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Form **990**

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)

Open to Public

OMB No 1545-0047

Department of the Treasury Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements 2007, and ending 20 For the 2007 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable 3043913 Center for Responsible Lending Address change label or print or Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change type. 313-8500 (919) Initial return Specific City or town, state or country, and ZIP + 4 F Accounting method: Cash Accrual Termination Durham, NC 27701 - 3227 tions ☐ Other (specify) ▶ ✓ Amended return H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ G Website: ▶ www. responsiblelending.org H(c) Are all affiliates included? Yes No (If "No," attach a list See instructions) J Organization type (check only one) ► ✓ 501(c) (3) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527 H(d) Is this a separate return filed by an 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 Group Exemption Number ▶ Check ▶ ☐ If the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF) Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 18,834,513. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received. 1a a Contributions to donor advised funds , , , , . . . 18,522,011. 1b **b** Direct public support (not included on line 1a) 1c c Indirect public support (not included on line 1a) 1d d Government contributions (grants) (not included on line 1a) e Total (add lines 1a through 1d) (cash \$ 18,522,011. noncash \$ 18,522,011. 108,425. Program service revenue including government fees and contracts (from Part VII, line 93) 3 3 Membership dues and assessments 197,870. 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities . 6a 6a Gross rents **b** Less: rental expenses 6c c Net rental income or (loss). Subtract line 6b from line 6a. Other investment income (describe ▶ (B) Other 8a Gross amount from sales of assets other 8a than inventory 8b b Less: cost or other basis and sales expenses. 8c c Gain or (loss) (attach schedule) 8d d Net gain or (loss). Combine line 8c, columns (A) and (B) Special events and activities (attach schedule) If any amount is from gaming, check here \odot a Gross revenue (not including \$ **b** Less: direct expenses other than fundraising expenses c Net income or (loss) from special events. Subtract line 9b from line 9a 10a Gross sales of inventory, less returns and allowances . . . **b** Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a Other revenue from Park VII, line 103) 11 6,207. 12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 18,834,513. 13 5,470,893. 989 14 875,459. 15 16,614. 16 16 Total expenses Add lines 16 and 44, column (A) 6,362,966. 17 17 12,471,547. Assets 18 18 Excess or (deficit) for the year Subtract line 17 from line 12 Net assets or fund balances at beginning of year (from line 73, column (A)). . 19 4,252,969. 19 20 Other changes in net assets or fund balances (attach explanation) . . . Net

Form **990** (2007)

16,724,516.

Net assets or fund balances at end of year. Combine lines 18, 19, and 20

21

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Part II Statement of organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions) Functional Expenses Do not include amounts reported on line (B) Program (C) Management (D) Fundraising (A) Total 6b, 8b, 9b, 10b, or 16 of Part I. services and general 22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ ___ 22a If this amount includes foreign grants, check here 22b Other grants and allocations (attach schedule) 366,263. noncash \$ __ 22b 366,263. 366,263. If this amount includes foreign grants, check here Specific assistance to individuals (attach 23 23 schedule) 24 Benefits paid to or for members (attach 24 25a Compensation of current officers, directors, 241,097. 234,921. 6,176. 0. 25a key employees, etc. listed in Part V-A . . . **b** Compensation of former officers, directors. 25b kev employees, etc. listed in Part V-B . . . 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) 25c 26 Salaries and wages of employees not included 2,779,103. 2,248,120. 522,297. 8,686. 26 on lines 25a, b, and c 27 Pension plan contributions not included on 178,319. 142,371. 35,386. 562. 27 lines 25a, b, and c 28 Employee benefits not included on lines 28 372,119. 303,068. 68,231. 820. 25a - 27 29 218,262. 179.837. 37,761. 664. Payroll taxes 29 30 30 Professional fundraising fees 6,000. 6.000. 31 0. 31 Accounting fees 13,000. 96,540. 83,540. Legal fees 32 0. 32 33 18,509. 15,184. 3,291. 34. 33 Supplies 34 46,422. 37,648. 8,685. 89. Telephone 34 35 7,069. 5,784. 1,272. 13. 35 Postage and shipping 36 659,754. 528,492. 129,934. 1,328. 36 78,616. 77,648. 958. 10. 37 Equipment rental and maintenance . . . 37 38 137,045. 135,144. 1,882. 19. 38 Printing and publications 323,710. 39 336,609. 12,451. 448. 39 39.502. 40 42,854. 3,318. 34. 40 Conferences, conventions, and meetings. . . 41 41 17,701. 14,179. 3,487. 35. 42 42 Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize): 43 Hiring & Recruiting 43a 32.348. 26,276. 6.010. 62. 3,763. Research Services 43b 197,291. 182,769. 10,759. Outreach 178,871. 178,523. 344. 43c 4. Miscellaneous Expense 30,391. 26,132. 4,217. 43d 43. Other Contribution Expense 700. 700. 0 43e 0 Contract Lobbying 321,083. 43f 321,083. 0 0 43g Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 6,362,966. 5,470,893. 875,459. 16,614. 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 \$

Dart III	Statement	of Drogram Camina	Accomplishments	(See the instructions.)
	Statement	or Frogram Service	Accomplianmenta	(Occ the manuchons.)

