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DLN: 93493225017380

OMB No 1545-0047 **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)

2009

Department of the Treasury Internal Revenue Service

Form **990**

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

Open to Public Inspection

A Fo	r the 2	2009 cale	endar yea	r, or tax year beginning 01-01-2	009 and ending 12-31-2009	9		
3 Ch	eck ıf ap	plicable	Please	C Name of organization Center for Responsible Lending			D Employer id	dentification number
- Ad	dress cha	ange	use IRS label or	<u> </u>			74-30439	
— _{Na}	me chan	nge F	print or	Doing Business As			E Telephone i	number
– _{Ini}	tial retur	n S	type. See Specific	Number and street (or P O box if m	naıl ıs not delivered to street addre	ss) Room/suite	(919) 313	_
– _{Tei}	mınated		Instruc- tions.	302 W Main Street			G Gross receipt	s \$ 7,257,358
– _{Am}	ended r	eturn		City or town, state or country, and	ZIP + 4		1	
— Ap	olication	pending		Durham, NC 277013227				
7 1		Penamg	E Nam	L ne and address of principal offic	or	11/ > -	.	_
				l D Calhoun	er		his a group retu iates?	rn for
				Main Street				,
			Durnam	n,NC 27701		' '	all affiliates inclu	·
r Ta	x-exemi	nt status	▽ 501(c)	(3) ◄ (insert no)	or 527	l _		t (see instructions)
					01 327	H(c) Gro	oup exemption n	iumber F
J W	ebsite	: F www	responsib	olelending org				
	_		✓ Corporat	ion Trust Association Other	-	L Year of	formation 2002	M State of legal domicile NC
Pa	rt I	Summ	ary					
	1	,		e organization's mission or mos	2			
a.	1			opportunity by conducting resea abusive financial practices that				
Governance				, , , , , , , , , , , , , , , , , , ,			,	
≅								
<u> </u>							250/ 61	
			,	if the organization discontinue				
6			_	nembers of the governing body (3 4
Acumines				dent voting members of the gov))	•	
5				nployees (Part V , line 2a) ·lunteers (estimate if necessary				
ŧ				_	6			
		_		ted business revenue from Part		•		7a
	b	Net unrei	ated busi	ness taxable income from Form	990-1, line 34			7b
						Pr	ior Year	Current Year
ā	8			d grants (Part VIII, line 1h) .			6,494,030	7,096,100
ent	9			revenue (Part VIII, line 2g)		222,164	61,907	
Revenu	10			ne (Part VIII, column (A), lines		296,395	72,050	
_	11		•	art VIII, column (A), lines 5, 60		_	6,493	27,301
	12			dd lines 8 through 11 (must equ		e	7,019,082	7,257,358
	13			ar amounts paid (Part IX, columi			2,956,833	3,736,082
	14	Benefits	paid to o	r for members (Part IX, column			0	
	15	Salaries	, other co	ompensation, employee benefits	5 –			
Expenses		10)						0
क्	16a	Professi	ional fund	raising fees (Part IX, column (A), line 11e)			0
五	ь	Total fund	traising expe	enses (Part IX, column (D), line 25) ►				
	17	Othere	xpenses (Part IX, column (A), lines 11a-	11d, 11f-24f)		8,492,553	8,400,233
	18	Total ex	penses A	Add lines 13–17 (must equal Pa	art IX, column (A), line 25)		11,449,386	12,136,315
	19	Revenue	e less exp	enses Subtract line 18 from lin	e 12		-4,430,304	-4,878,957
දීල්						Beginni	ng of Current	End of Year
Net Assets of Fund Balances	30	T - 4 - 1 -	00to /D=	+ V line 15\			12 677 227	7 500 000
8	20			t X, line 16)			12,677,337	7,566,819
5 E	21		-	Part X, line 26)			383,125 12,294,212	151,565
	22 1311		ture Blo	d balances Subtract line 21 fro	in time 20		12,294,212	7,415,254
ΓŒ				rjury, I declare that I have examined t	his return including accompanying	schedules and	statements, and to	the hest of my knowledge
				correct, and complete Declaration of p				
:		<u> </u>				I		
Sigr Her		Signati	* ure of office	21		201 Date	0-08-13 e	
	_	[,]				541	_	
			ah Goldstein or print nam	Executive VicePresident e and title				
		 	<u>.</u>		Date	Check If	Preparer's id-	tifying number
.		Preparer's signature				self-	(see instruction	itifying number ns)
Paid			7		ϵ	empolyed 🕨 🦵		
	arer's	Firm's nam	ne (or yours ployed),	<u></u> -			EIN 🕨	
Jse (Only	address, a		r ————————————————————————————————————			-	
					Phone no 🕨			
						_		
lay	the IRS	5 discuss	this retui	rn with the preparer shown abov	e? (see instructions)			┌Yes ┌ No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Protect economic opportunity by conducting research, and providing education and technical assistance regarding predatory lending and other abusive financial practices that deplete the wealth of low-income and minority families and communities

