K-1 12/31/06	-5
CCRC WORKFORCE HOUSING GUARANTEED PAYMENT K-1 12/31/06	600,000