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.

<i></i>	grams and accomplishments	
۷r	at is the organization's primary exempt purpose? See attached	Program Service
of (organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
b	Technical Assistance & Policy: Assisted consumer & community groups and policy makers in approximately 30 states and at the federal level on mortgage and small loan predatory lending issues & policy solutions resulting in stronger consumer protections. Conducted research for and provided comments to financial regulators on mortgage and payday lending abuses that affect low-income families. (Grants and allocations \$ 366,263.) If this amount includes foreign grants, check here ▶ □ Research Services: Published research reports and analysis demonstrating the spillover effects of subprime foreclosures on neighborhoods; showed subprime foreclosures had led to a net drain on home ownership; evaluated the effects of state reforms in curbing payday loan abuses; estimated abusive overdraft fees cost \$17.5 billion annually, including \$1 billion spent by young adults. Published dozens of policy briefs on abusive financial practices to educate the general public.	2,847,363.
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	922,991.
С	Outreach/Communications: Raised visibility of mortgage and small loan predatory lending issues among national, statewide and local groups, e.g., civil rights and faith-based organizations. Helped predatory lending victims address complaints. Presented at over a hundred workshops and conferences, educating thousands of individuals about predatory lending issues. Communications efforts resulted in more than 4,000 citations by the media covering core policy issues that impact borrowers and mentioning CRL's research and policy work.	
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	1,700,539.
е	Other program services (attach schedule)	_
f	(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐ Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	5,470,893.
•	Total of the grant of the control of	3,710,033.

Pa	ırt IV	Balance Sheets (See the instructions.	.)				
	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only	within	the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing				45	
	46	Savings and temporary cash investments .			762,675.	46	16,065,018.
			47-	0.444			
		Accounts receivable	47a 47b	9,141.	468.	476	9,141.
	b	Less allowance for doubtful accounts .	4/6		400.	470	3,141.
	400	Pledges receivable	48a				
		Pledges receivable	48b			48c	
	49	Grants receivable			3,500,000.	49	650,000.
		Receivables from current and former officers	. direc	tors, trustees, and			
		key employees (attach schedule)	•			50a	
	ь	Receivables from other disqualified persons (
		4958(f)(1)) and persons described in section 495				50b	
رم دم	51a	Other notes and loans receivable (attach	1 1				
Assets		schedule)	51a			-	
Ass	1	Less allowance for doubtful accounts .	51b			51c	
_	52				21,858.	53	27,667.
	53	Prepaid expenses and deferred charges .			21,030.		11,749.
		Investments—publicly-traded securities Investments—other securities (attach schedu			`	54b	11,140.
	l	•	iie) •	Cost Fiviv		1045	
	boa	Investments—land, buildings, and equipment: basis	55a				
	١,	Less: accumulated depreciation (attach			1		
	5	schedule)	55b			55c	
	56	Investments—other (attach schedule)				56	
	57a	Land, buildings, and equipment basis .	57a	109,541.			
	b	Less: accumulated depreciation (attach		(75.004.)	46.260		24 450
		schedule)	57b	(75,081.)	46,369.	5/C	34,459.
	58	Other assets, including program-related inve (describe ► Security Deposit & Other Ass			53,157.	58	30,823.
	59	Total assets (must equal line 74). Add lines			4,384,527.	59	16,828,857.
	60	Accounts payable and accrued expenses .			131,558.	60	104,341.
•	61	Grants payable				61	
	62	Deferred revenue				62	
ties	63	Loans from officers, directors, trustees, and				,	
Ħ		schedule)	-			63	
Liabilit	ľ	Tax-exempt bond liabilities (attach schedule)				64a	
_	1	Mortgages and other notes payable (attach				64b	
	65	Other liabilities (describe ►	• • • • • • •)		65	
	66	Total liabilities. Add lines 60 through 65 .			131,558.	66	104,341.
	Oras	anizations that follow SFAS 117, check here ▶					
so.	0.90	67 through 69 and lines 73 and 74.	ш,	and complete mice			
Š	67	Unrestricted			1,752,969.	67	1,599,516.
lan	68	Temporarily restricted			2,500,000.	68	15,125,000.
Ba	69	Permanently restricted				69	
Net Assets or Fund Balances	Orga	anizations that do not follow SFAS 117, check complete lines 70 through 74.	here	▶ ☐ and			
ō	70	Capital stock, trust principal, or current fund	s			70	
sts	71	Paid-in or capital surplus, or land, building, a				71	·
SSE	72	Retained earnings, endowment, accumulated				72	
ţ	73	Total net assets or fund balances. Add line					
Š		70 through 72. (Column (A) must equal line			4.555.55	<u>-</u> -	44
	_,	equal line 21)			4,252,969.	73	16,724,516.
	74	Total liabilities and net assets/fund balance	s. Add	imes ob and 73	4,384,527.	74	16,828,857.