	Did the organization und	ertake anv significa	nt program se	ervices during the vea	r which were not listed on						
_	the prior Form 990 or 99					┌ Yes ┌ No					
	If "Yes," describe these new services on Schedule O										
3	Did the organization ceaservices?		ake sıgnıfıcar	nt changes in how it co	onducts, any program	┌ Yes ┌ No					
	If "Yes," describe these	changes on Schedu	le O								
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported										
4a	(Code) (Expenses \$	7,673,724	ıncludıng grants of \$	3,736,082) (Revenue \$	42,696)					
	loan abusive lending issues a	and policy solutions resu	ltıng ın stronger	consumer protections and	oximately 30 states and at the fed a reduction in the number of forect egulators on financial abuses that a	osures affecting low-and					
4b	(Code) (Expenses \$	1,307,156	ıncludıng grants of \$) (Revenue \$	41,729)					
	neighborhoods measured the American and Latino neighbo	e increase in overdraft for prhoods, draining 247mil of total payday loan vo	ees charged to ballion from the sta Dlume and highlig	ank-account holders found te discovered that the sho Inted continued deceptive	eclosures and quantifying the spillo that the Californias payday lender rt-term due date of payday loans of practices by credit card issuers. Pu	s overwhelmingly locate in African- generates the need for repeat					
4c	(Code) (Expenses \$	2,191,076	including grants of \$) (Revenue \$)					
	statewide, and local groups,	e g civil rights and fait educating thousands of	n-based organiza individuals abou	tions Helped predatory le t abusive financial services	res, and small loan predatory lend nding victims address complaints l s Communications efforts resulted policy work	Presented at approximately 120					
	Other program services	s (Describe in Sche	dule O)								
	(Expenses \$	ınclı	ıdıng grants o	f \$) (Revenue \$)					
4e	Total program service e	expenses►\$	11,171,95	6							
						Form 990 (2009)					

Part IV	Checklist	of Rec	uired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No	Į	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Form	990 (2009)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

orm	990 (2009)			Page
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
U	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		.,	
2a	gaming (gambling) winnings to prize winners?	1c	Yes	
Za	Statements filed for the calendar year ending with or within the year covered by this			
	return			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		No
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		No
f a	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		No
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	79		
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			

12b

302 W Main Street Durham, NC 27701 (919) 313-8500

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management							
			Yes	No				
_								
1a	Enter the number of voting members of the governing body 1a 9							
ь	Enter the number of voting members that are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο				
6	Does the organization have members or stockholders?	6		Νo				
7a	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O							
	ction B. Policies (This Section B requests information about policies not required by the Internal							
ке	venue Code.)		Yes	No				
10-	Does the ergonization have local chapters, branches, or offiliates?	10a	res	No				
	Does the organization have local chapters, branches, or affiliates?	IUa		NO				
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes					
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise							
	to conflicts?	12b	Yes					
J	describe in Schedule O how this is done	12c	Yes					
13	Does the organization have a written whistleblower policy?	13	Yes					
14	Does the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		Νο				
В	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Se	ction C. Disclosure	100						
17	List the States with which a copy of this Form 990 is required to be filed ►CA							
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)							
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n 🕨				
	Michael D Calhoun							

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did r	not compens	ate any	curr	ent d	or fo	rmer o	ffice	r, director, trustee o	or key employee		
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other	
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Martın Eakes	20 00	×						o	63,533	27,381	
Secretary/CEO Julian Bond											
Director	1 00	х						О	0	0	
Wade Henderson								_	_		
Director	1 00	X						0	0	0	
Bonnie Howard	1 00	х						0	0	0	
Director Don Kidd											
Director	1 00	х						0	0	0	
Nicolas Retsinas Director	1 00	х						0	0	0	
Ira Rheingold	1 00	х						0	0	0	
Shanna L Smith	1 00	Х						0	0	0	
Director Robin Talbert	1 00	х						0	0	0	
Director Michael Calhoun											
President	40 00			Х				0	84,236	14,375	
Randy Chambers Treasurer	1 00			х				0	62,781	28,445	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) Average hours	1	(C) Position (check all that apply)						D) rtable nsation	(E) Reportable compensation		(F) Estimated	
		per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza	n the otion (W- i-MISC)	from related organizations (W- 2/1099- MISC)		compens from t rganizati relate organiza	he on and ed
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											240.5			=====
1b 2	Total		limited t		· col	· ·	• • above) wt	20 705011/0	d more th	210,5	50		70,201
2	\$100,000 in reportable compensa-					istet	abovi	= <i>)</i>	io receive	u more m	all			
													Yes	No
3	Did the organization list any forme	•				key	emplo	yee,	or highes	t compens	sated employee			
4	on line 1a? If "Yes," complete Sched					nner	· ·	• • and	otherco	mnensatio	n from the	3		No
•	organization and related organization											4		No
5	Did any person listed on line 1a recreated to the organization? If "Yo			-			-		elated org	anızatıon • •	for services	5		No
S	ection B. Independent Contra	actors												
1	Complete this table for your five his \$100,000 of compensation from the	ghest comp		linde	pen	dent	contra	actor	s that rec	eived mo	re than			
	Name	(A) and business	address							Desc	(B) cription of services		(C) Compen	
Tıger	comm													

(A) Name and business address	(B) Description of services	(C) Compensation
Tigercomm 1901 N Ft Myer Dr 850 Arlington, VA 22209	Consulting Services	198,481
IGR Group 14502 N Dale Mabry Hwy 104 Tampa, FL 33618	Contract Lobbying	126,000
Van Scoyoc Associates Inc 101 Constitution Ave NW Ste 600 Wes Washington, DC 20001	Contract Lobbying	108,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►3