Pa	rt IV-A Reconciliation of Revenue per Au instructions.)	dited Financial Statem	nents With Rev	enue pe	r Ret	urn (See the
a	Total revenue, gains, and other support per aud				а	18,834,513.
b	Amounts included on line a but not on Part I, III		l mail			
1	Net unrealized gains on investments		b1 b2			
2	Donated services and use of facilities		b3		1	
3	Recoveries of prior year grants		D3		1	
4	Other (specify):		b4		<u> </u>	
	Add lines b1 through b4				b	00
С	Subtract line b from line a				c_	18,834,513.
d	Amounts included on Part I, line 12, but not on	line a:				
1	Investment expenses not included on Part I, lin-	e 6b	d1		ļ	
2	Other (specify):					
			d2		<u> </u>	_
_	Add lines d1 and d2				d	10.004.540
e Dat	Total revenue (Part I, line 12). Add lines c and int IV-B Reconciliation of Expenses per A				e or B	18,834,513.
а	Total expenses and losses per audited financia				a	6,362,966.
a b	Amounts included on line a but not on Part I, III				<u> </u>	0,002,000
1	Donated services and use of facilities		b1			
2	Prior year adjustments reported on Part I, line 2		b2		1	
3	Losses reported on Part I, line 20		b3		1	
4	Other (specify)			-	1	
	(-p,)		b4			
	Add lines b1 through b4				ь	0
С	-				С	6,362,966.
d	Amounts included on Part I, line 17, but not on	line a:				
1	Investment expenses not included on Part I, lin	e 6b	d1			
2	Other (specify)	•				•
			d2			
_	Add lines d1 and d2				d e	6,362,966.
Pai	rt V-A Current Officers, Directors, Trustee					
	or key employee at any time during the					
	(A) Name and address	(B) Title and average hours per		(D) Contribut benefit pla	ons to ei	mployee (E) Expense account and other allowances
See	e attached	week devoted to position	-0)	Compen	sation pla	lis
						
				ľ		
				-		
				<u> </u>		

orm	990 (2007)					P	age 6	
_	t V-A Current Officers, Directors, Trustees	s. and Key Employe	es (continued)				No	
	Enter the total number of officers, directors, and trimeetings	ustees permitted to vo 	ote on organization	ghest compensated other independent family or business	75b		√	
d	relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) c 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? See the instructions for the definition of "related organization."							
	person below and enter the amount of comp (A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E)	Exper nt and owanc	other	
Nor	ie							
••••		-	!					
			i					
Par	t VI Other Information (See the instruction	ns.)				Yes	No	
76	Did the organization make a change in its activitidetailed statement of each change			? If "Yes," attach a	76		1	
77	Were any changes made in the organizing or government of each change	verning documents bu		the IRS?	77		1	
78a	Did the organization have unrelated business gro	oss income of \$1,000	•	•	78a		1	
h	this return? If "Yes," has it filed a tax return on Form 990-T is				78b		√	
79	Was there a liquidation, dissolution, termination, a statement	or substantial contract			79		1	
RNa	Is the organization related (other than by associa		or nationwide o	rganization) through				

common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt

b Did the organization file Form 1120-POL for this year? .

80a

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank

and Financial Accounts.

P	age 8	
:	No	

Part	VI Other Information (continued)					Y	es No
c	At any time during the calendar year, did the org	nanization mai	intain an office o	outside of the	United States?	91c	1
	If "Yes," enter the name of the foreign country	•	man an omoo		Office Claice:		
92	Section 4947(a)(1) nonexempt charitable trusts fil	ling Form 990	in lieu of Form	1041-Check	here , , .		. ▶ 🗆
	and enter the amount of tax-exempt interest rec	eived or accru	ed during the ta	ax year	▶ 92		
Part	VII Analysis of Income-Producing Activ	ities (See the	e instructions.)				
Note:	Enter gross amounts unless otherwise	Unrelated b	usiness income	Excluded by sec	ion 512, 513, or 514		≣) .
ndicat		(A)	(B)	(C)	(D)	Relat	ed or function
93	Program service revenue:	Business code	Amount	Exclusion code	Amount	inco	
а	Service/Program Revenue					1	08,425.
b							
c							
d							
e							
f	Medicare/Medicaid payments						
g g	Fees and contracts from government agencies				-		
94	Membership dues and assessments						
95	Interest on savings and temporary cash investments					1	97,870.
96	Dividends and interest from securities				-	<u> </u>	
97	Net rental income or (loss) from real estate:			 		-	
	, ,						
a	debt-financed property			 		<u> </u>	
b	not debt-financed property						
98	Net rental income or (loss) from personal property Other investment income	-	 	·}		-	
99							
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 Other revenue: a Sales tax refunds		 	 			2,957.
103	Miscellaneous Income			-			3,250.
b	inisochaneous meome		-	 			3,230.
C.			· · · · · · · · · · · · · · · · · · ·	 			
d							
e	0.44.44.(0.44.41.41.41.41.41.41.41.41.41.41.41.41.					2	12,502.
104 105	Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E))	L		<u></u>			12,502.
	Total (add line 104, columns (B), (D), and (E)). Line 105 plus line 1e, Part I, should equal the ar.	nount on line	12 Part I				12,302.
Part				nees (See th	o instructions \		
Line ▼	of the organization's exempt purposes (other	than by provid	indinin (E) of Part v	n contributed i n purposes).	inportantly to the	accomp	isnment
<u>`</u>	See attached			. разрача,			
	- Coo attability						
Part	Information Regarding Taxable Subsid	iaries and Di	sregarded Entit	ies (See the	inetrictione)		
· art	(A)	(B)		iles (Dee the		(E	<u></u>
	Name, address, and EIN of corporation, partnership, or disregarded entity owner	rcentage of ership interest	(C) Nature of a	ctivities	(D) Total income	End-o	
	partitership, or disregarded entity Owne	%			· · · · · · · · · · · · · · · · · · ·	ass	ets
		% %					
		%				 	
		%				 	
Part	X Information Regarding Transfers Associa		onal Renefit Co	ntracts /See +	he instructions	·	
				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
(a)	Did the organization, during the year, receive any funds, direct					☐ Yes	
(b)	Did the organization, during the year, pay premii	ums, directly o	or indirectly, on a	a personal be	netit contract?	⊔ Yes	☑ No
NOC	e: If "Yes" to (b), file Form 8870 and Form 4720	(See Iristructio	uisj.				