	Page 9 Part VIII Statement of Revenue									
Part	/1111	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
# # # # # # # # # # # # # # # # # # #	1a	Federated campaigns 1a	·							
ar our	ь	Membership dues 1b								
3,€	C	Fundraising events 1c								
<u>#</u> ∂#	d	Related organizations 1d								
Si Ti	e	Government grants (contributions) 1e								
美声	f	All other contributions, gifts, grants, and similar amounts not included above	7,096,100							
를 판 등 판	g	Noncash contributions included in lines 1a-1f \$								
Ser	h	Total. Add lines 1a-1f	▶	7,096,100						
			Business Code							
Program Service Revenue and other similar amounts	2a	Research and Technical Assistance Contracts	541,900	41,279	41,279					
	ь	Rental Income	532,000	20,628	20,628					
- Ce	c									
ž. Ķ	d									
Ę.	e									
200	f	All other program service revenue								
查	g	Total. Add lines 2a-2f		61,907						
	3	Investment income (including dividen	ds, interest							
		and other similar amounts)		72,050			72,050			
	4 5	Income from investment of tax-exempt bond Royalties	proceeds							
		(i) Real	(II) Personal							
	6a	Gross Rents								
	ь	Less rental expenses								
	c	Rental income or (loss)								
	d	Net rental income or (loss)	+							
		(i) Securities	(II) O ther							
	7a	Gross amount from sales of assets other								
	<u>.</u>	than inventory								
	b	Less cost or other basis and sales expenses								
	c	Gain or (loss)								
	d	Net gain or (loss)								
ıne	8a	Gross income from fundraising events (not including \$								
Other Revenue		of contributions reported on line 1c) See Part IV, line 18								
1er	ь	Less direct expenses b								
₹	c	Net income or (loss) from fundraising								
	9a	Gross income from gaming activities See Part IV, line 19								
	ь	Less direct expenses b Net income or (loss) from gaming acti								
		Gross sales of inventory, less returns and allowances .	Vittes I I							
		a								
	b c	Less cost of goods sold b Net income or (loss) from sales of inv	entory •							
		Miscellaneous Revenue	Business Code							
	11a	Sales tax refunds	900,099	4,487	4,487					
	ь	Miscellaneous Income	900,099	22,068	22,068					
	С	Gain on Marketable Securities	900,099	746			746			
	d	All other revenue								
	е	Total. Add lines 11a-11d		27,301						
	12	Total revenue. See Instructions .	▶	7,257,358	88,462		72,796			

	990 (2009)				Page 10
Part					
	Section $501(c)(3)$ and $501(c)(4)$ organizations m Il other organizations must complete column (A) but are not required to			(D)	
			(B)	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	3,736,082	3,736,082		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
ь	Legal	6,736	5,510	1,132	94
С	Accounting	6,000		6,000	
d	Lobbying	343,900	343,900		
e	Professional fundraising See Part IV, line 17	,	,		
f	Investment management fees	0			
g	Other	1,092,627	1,089,908	1,116	1,603
12	Advertising and promotion	0	, ,	,	<u>, , </u>
13	Office expenses	163,310	145,860	16,106	1,344
14	Information technology	0			
15	Royalties	0			
16	Occupancy	706,352	577,786	118,667	9,899
17	Travel	387,718	377,748	· · ·	2,944
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	377,710	7,020	2,311
19	Conferences, conventions, and meetings	54,012	52,211	892	909
20	Interest	0		332	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,454	7,734	1,588	132
23	Insurance	4,109	4,052	· · ·	4
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	,,202	1,752		<u> </u>
а	Information Data Expenses	238,282	237,638	594	50
ь	Ally Support/Adocacy Expenses	204,208	203,976	105	127
С	Accrued Staffing Reimbursement to SHSC EIN 56- 1849615	5,160,304	4,369,615	722,831	67,858
d	Hiring Recruiting	22,421	19,136	3,005	280
e	Temporary Services	800	800	<u> </u>	-
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	12,136,315	11,171,956	879,115	85,244
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 1 1 Cash—non-interest-bearing 12.198.798 2 7,375,144 2 325,000 25,000 3 3 4 5.560 4 21.633 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 7 8 Inventories for sale or use 65.113 9 59,792 Land, buildings, and equipment cost or other basis Complete 121.416 10a 10a Part VI of Schedule D 10b 101.207 20.209 b Less accumulated depreciation 17.787 10c 8.601 11 6.007 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 56.478 59.034 15 15 16 12,677,337 16 7,566,819 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 383.125 17 151.565 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 26 **Total liabilities.** Add lines 17 through 25 383,125 26 151,565 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 1.086.333 339,999 27 Unrestricted net assets 27 28 11.207.879 28 7.075.255 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances 12,294,212 7,415,254 33 33 34 Total liabilities and net assets/fund balances 12.677.337 7.566.819 34