			intities. C	omplete only if the c	rganız	ation
Did the reporting organization ma	ke any transfers to a con	trolled entity as		section 512(b)(13) of	Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	Desci	(C) ription of			er
				•		
Totals						
					Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descr	iption of			er
Totals						
	-	•	, 2006, cov	rering the interest,	Yes	No
Under renalties of perjury, I declare that I and belief it is true, correct, and complet stems of officer	have examined this return, include be Deflaration of preparer (other		chedules and s d on all inform	statements, and to the best of lation of which preparer has	my knov	wledge vledge
Preparer's		Date	Check if self-employed		(See Gen	Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4			EIN	ı ▶ .		
	is a controlling organization mathe Code? If "Yes," complete the Code? If "Yes," complete the Code? If "Yes," of each controlled entity Totals Totals Did the reporting organization rec 512(b)(13) of the Code? If "Yes," of Controlled entity Totals Did the organization have a binding rents, royalities, and annuities desired and belief, if is true, correct, and complete see Signature of officer Deborah Goldstein, Execu Type or print name and title Preparer's signature of yours if self-employed),	is a controlling organization as defined in section. Did the reporting organization make any transfers to a conthe Code? If "Yes," complete the schedule below for each controlled entity. (A) (B) Employer Identification Number	is a controlling organization as defined in section 512(b)(13). Did the reporting organization make any transfers to a controlled entity as the Code? If "Yes," complete the schedule below for each controlled entity Name, address, of each controlled entity Totals Did the reporting organization receive any transfers from a controlled entity 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity Name, address, of each controlled entity Description of the Code? If "Yes," complete the schedule below for each controlled entity Totals Totals Did the organization have a binding written contract in effect on August 17 rents, royalities, and annuties described in question 107 above? Under pranting of perpyr, 1 degree HRI I have examined this return, including accompanying search belief in its frue, correct, pid complete Deplacation of preparer (other than officer) is based and belief in its frue, correct, pid complete Deplacation of preparer (other than officer) is based by Signature of officer Deborah Goldstein, Executive Vice President Type or print name and title Date Transfers to a controlled entity as the contr	is a controlling organization as defined in section 512(b)(13). Did the reporting organization make any transfers to a controlled entity as defined in the Code? If "Yes," complete the schedule below for each controlled entity. (A) Name, address, of each controlled entity is made and controlled entity. (B) (C) Description of transfer Totals Did the reporting organization receive any transfers from a controlled entity as define 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. (A) Name, address, of each controlled entity is made and the controlled entity is made and the controlled entity. (B) (C) Description of transfer (C) Description of transfer (B) (C) Description of transfer (C) Description of transfer (B) (C) Description of transfer (C) Description of transfer (D) Description of transfer (D) Description of transfer (D) Description of transfer (E) Description of transfer (D) Description of transfer (is a controlling organization as defined in section 512(b)(13). 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. (A) Name, address, of each controlled entity 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. (B) Name, address, of each controlled entity Number Totals Employer identification Number (C) Description of transfer Amount of transfer Amount of transfer Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Under preparing of pargy, 1 desprey fift prove examined this return, including accompanying schedules and statements, and to the best of and fifth in this carried, the complete of the property is the property of the property is senting to the part of the property is property in the property of the property is senting to the part of the property is senting to the property of the property is senting to the property of	is a controlling organization as defined in section 512(b)(13). Yes

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

2007

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Center for Responsible Lending 3043913 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,") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation mployee benefit plans & account and other than \$50,000 per week devoted to position deferred compensation allowances See attached Total number of other employees paid over \$50,000 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 Locke Lord Strategies **Consulting Services** PO Box 203402, Houston, TX 77216-3402 137,500. Robbins Russell, LLP Consulting Services 1801 K Street NW, Suite 411L, Washington, DC 20006 96,540. Greenberg Traurig, LLP **Consulting Services** 2101 L Street N.W., Suite 1000, Washington, DC 20037 60,000. 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 of the 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 0