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

	Name of the organization Center for Responsible Lending				ımber	
			74-3043913			
Pa	rt I	Reason for Public Charity Status (All organizations must complete this pai	rt.) See ınstruc	tions		
The	organ	zation is not a private foundation because it is (For lines 1 through 11, check only one box)			
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).				
2	Г	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)				
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A	A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in secti hospital's name, city, and state	on 170(b)(1)(A)((iii). Ente	r the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a g	jovernmental unit	describe	d ın	
		section 170(b)(1)(A)(iv). (Complete Part II)				
6	Г	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7	Γ	An organization that normally receives a substantial part of its support from a government described in	al unit or from the	e general	public	
		section 170(b)(1)(A)(vi) (Complete Part II)				
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)				
9	Г	An organization that normally receives (1) more than 331/3% of its support from contribu	tıons, membershı	ıp fees, aı	nd gros	3 S
		receipts from activities related to its exempt functions—subject to certain exceptions, and	d (2) no more thai	n 331/3%	of	
		its support from gross investment income and unrelated business taxable income (less se	ction 511 tax) fro	om busını	esses	
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part I	III)			
10	Γ	An organization organized and operated exclusively to test for public safety. See section 5 0	09(a)(4).			
11	∀	An organization organized and operated exclusively for the benefit of, to perform the functione or more publicly supported organizations described in section 509(a)(1) or section 50 the box that describes the type of supporting organization and complete lines 11e through a rype I b Type II c Type III - Functionally integrated	99(a)(2) See sec t 111h d	tion 509(Type III	a)(3). : - Oth	Check ner
е	⊽	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)				
f		If the organization received a written determination from the IRS that it is a Type I, Type I check this box		porting o	rganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?				
		(i) a person who directly or indirectly controls, either alone or together with persons descr	ribed in (ii)		Yes	No
		and (III) below, the governing body of the the supported organization?		11g(i)		Νo
		(ii) a family member of a person described in (i) above?		11g(ii)		Νο
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)		Νο
h		Provide the following information about the supported organization(s)				

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e Ion In ted In Erning	(v) Did you no organizat col (i) of suppor	ı notify the Is the organization in Amo		(vii) A mount of support?	
		instructions))	Yes	No	Yes	No	Yes	No	1
Ctr for Com Self- Help	561271685	7	Yes		Yes		Yes		0
Total									

ınstructions

(Complete only if you checked the box on line 5, 7, or 8 of Part Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007			(1)(A)(vi)
Calendar year (or fiscal year beginning (a) 2005 (b) 2006 (c) 2007			
	(4) 2000	(-) 2000	(6) T - 1 - 1
	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and			
membership fees received (Do not			
include any "unusual			
grants ")			
2 Tax revenues levied for the			
organization's benefit and either			
paid to or expended on its behalf			
3 The value of services or facilities			
furnished by a governmental unit to			
the organization without charge			
4 Total. Add lines 1 through 3			
5 The portion of total contributions by			
each person (other than a			
governmental unit or publicly			
supported organization) included on			
line 1 that exceeds 2% of the			
amount shown on line 11, column			
(f)			
6 Public Support. Subtract line 5 from line 4			
Section B. Total Support			
Calendar year (or fiscal year heginning			1
(a) 2005 (b) 2006 (c) 2007	(d) 2008	(e) 2009	(f) Total
7 A mounts from line 4			
8 Gross income from interest,			
dividends, payments received on			
securities loans, rents, royalties			
and income from similar			
sources			
9 Net income from unrelated			
business activities, whether or			
not the business is regularly			
carried on			
10 Other income (Explain in Part			
IV) Do not include gain or loss from the sale of capital assets			
11 Total support (Add lines 7			
through 10)			
12 Gross receipts from related activities, etc (See instructions)	•	12	•
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or	fifth tax vear as a		nization
check this box and stop here	,	001(0)(0) 0.94	▶ □
·			
Section C. Computation of Public Support Percentage		14	0 %
Section C. Computation of Public Support Percentage 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))			-
		15	
Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14	l line 14 is 33 1/3%	15	this hox
Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and	l line 14 is 33 1/3%		this box
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 		or more, check	► □
Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and		or more, check	► □
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 	.6a, and line 15 is	or more, check	e, check this_
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on lise 10% or more, and if the organization meets the "facts and circumstances" test, check 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st	or more, check 33 1/3% or more and line 14 cop here. Explain	e, check this
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st	or more, check 33 1/3% or more and line 14 cop here. Explain	e, check this orted
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on l is 10% or more, and if the organization meets the "facts and circumstances" test, ch in Part IV how the organization meets the "facts and circumstances" test The organication 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st ization qualifies as	o or more, check 33 1/3% or more b and line 14 cop here. Explain a publicly supp	e, check this
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on l is 10% or more, and if the organization meets the "facts and circumstances" test, ch in Part IV how the organization meets the "facts and circumstances" test The organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on l 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st ization qualifies as ine 13, 16a, 16b, o	o or more, check 33 1/3% or more b and line 14 cop here. Explain a publicly support	e, check this orted
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on l is 10% or more, and if the organization meets the "facts and circumstances" test, ch in Part IV how the organization meets the "facts and circumstances" test The organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on l 15 is 10% or more, and if the organization meets the "facts and circumstances" test, 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st ization qualifies as ine 13, 16a, 16b, o , check this box an	o or more, check 33 1/3% or more b and line 14 cop here. Explain a publicly support or 17a and line d stop here.	e, check this orted
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on l is 10% or more, and if the organization meets the "facts and circumstances" test, ch in Part IV how the organization meets the "facts and circumstances" test The organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on l 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st ization qualifies as ine 13, 16a, 16b, o , check this box an	o or more, check 33 1/3% or more b and line 14 cop here. Explain a publicly support or 17a and line d stop here.	e, check this orted

►□

organization

Pa	(Complete only if you				(a)(2)		
Se	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,			+			
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513 Tax revenues levied for the						
4	organization's benefit and either						
	paid to or expended on its						
	behalf			-			
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public Support (Subtract line 7 c from line 6)						
Se	ction B. Total Support	1				1	
	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	ın)	(4) 2003	(2) 2000	(6) 2007	(4) 2000	(0,200)	(1) otal
9	A mounts from line 6 Gross income from interest,						
10a	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
ь	sources Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
с 11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
12	business is regularly carried on Other income. Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is fo	or the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orga	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	0 %
16	Public support percentage from 200	8 Schedule A , P	art III, line 15			16	
Se	ction D. Computation of Inve						
17	Investment income percentage for 2	009 (line 10c co	olumn (f) divided l	by line 13 colum	n (f))	17	0 %
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	. 7		18	
19a	33 1/3% support tests—2009. If the					than 33 1/3% ar	nd line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T	ne organization q	ualities as a publ	ıcıy supported		

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID:

Software Version:

EIN: 74-3043913

Name: Center for Responsible Lending

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Information Data Expenses	238,282	237,638	594	50
Ally Support/Adocacy Expenses	204,208	203,976	105	127
Accrued Staffing Reimbursement to SHSC EIN 56-1849615	5,160,304	4,369,615	722,831	67,858
Hiring Recruiting	22,421	19,136	3,005	280
Temporary Services	800	800		

DLN: 93493225017380

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Political Campaign and Lobbying Activities

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

SeIf thSeSeIf th	ection 527 organizations Complete e organization answered "Yestion 501(c)(3) organizations that ection 501(c)(3) organizations that	s," to Form 990, Part IV, Line 4, or have filed Form 5768 (election under shave NOT filed Form 5768 (election uns," to Form 990, Part IV, Line 5 (Pro	Form 990-EZ, Pasection 501(h)) Conder section 501(art VI, line 47 (Lobbying A complete Part II-A Do not co h)) Complete Part II-B Do n	mplete Part II-B ot complete Part II-A
Na	me of the organization	·		Employer iden	tification number
Cer	nter for Responsible Lending			74-3043913	
Par	t I-A Complete if the or	ganization is exempt under s	section 501(c		organization.
1		ganization's direct and indirect politic			
2	Political expenditures	gamzation s unect and maneet pontic	ai campaign act	IVILIES III FAIL IV	*
3	Volunteer hours			•	>
•	v ordineer nours				
Par	t I-B Complete if the or	ganization is exempt under s	section 501(d	c)(3).	
1	Enter the amount of any excise	tax incurred by the organization und	er section 4955	▶	\$
2	Enter the amount of any excise	tax incurred by organization manage	ers under section	n 4955 ►	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 4720	O for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under s	section 501(d	c) except section 501	l(c)(3).
1	Enter the amount directly expe	nded by the filing organization for sec	tion 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contrıbuted to oth	ner organizations	for section 527	\$
3	Total exempt function expendit	tures Add lines 1 and 2 Enter here a	nd on Form 112	0-POL, line 17b	¢
4	Did the filing organization file F	form 1120-POL for this year?			та — — — — — — — — — — — — — — — — — — —
5	State the names, addresses ar were made For each organizati contributions received that wei	nd employer identification number (EI on listed, enter the amount paid from re promptly and directly delivered to ittee (PAC) If additional space is ne	the filing organi a separate polition	zation's funds Also enter t cal organization, such as a	to which payments he amount of political
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
	1		1	

Sc	hedule C (Form 990 or 990-EZ) 2009				Page 2
Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) and filed	Form 5768	(election
	Check	in affiliated group 🕏 x A and "limited control" provisions apply			
	Limits on Lobbying E (The term "expenditures" means ar		Orga	i) Filing inization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		49,174	49,28
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)		613,304	639,81
c	Total lobbying expenditures (add lines 1a and 11	p)		662,478	689,09
d	Other exempt purpose expenditures			11,473,837	99,698,92
е	Total exempt purpose expenditures (add lines 1	c and 1d)		12,136,315	100,388,02
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both		756,816	1,000,00
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	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			

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter - 0-

j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting
	section 4911 tax for this year?

250,000

189,204

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total		
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000		
_ b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000		
c	Total lobbying expenditures	443,706	579,211	884,145	689,096	2,596,158		
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000		
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000		
f	Grassroots lobbying expenditures	16,804	23,150		49,284	116,398		

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a)		(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	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 similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
Ь	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
II-A		Affiliated group members 1 Center for Community Self-Help, 301 W Main Street, Durham, NC, 27701, EIN 56-1271685, Direct lobbying expenses 26,508, Grassroots lobbying expenses 110 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, Grassroots lobbying expenses 0
II-A		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 501h

DLN: 93493225017380

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

	me of the organization nter for Responsible Lending		Emp	loyer identification number	
Cei	tter for Responsible Lending		74-3	3043913	
Pa	rt I Organizations Maintaining Donor Ac		unds	or Accounts. Complete if	the
	organization answered "Yes" to Form 99			/L\ F	
	Total number at end of year	(a) Donor advised funds	((b) Funds and other accounts	
1	•				
2 3	Aggregate contributions to (during year)				
	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o	-	or advı		No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			r purpose	No
Pa	rt III Conservation Easements. Complete	if the organization answered "Yes" to	o Form	n 990, Part IV, line 7.	
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualiceasement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	ertified		
				Held at the End of the Yea	<u>- </u>
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified his	toric structure included in (a)	2c		
d	Number of conservation easements included in (c) ac	quired after 8/17/06	2d		
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by th	ne organization during	
	the taxable year 🗠				
4	Number of states where property subject to conserva	ition easement is located 🛌			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	lling of		No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents dı	uring the year ►	
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	during	g the year 🕨 \$	
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes ┌	No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial		•	
Par	t III Organizations Maintaining Collectio		or Oth	her Similar Assets.	
	Complete if the organization answered " If the organization elected, as permitted under SFAS	<u> </u>	nt and	halance sheet works of	
1a	art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h ın fui		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir		•	
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$	
	(ii) Assets included in Form 990, Part X			► \$	
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		r finan	cial gain, provide the	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