Page	. 2

Pa	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ 548,167. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	
	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.		
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.)		
а	Sale, exchange, or leasing of property?		1
b	Lending of money or other extension of credit?	_	1
С	Furnishing of goods, services, or facilities?		✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
e	Transfer of any part of its income or assets?		1
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.)		✓
b	Did the organization have a section 403(b) annuity plan for its employees?		/
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		✓
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3c		1
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		1
	Did the organization make a distribution to a donor, donor advisor, or related person?		1
d	Enter the total number of donor advised funds owned at the end of the tax year		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		0
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		N/A
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		N/A

Pa	rt I\	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 o	f the instruct	tions.)
l cer	tify	that the organization is not a privat				plicable box)	
5		A church, convention of churches	, or association of	of churches Section 170	(b)(1)(A)(i)		
6		A school. Section 170(b)(1)(A)(ii). (Also complete Pa	art V)			
7		A hospital or a cooperative hospit	tal service organiz	zation. Section 170(b)(1)((A)(III)		
8		A federal, state, or local government	ent or governmer	ntal unit. Section 170(b)(1)(A)(v)		
9		A medical research organization o and state ▶			ction 170(b)(1)	(A)(III). Enter th	e hospital's name, city,
10		An organization operated for the be (Also complete the Support Scheo	_	or university owned or op	perated by a go	overnmental un	it. Section 170(b)(1)(A)(iv)
11a		An organization that normally rece 170(b)(1)(A)(vi). (Also complete the			a governmenta	l unit or from th	e general public Section
11b		A community trust. Section 170(b)(1)(A)(vi). (Also co	omplete the Support Sc	hedule in Part	t IV-A.)	
12		An organization that normally receifrom activities related to its charita from gross investment income an organization after June 30, 1975	able, etc., function and unrelated busi	ns—subject to certain ex ness taxable income (le	ceptions, and ss section 511	(2) no more the tax) from bus	han 331/3% of its support sinesses acquired by the
13	$ \mathbf{V} $	An organization that is not control requirements of section 509(a)(3).	Check the box to	hat describes the type o	f supporting o	rganization	
		✓ Type I ☐ Type II	∐Type∃	III-Functionally Integrate	ed L	JType III-Othe	er
		Provide the following info	rmation about th	ne supported organizat	ions. (See pag	ge 8 of the inst	ructions)
(a) Name(s) of supported organization(s)			(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the se organizati the sup organi	d) upported on listed in upporting zation's documents?	(e) Amount of support
					Yes	No	
Ce	nte	r for Community Self-Help	56-1271685	11a	√		0
Tota	ıl .		<u></u>		<u> </u>	•	
14		An organization organized and op	perated to test for	public safety Section 5	509(a)(4) (See	page 8 of the	instructions.)

5	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
-	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)		-			
16	Membership fees received		1			
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.					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalities, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975. Net income from unrelated business					
20	activities not included in line 18	-				
	benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other income Attach a schedule Do not					
	include gain or (loss) from sale of capital assets			į	1	
23	Total of lines 15 through 22					
24	Line 23 minus line 17	<u> </u>				·····························
25	Enter 1% of line 23					
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colui	mn (e), line 24 .	▶ 26a	
b	Prepare a list for your records to show the nam governmental unit or publicly supported organizamount shown in line 26a Do not file this list wit	e of and amoun	t contributed by al gifts for 2003	each person (oth	ner than a eeded the	
С	Total support for section 509(a)(1) test. Enter lin					
d	Add: Amounts from column (e) for lines 18		19			
	22 _		26b	·	▶ 26d	
е	Public support (line 26c minus line 26d total) .				. ▶ 26e	
f		or) divided by	line 26c (denon	ninator))	▶ 26f	
27	Organizations described on line 12: a For person," prepare a list for your records to show t Do not file this list with your return. Enter the (2006) (2005)	he name of, and sum of such ar	total amounts re nounts for each	eceived in each ye year:	ar from, each "disc	qualified perso
b	For any amount included in line 17 that was received show the name of, and amount received for each y (Include in the list organizations described in lines 5 the difference between the amount received and the amounts) for each year. (2006) (2005)	ed from each per lear, that was mo through 11b, as the larger amoun	rson (other than the large well as individuals the described in (1)	'disqualified persor r of (1) the amount s.) Do not file this I) or (2), enter the s	ns"), prepare a list f on line 25 for the y ist with your return our of these differen	or your records rear or (2) \$5,00 n. After compute ences (the exce
С	Add: Amounts from column (e) for lines: 15				l 1	
	17 20 _					
đ		ind line 27b tota				
e	Public support (line 27c total minus line 27d tot				▶ 27e	
f	Total support for section 509(a)(2) test: Enter an					
g	Public support percentage (line 27e (numerat Investment income percentage (line 18, colur					
h	- myesunent income percentage lline 18. colur	nn tei (numera)	or) aivided by	une 2/1 (denomir	nator)). ▶ │ 27h │	•