ar	411 Organizations Maintaining Co	llections of Art	:, His	tori	<u>cal Tre</u>	easur	es, or O	the	r Similar <i>A</i>	\sse	ts (co	ntınued
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e foll	owing th	at are	a sıgnıfıca	nt us	se of its colle	ction	l	
а	Public exhibition		d	\vdash	Loan or	rexcha	inge progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
	Provide a description of the organization's co	ollections and expla	ın hov	v the	y further	the or	ganızatıon	's ex	empt purpos	e ın		
	During the year, did the organization solicity assets to be sold to raise funds rather than t			,					ılar	Γ,	Yes	┌ No
aı	t IV Escrow and Custodial Arrang						answere	d "Ye	es" to Form	990	,	
	Part IV, line 9, or reported an ar		•		•							
3	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	for c	ontrıbutı	ons or	other ass	ets r	not	Γ,	Yes	┌ No
)	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing ta	able		_					
										mou	nt	
:	Beginning balance						<u> </u>	1c				
t	Additions during the year						L	1d				
•	Distributions during the year						L	1e				
	Ending balance							1 f				
	Did the organization include an amount on Fe	orm 990, Part X, lin	e 21?							Γ,	Yes	┌ No
)	If "Yes," explain the arrangement in Part XI\	1										
•	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior \	rear	(c)Two	Years Back	(d)	Three Years Bac	k (e)	Four Ye	ears Bac
	Beginning of year balance									-		
1	Contributions											
	Investment earnings or losses											
ı	Grants or scholarships											
•	Other expenditures for facilities and programs											
	Administrative expenses									+		
ı	End of year balance									+		
,	Provide the estimated percentage of the year	r end halance held :			I							
	Board designated or quasi-endowment	%										
1	•											
•	Permanent endowment 🕨 %											
:	Term endowment • %		_ 4 4		المامط مسا				. L			
1	Are there endowment funds not in the posse organization by	ssion of the organiz	ation t	inata	are neid a	and ad	ministered	1 101	tne		Yes	No
	(i) unrelated organizations								3	a(i)		
	(ii) related organizations								3	a(ii)		
•	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	ched	ule R?					3b		
	Describe in Part XIV the intended uses of th											
П	t VI Investments—Land, Building	s, and Equipme	nt. S	ee F	orm 99	<u>0, Par</u>	t X, line	10.	<u> </u>			
	Description of investment				a) Cost or sıs (ınvest		(b) Cost or obasis (oth		(c) Accumula depreciatio		(d) Bo	ook value
	Land											
,	Buildings											
:	Leasehold improvements		•				21	,665	2	1,665		
į	Equipment		•				92	2,271	7.	2,062		20,20
e	Other						7	7,480		7,480		

20,209

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,257,358
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,136,315
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,878,957
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-4,878,957
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	7,257,358
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	7,257,358
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,257,358
2611 1	Total expenses and losses per audited financial Statements With Expenses	s per	12,136,315
-	statements	1	12,130,313
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	12,136,315
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	12,136,315
	rt XIV Supplemental Information		
	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P t.V. line 4. Part X. Part XI. line 8. Part XII. lines 2d and 4b, and Part XIII. lines 2d and 4b. Also complete		

addıtıonal ınformatıon

Ident if ier	Return Reference	Explanation
X		CRL has determined that all tax positions taken for the current year ended December 31, 2009 and all years open under the statue of limitation are highly certain Therefore, CRL has determined that no unrecognized tax liability exists

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493225017380 OMB No 1545-0047

Department of the Treasury

Name of the organization

Center for Responsible Lending

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990 Internal Revenue Service

Inspection Employer identification number

74-3043913

General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

(a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash (book, FMV, or government ıf applıcable assistance appraisal, other) See Additional Data Table

Enter total number of section 501(c)(3) and government organizations

Schedule I	(Form 990) 2009	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line	22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV	Supplemental	Information.	Complete this part	to provide the	information	required in Part	T. line 2.	and any other a	dditional information.

Ident if ier	Return Reference	Explanation
I	2	The organization makes grants only under very limited circumstances where it maintains close supervision of the manner in which grant funds are expended or

Software ID: 09000123

Software Version: 2009.0.12

EIN: 74-3043913

Name: Center for Responsible Lending

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Atlanta Legal And Society Inc 151 Spring Street NW Atlanta, GA 30303	58-0568691	501c3	115,000				Support Legal Work
Appalachian Research & Defense Fund of KY Inc120 North Front Ave Prestonburg, KY 41653	61-0848948	501c3	100,000				Support Legal Work
Brooklyn Legal Services Corp 80 Jamaica Avenue Brooklyn, NY 11207	13-2605599	501c3	16,500				Support Legal Work
Chris Jackson Law LLC8333 Cedar Place Dr Ste 111-A Indianapolis, IN 46240	26-2223055	501c3	6,900				Support Legal Work
Colorado Legal Services 1905 Sherman St Ste 400 Denver, CO 80203	84-0402702	501c3	63,333				Support Legal Work
Community Legal Services- PA 1424 Chestnut St Philadelphia, PA 19102	23-1671562	501c3	100,000				Support Legal Work
Columbia Legal Services101 Yesler Way Ste 300 Seattle, WA 98104	91-0974503	501c3	90,000				Support Legal Work
Empire Justice Center Hon Michael A Telesca Center for Justice1 West Main St Ste 200 Rochester, NY 14614	16-1487925	501c3	65,000				Support Legal Work
Equal Justice Works2120 L St NW Ste 450 Washington, DC 20037	52-1469738	501c3	100,000				Support Legal Work
Financial Protection Law CenterPO Box 390 Wilmington, NC 28402	56-2262315	501c3	491,250				Support Legal Work