Pa	Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)		-	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	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	31		
	that makes the policy known to all parts of the general community it serves?			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32a		
b	basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32c		
d	with student admissions, programs, and scholarships?	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			
а	Students' rights or privileges?	33a		
		225		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
	Education to the Co.	33e		
е	Educational policies?	300		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	Otto dividual delivings			
	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		
h	Has the organization's right to such aid ever been revoked or suspended?	34b		
J	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	35	<u> </u>	

Sche	edule A (Form 990 or 990-EZ) 2007					Page 6	
Pa	rt VI-A Lobbying Expenditures by El (To be completed ONLY by ar				ne instructions.)	
Che	ck ▶ a 🔽 if the organization belongs to an affilia	ated group Che	ck ▶ b 🗌 if	you checked "a" a	nd "limited control"	provisions apply.	
	Limits on Lobbyi (The term "expenditures" mea				(a) Affiliated group totals	(b) To be completed for all electing organizations	
36	Total lobbying expenditures to influence public	opinion (grassro	ats labbying)	36	23,150.	23,150.	
37		Total lobbying expenditures to influence a legislative body (direct lobbying)					
38		Total lobbying expenditures (add lines 36 and 37)					
39	Other exempt purpose expenditures	•		l l	56,048,586.	5,814,799.	
40	Total exempt purpose expenditures (add lines				56,627,797.	6,362,966.	
41	Lobbying nontaxable amount Enter the amount	nt from the following	ing table—				
	If the amount on line 40 is The I	obbying nontaxa	ble amount is-				
	Not over \$500,000 20%	of the amount on	line 40				
	Over \$500,000 but not over \$1,000,000 . \$100,000	000 plus 15% of th	ne excess over \$5	I .	ļ		
		000 plus 10% of the		l l	1,000,000.	468,148.	
		000 plus 5% of the		· ·			
		0,000			250,000	447.027	
42	Grassroots nontaxable amount (enter 25% of I				250,000.	117,037.	
43	Subtract line 42 from line 36 Enter -0- if line 4				0	0	
44	Subtract line 41 from line 38. Enter -0- if line 4	11 is more than iir	ne 38				
	Caution: If there is an amount on either line 43	3 or line 44, you n	nust file Form 47.	20.			
	4-Year Av	eraging Period	d Under Section	on 501(h)			
	(Some organizations that made a section	on 501(h) election	do not have to c	omplete all of th	e five columns be	elow.	
	See the instructions f	or lines 45 throug	h 50 on page 13	of the instruction	ns)		
		Lob	bying Expenditu	res During 4-Ye	ear Averaging Pe	eriod	
	Calendar year (or	(a)	(b)	(c)	(d)	(e)	
	fiscal year beginning in) ▶	2007	2006	2005	2004	Total	
45	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.	
46	Lobbying ceiling amount (150% of line 45(e))					6,000,000.	
47	Total lobbying expenditures	579,211.	443,706.	473,955.	278,795.	1,775,667.	
48	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.	
49	Grassroots ceiling amount (150% of line 48(e))					1,500,000.	
50	Grassroots lobbying expenditures	23,150.	16,804.	45,289.	22,724.	107.067	
	rt VI-B Lobbying Activity by Nonelec		·	45,265.	22,124.	107,967.	
1 0	(For reporting only by organiza			Part VI-A) (See	page 14 of the	e instructions.)	
	ng the year, did the organization attempt to influmpt to influmpt to influence public opinion on a legislative n	•	_		any Yes No	Amount	
	Volunteers		_				
b	Paid staff or management (Include compensati			through b	_	j	
c							
d							
	Publications, or published or broadcast statem						
	Grants to other organizations for lobbying purp						

 ${\bf g} \ \ {\hbox{\rm Direct contact with legislators, their staffs, government officials, or a legislative body.}$ $\begin{tabular}{ll} h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means \end{tabular}$

Pai	t V			ransfers To and Transa e page 14 of the instruction	actions and Relationships With Noncharitable ons.)
51		the reporting orga	nization directly or	indirectly engage in any of the	e following with any other organization described in section ion 527, relating to political organizations?
а				to a noncharitable exempt org	Voc No
_					51a(i) ✓
	(ii)				a(ii) ✓
ь		ner transactions:			
-			es of assets with a	noncharitable exempt organize	ation
	(ii)	·		itable exempt organization .	
	٠.,			ner assets	-
					· · · · · · · · · · · · · · · · · · ·
				ship or fundraising solicitations	
c				sts, other assets, or paid empl	
		•			e Column (b) should always show the fair market value of the
•	god	ods, other assets, o	r services given by	the reporting organization If	the organization received less than fair market value in any ds, other assets, or services received:
(;	a)	(b)		(c)	(d)
Line	no	Amount involved	Name of none	charitable exempt organization	Description of transfers, transactions, and sharing arrangements
5	1c	0	Self-Help Credit	Union	Shared mailing list and newsletter.
		<u> </u>			
				·	
	des	•	01(c) of the Code (other than section 501(c)(3)) or	ne or more tax-exempt organizations In section 527? ▶ ☑ Yes ☐ No
		(a)		(b)	(c)
		Name of organiz	zation	Type of organization	Description of relationship
Sel	f-He	Ip Credit Union		501(c) (14)-Credit Union	Center for Responsible Lending has a banking
					relationship with Self-Help Credit Union.
					The Center for Responsible Lending and Self-Help
					Credit Union are mutually associated through the
					Center for Community Self-Help, whose
					membership overlaps substantially with the
					Self-Help Credit Union's membership.
				,	
				١	1

Center for Responsible Lending EIN: 74-3043913

Grants and Allocations

2007 Form 990 Part II, Line 22b

1 Class of Activity

To support litigation in North Carolina aimed at curbing abusive lending practices

Grantee's Name

Financial Protection Law Center

Grantee's Address

P O Box 390, Wilmington, North Carolina 28402

Amount

\$333,263

2 Class of Activity

Grant for foreclosure assistance

Grantee's Name

Mid-Minnesota Legal Assistance

Grantee's Address

430 First Ave North, Ste 300, Minneapolis, MN 55401

Amount

\$33,000

Total Amount

Center for Responsible Lending EIN: 74-3043913

2007 Form 990 Part II, Line 42, Depreciation Schedule

•		(B) Program	(C) Management &	
Description	(A) Total	Services	General	(D) Fundraising_
Furniture and Equipment	15,208	12,182	2,996	30
Software	2,493	1,997	491	5
Grand Total	17,701	14,179	3,487	35

Center for Responsible Lending EIN: 74-3043913 Form 990, Tax Year 2007 Part III - Statement of Program Service Accomplishments

Primary exempt purpose: Research, education and technical assistance regarding predatory lending and other abusive financial practices that deplete the wealth of low-income and minority families and communities.

Center for Responsible Lending EIN: 74-3043913 2007 Form 990, Part IV, Line 57b Depreciation

	Accumulated			
	Acquisition	Depreciation as	Book	
Description	Cost	of year end	Value	
Leasehold Improvements	21,665	21,665	0	
Furniture and Equipment	80,396	46,976	33,420	
Software	7,480	6,440	1,040	
Grand Total	109,541	75,081	34,459	

Center for Responsible Lending Compensation from Related Organizations EIN 74-3043913 2007 Form 990 Part V-A, Line 75c

No director, officer, or trustee receives compensation for his or her work as an officer, director, or trustee Any compensation amounts listed below, therefore, represent compensation for work performed as an employee of the listed related organization

The Center for Responsible Lending does not compensate employees directly All employees are paid by Self-Help Services Corporation (EIN 56-1849615), a supporting organization of the Center for Community Self-Help and affiliate of CRL CRL then reimburses Self-Help Services Corporation for those payments For purposes of the Form 990, however, CRL treats these persons as if they were directly employed by CRL See, for example, Part II, lines 25a & 26, Part V, and, Part VI, Line 90b

Officer or Director	Total Compensation	Total Benefits	Total Expenses	
Martin Eakes	66,000	20,805	o	
Related Organization	Center for Community	Self-Help (EIN 56-1271685)	
Compensation Explanation		s no compensation, other that are listed in this attachmen		The individual compensation
Relationship	The Center for Respon Self-Help	sible Lending is a supporting	g organization of the Cent	ter for Community

Center for Responsible Lending EIN: 74-3043913 Form 990, Tax Year 2007 Related Organizations, Part VI, Line 80b

Related Organizations

Self-Help Assistance Corporation*
Self-Help Community Development Corporation*
Self-Help Credit Union
Self-Help Services Corporation*
Self-Help Ventures Fund*
Center for Community Self-Help

^{*} Exempt, supporting corporations of the Center for Community Self-Help.

Center for Responsible Lending EIN: 74-3043913 Tax year 2007 Form 990, Part VIII

Relationship of activities to the Accomplishment of Exempt Purposes

Line No.	Explain how each activity for which income is reported (Form 990, Part VIII, column E) contributed importantly to the accomplishment of the organization's exempt purposes (other than providing funds for such purposes).
93a	Service/Program Revenue includes grants to cover specifically identified expenses and contract revenue in payment for specifically identified products or services.
95	Interest income from grants and contributions is used to support research on, education and about technical assistance to address predatory lending and other abusive financial practices.
103 a & b	Refund of state and local sales tax on exempt purchases is used to reduce the day-to-day costs arising from advocacy work designed to provide education on anti-predatory lending laws and continue reform efforts across the nation

Center for Responsible Lending

TAX ID: 74-3043913

ATTACHMENT TO FORM 990 FOR YEAR ENDING 12/31/07

FORM 990, SCHEDULE A, PART 1 Compensation of the Five Highest Paid Employees Other than Officers, Directors, and Trustees.