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Housing & Economic Rights Advocates (HERA)PO Box 29435 Oakland,CA 94604	20-2573758	501c3	65,000				Support Legal Work		
Law Offices of Al Hofeld Jr 208 S LaSalle St Ste 1650 Chicago, IL 60604	26-1908975		50,000				Support Legal Work		
Iowa Legal Aıd1111 9th St Ste 230 Des Moines, IA 50314	42-1079227	501c3	83,333				Support Legal Work		
Indiana Legal Services Inc 151 N Delaware St Ste 1640 Indianapolis,IN 46204	35-6059654	501c3	80,000				Support Legal Work		
Jacksonville Area Legal Aid 126 W Adams St Jacksonville,FL 32202	59-0696291	. 501c3	120,000				Support Legal Work		
Legal Aıd Bureau Inc Maryland500 E Lexington St Baltımore,MD 21202	52-0591621	. 501c3	65,000				Support Legal Work		
Legal Aıd Foundation of Los Angeles1102 Crenshaw Blvd Los Angeles, CA 90019	95-1684067	501c3	100,000				Support Legal Work		
Legal Assistance Foundation of Metropolitan Chicago111 W Jackson Blvd Ste 300 Chicago, IL 60604	36-2764650	501c3	200,000				Support Legal Work		
Legal Aid Society of Cleveland1223 W 6th St Cleveland, OH 44113	34-0866026	5 501c3	85,000				Support Legal Work		
Legal Aid Society of Greater Cincinatti215 E 9th St Cincinatti, OH 45202	31-0536673	501c3	75,000				Support Legal Work		

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501c3 Support Legal Work Legal Aid Society of 39-0806284 Milwaukee521 N 8th St 100,000 Milwaukee, WI 53233 Law Office of Simmons & 20-1979502 Support Legal Work Purdy2425 Porter St Ste 10 50,000 Soquel, CA 95073 Legal Counsel for the Elderly 501c3 52-1194741 Support Legal Work 601 E St NW B4-435 75,500 Washington, DC 20005 501c3 Legal Services of Eastern 43-0816805 Support Legal Work Missouri4232 Forest Park 83,333 Ave St Louis, MO 63108 Legal Services of Northern 54-1137931 501c3 Support Legal Work Virginia Inc6066 Leesburg 90,000 Pike Ste 500 Falls Church, VA 22041 Legal Services for NYC -13-2600199 501c3 Support Legal Work Staten Island Legal Services 90,000 Defense Project350 Broadway 6th Floor New York, NY 10013 501c3 Legal Service of Greater 59-1227481 Support Legal Work Miami Inc300 Biscayne Blvd 95,000 Ste 500 Miami, FL 33137 Legal Services of South 38-1845444 501c3 Support Legal Work Central Michigan420 N 4th 90,000 Ave Ann Arbor, MI 48104 Mississippi Legal Services 64-0612891 501c3 Support Legal Work 111 E Front St 37,500 Hattiesburg, MS 39403 501c3 Mid-Minnesota Legal 41-1412710 Support Legal Work Assistance430 1st Ave N 100,000 Ste 300 Minneapolis, MN 55401

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mountain State Justice1031 Quarrier St Ste 200 Charleston, WV 25301	55-0748332	2 501c3	75,000				Support Legal Work
MetroWest Legal Services63 Fountain St Ste 304 Framingham, MA 01702	04-3177488	501c3	7,500				Support Legal Work
North Carolina Justice Center 224 S Dawson St Raleigh, NC 27611	56-1348186	5 501c3	75,000				Support Legal Work
Neighborhood Legal Services 37 Friend St 3rd Floor Lynn, MA 01902	04-2430192	2 501c3	90,000				Support Legal Work
Oregon Law Center921 SW Washington Ste 516 Portland, OR 97205	93-1194564	501c3	75,000				Support Legal Work
Pine Tree Legal Assistance 88 Federal St PO Box 547 Portland, ME 04112	01-0279387	7 501c3	100,000				Support Legal Work
South Brooklyn Legal Services105 Court St 3rd Floor Brooklyn,NY 11201	13-2605605	5 501c3	125,000				Support Legal Work
SC Legal Services701 S Main St Greenville, SC 29601	57-0485205	5 501c3	5,000				Support Legal Work
Southeast Louisiana Legal ServicesPO Box 2867 Hammond,LA 70404	72-0877422	2 501c3	100,000				Support Legal Work
Texas Rio Grande300 South Texas Blvd Weslaco,TX 78596	74-1675230	501c3	100,000				Support Legal Work

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Molleur Law Firm419 Alfred St Biddeford, ME 04005	01-0545937		17,000				Support Legal Work		
Legal Aıd Center of Southern Nevada800 S 8th St Las Vegas, NV 89101	88-0072562	501c3	83,333				Support Legal Work		