(A) Name and address of each employee paid more than	(B) Title and average	(C) Compensation (If	(D) Contributions to	(E) Expense
\$50,000	hours per week devoted	not paid, enter -0-)	employee benefit	account and
Paul Leonard*	Director, California	95.020	42.004	
1330 Broadway, Suite 604, Oakland, CA 94612	Office, 40 hours	85,930	13,604	-0-
Enc Halpenn*	Director, DC Office 40	24.224		
910 17th Street NW, Suite 500, Washington, DC 20006	hours	84,261	8,142	-0-
George Brown*	Senior Vice President,	04.004	7 000	_
910 17th Street NW, Suite 500, Washington, DC 20006	40 hours	84,261	7,826	-0-
Charles Lowery*	Policy Counsel, 40	04.070	40.700	
910 17th Street NW, Suite 500, Washington, DC 20006	hours	81,870	12,790	-0-
Josh Nassar*	Vice President, Federal	04.005		
910 17th Street NW, Suite 500, Washington, DC 20006	Affairs 40 hours	81,605	20,765	-0-

Total number of other employees paid over \$50,000 = 28

^{*} The Center for Responsible Lending does not compensate employees directly. All employees are paid by Self-Help Services Corporation (EIN 56-1849615), a supporting organization of the Center for Community Self-Help and affiliate of CRL CRL then reimburses Self-Help Services Corporation for those payments. For purposes of the Form 990, however, CRL treats these persons as if they were directly employed by CRL See, for example, Part II, lines 25a & 26, Part V, and, Part VI, Line 90b

Center for Responsible Lending

EIN: 74-3043913 2007 Form 990 Schedule A, Part VI-A

Affiliated Group list

- (1) Center for Community Self-Help, 301 W. Main Street, Durham, NC 27701, EIN 56-1271685, Direct lobbying expenses \$31,044, Grassroots lobbying expenses \$0;
- (2) Self-Help Ventures Fund, 301 W. Main Street, Durham, NC 27701, EIN 58-1562750, Direct lobbying expenses \$0, Grassroots lobbying expenses \$0;
- (3) Self-Help Community Development Corporation, 301 W. Main Street, Durham, NC 27701, EIN 56-1975829, Direct lobbying expenses \$0, Grassroots lobbying expenses \$0.
- (4) Self-Help Services Corporation, 301 W. Main Street, Durham, NC 27701, EIN 56-1849615, Direct lobbying expenses \$0, Grassroots lobbying expenses \$0.
- (5) Self-Help Assistance Corporation, 301 W. Main Street, Durham, NC 27701, EIN 56-1923620, Direct lobbying expenses \$0, Grassroots lobbying expenses \$0.

Of these group members, Center for Community Self-Help and the filing organization, Center for Responsible Lending, have made the election under section 501(h).

Center for Responsible Lending EIN: 74-3043913 2007 Form 990

Changes in this Amended Return

- (1) Schedule A, Part VI-A, Lines 36 and 37. The grassroots and total lobbying expenditures were increased. These increases led to a reallocation of certain functional expenses in Part II of the Form 990, and adjustments to the allocations to program service areas in Part III.
- (2) Schedule A, Part VI-A, Lines 39 and 40, column (a). Exempt purpose expenditures were adjusted to reflect expenditures by all members of the affiliated group and to deduct payments between the members.
- (3) Schedule A, Part VI-A, Lines 47 and 50. Total lobbying expenditures and grassroots lobbying expenditures were adjusted to reflect the above changes.

Center for Responsible Lending TAX ID: 74-3043913

ATTACHMENT TO FORM 990 FOR YEAR ENDING 12/31/07

FORM 990 PART V-A List of Officers, Directors, Trustees, and Key Employees

(A) Name and Address	(B) Title and average hours per week devoted to position			(E) Expense account and other allowances
Martin Eakes 302 West Main Street, Durham, NC	Secretary/CEO, 20 hours	-0-	-0-	-0-
Julian Bond 302 West Main Street, Durham, NC	Director, 1/2 hour	-0-	-0-	-0-
Wade Henderson 302 West Main Street, Durham, NC	Director, 1/2 hour	-0-	-0-	-0-
Bonnie Howard 302 West Main Street, Durham, NC	Director, 1/2 hour	-0-	-0-	-0-
Don Kidd 302 West Main Street, Durham, NC	Director, 1/2 hour	-0-	-0-	-0-
Nicholas Retsinas 302 West Main Street, Durham, NC	Director, 1/2 hour	-0-	-0-	-0-
Ira Rheingold 302 West Main Street, Durham, NC	Director, 1/2 hour	-0-	-0-	-0-
Shanna L Smith 302 West Main Street, Durham, NC	Director, 1/2 hour	-0-	-0-	-0-

Key Employees

Michael D Calhoun 302 West Main Street, Durham, NC	President, 32 hours	51,219	16,268	-0-
Keith Corbett 302 West Main Street, Durham, NC	Executive Vice President, 40 hours	66,000	20,805	-0-
Debbie Goldstein 302 West Main Street, Durham, NC	Executive Vice President, 40 hours	66,000	20,805	-0-

No director, officer, or trustee receives compensation for his or her work as an officer, director, or trustee Any compensation amounts listed, therefore, are for work performed by key employees