Employer identification number

74-3043913

SCHEDULE 0

Name of the organization Center for Responsible Lending

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

ldentifier	Return Reference	Explanation
Form 990 V I,	11a	The Form 990 is prepared by staff accountants. The Chief Financial, the Controller, and in-house counsel review multiple drafts and verify all answers before the form is provided to the Chief Executive Officer and board of directors for further review and comment prior to submission.
Form 990 VI,	12c	The organizations Conflict of Interest Policy covers its officers, directors or trustees, all employees of the organization or any related organization, and family members of persons in these categories. All covered persons are required under the policy to disclose actual or potential conflicts as soon as they arise and to confirm on an annual basis that there are no existing conflicts of interest. Persons with actual conflicts are prohibited from participating in any decisions relevant to the situation where the conflict exists. Most conflicts are clearly delineated by the policy situations that are not so clear-cut are reviewed by in-house counsel, CEO, or the Board, as appropriate
Form 990 VI,	15b	The organization pays its highest paid workers including the CEO, top management officials and other officers, in accordance with a salary ceiling that is confirmed annually by the board, and was last confirmed in February 2009. This ceiling is subject to adjustment for increased costs of living associated with the geographical areas in which workers are working, but is well below the average market salary for workers with comparable levels of expertise and experience.
Form 990 VI,	19	No documents available to the public
Form 990 V II,	1a	No director or officer receives compensation for his or her work as a director, officer or trustee instead, the amounts listed in columns EF are compensation paid to full-time 40 hours per week employees of the related organization, Self-Help Services Corporation, which serves as the employer for all of the filing organizations workers

SCHEDULE R (Form 990)

Department of the Treasury

Part II

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493225017380

Inspection

Internal Revenue Service Name of the organization

Employer identification number

74-3043913

Part I	Identification of Disregarded Entities	(Complete if the organization answered	"Yes" on Form 990, Part IV, line 33.)
--------	----------------------------------------	----------------------------------------	---------------------------------------

Name, address, and EIN of disregarded entity

or more related tax-exempt organizations during the tax year.)

(b) Primary activity

Legal domicile (state or foreign country)

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one

Total income

(e) End-of-year assets

Direct controlling entity

(b) (d) (c) (f) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity Self-Help Assistance Corporation 301 W Main Street Economic Development NC 501c3 N/A 11-1 Durham, NC 27701 56-1923620 Self-Help Community Development Corporation 301 W Main Street Affordable Housing NC 501c3 11-1 N/A Durham, NC 27701 56-1975829 Self-Help Credit Union 301 W Main Street Economic Development NC 501c14 N/A N/A Durham, NC 27701 56-1382971 Self-Help Services Corporation 301 W Main Street NC Staffing Services 501c3 11-1 N/A Durham, NC 27701 56-1849615 Self-Help Ventures Fund 301 W Main Street Charitable Lending NC 501c3 11-1 N/A Durham, NC 27701 58-1562750 Center for Community Self-Help 301 W Main Street Economic Development NC501c3 7 N/A Durham, NC 27701 56-1271685 Self-Help Federal Credit Union 301 W Main Street Economic Development NC 501c1 N/A N/A Durham, NC 27701 26-3016612

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV, line	34
	because it had one or more related organizations treated as a partnership during the tax year.)		

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(3)

(4)

(5)

(6)

Sch	edule R (Form 990) 2009			Pag	e 3
Pa	art V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 3	4, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Y.	es	No
1 [During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		T		
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	一		No
b	Gift, grant, or capital contribution to other organization(s)	1b	,		No
c	Gift, grant, or capital contribution from other organization(s)	10	:		No
d	Loans or loan guarantees to or for other organization(s)	10			No
e	Loans or loan guarantees by other organization(s)	16	: [No
			T		
f	Sale of assets to other organization(s)	1f			No
g	Purchase of assets from other organization(s)	1 g	ı		No
h	n Exchange of assets	1h	·I		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	\mathbb{L}		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	_ Y	es	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	(No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11	Y	es	
n	m Sharing of facilities, equipment, mailing lists, or other assets	1 n	n Y	es	
n	n Sharing of paid employees	1 n	<u>. </u>		No
			T		
o	Reimbursement paid to other organization for expenses	10	, Y	es	
p	Reimbursement paid by other organization for expenses	1 p	, Y	es	
			T		
q	Other transfer of cash or property to other organization(s)	19	1		No
r	Other transfer of cash or property from other organization(s)	1r	$\cdot \mathbb{T}$		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and	transaction thresholds			
	(a)	(b)	(c)		
	Name of other organization	Transaction Amou		volve	d
(1)					
2)					

Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID: 09000123

Software Version: 2009.0.12

EIN: 74-3043913

Name: Center for Responsible Lending

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Self-Help Assistance Corporation	Economic Development	NC	501c3	11-1	N/A
301 W Main Street Durham, NC27701 56-1923620					
Self-Help Community Development Corporation	Affordable Housing	NC	501c3	11-1	N/A
301 W Main Street Durham, NC27701 56-1975829					
Self-Help Credit Union	Economic Development	NC	501c14	N/A	N/A
301 W Main Street Durham, NC27701 56-1382971					
Self-Help Services Corporation	Staffing Services	NC	501c3	11-1	N/A
301 W Main Street Durham, NC27701 56-1849615					
Self-Help Ventures Fund	Charitable Lending	NC	501c3	11-1	N/A
301 W Main Street Durham, NC27701 58-1562750					
Center for Community Self-Help	Economic Development	NC	501c3	7	N/A
301 W Main Street Durham, NC27701 56-1271685					
Self-Help Federal Credit Union	Economic Development	NC	501c1	N/A	N/A
301 W Main Street Durham, NC27701 26-3016612					