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Form 990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public Inspection

Form **990** (2015)

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service and ending For the 2015 calendar year, or tax year beginning D Employer identification number C Name of organization Center for Responsible Lending Check if applicable Doing business as Address change Number and street (or PO box if mail is not delivered to street address) Room/suite 74-3043913 Name change 302 W Main Street E Telephone number Initial return City or town State ZIP code 919/313-8500 27701-3227 NC Durham Final return/terminated Foreign country name Foreign province/state/county Foreign postal code 5,791,088 Amended return G Gross receipts \$ Application pending F. Name and address of principal officer Yes X No H(a) is this a group return for subordinates? Michael D. Calhoun, 302 W. Main Street, Durham, NC, 27701 H(b) Are all subordinates included? If "No," attach a list (see instructions) Tax-exempt status 501(c)(3) 501(c) () < (insert no) 4947(a)(1) or 527 J Website: ▶ www.responsiblelending.org H(c) Group exemption number ▶ X Corporation K Form of organization Trust Association Other > L Year of formation M State of legal domicile 2002 NC Part I Summary Briefly describe the organization's mission or most significant activities Protect economic opportunity for low-income & minority families & communities by conducting research & providing education & technical assistance regarding predatory lending & other abusive financial practices Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 10 Number of independent voting members of the governing body (Part VI, line 1b) 9 4 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 7,949,500 5.643.621 Program service revenue (Part VIII, line 2g) 827.217 108.104 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4.574 7.288 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 54,225 32.075 Total revenue—add lines 8 through 11 (must equal Part-VIII, column (A), line 12 12 8,835,516 5,791,088 13 Grants and similar amounts paid (Part IX, column (A), lines (3) 1 V = 1 922,441 113.800 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Partix, column (A), lines 5610) 0 0 15 Professional fundraising fees (Part IX, column (A) dine 11e) 0 Total fundraising expenses (Part IX, column (D), Ine 25) Other expenses (Part IX, column (A), lines 11a-11d, 11-24e) EN, 17 5,790,651 5,428,489 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,713,092 5,542,289 19 Revenue less expenses Subtract line 18 from line 12 2,122,424 248,799 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 6,729,650 6,284,314 21 Total liabilities (Part X, line 26) 973.510 279,375 Net assets or fund balances Subtract line 21 from line 20 5,756,140 6.004.939 Signature Block Under penalties of perfury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Deborah Goldstein Chief Operating Officer Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check Paid self-employed Preparer Firm's EIN ▶ Firm's name Use Only Firm's address Phone no May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	0 (2015) Center for Responsible Lending	74-3043913	Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	Protect economic opportunity for low-income & minority families & communities by conducting		
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes	X No
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	. Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported.		
	(Code) (Expenses \$ 2,083,687 including grants of \$) (Revertechnical Assistance Provided legal analysis and market insight on debt collection and abusive lending practices in the areas of mortgage, small loans, and student and auto loans Proposed policy solutions to consumer and community groups and policymakers in the states and at the federal level Primary focus was on policies and market changes that would stop lending abuses that prevent low- and moderate-income families and communities of color from building wealth		
	(Code) (Expenses \$ 634,107 including grants of \$) (Reve Research Services Published research reports and analysis describing the savings to states that	nue \$ 645	,701)
	consumers, the cost of payday lending in Florida, and how high-cost overdraft fees harm consumers and discourage responsible bank products. CRL also shared research outlining that debt-collection		
	grassroots organizations. Similarly brought attention to need for continued mortgage reforms and		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	Total program service expenses ► 4 213 768		

	990 (2015) Center for Responsible Lending	74-3043913	Р	age 3
Part	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		169	No
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	ļ	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	ŀ		
	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	<u> </u>	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	·	 	 ^-
•	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		 -	
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or deb	t		
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	110	 ^	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11ь		x
С	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	11c		Х
d	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	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part	t X 11e		X
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444		
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," comp.	lete 11f	X	
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Ye			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	. , ,	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			,
1 <i>E</i>	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		 ^
	assistance to or foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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? If "Yes," complete Schedule G, Part I (see instructions)	17		Х

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

18

19? Note. All Form 990 filers are required to complete Schedule O

Б	A IV. Oh a blish of Day and in a Continue ()	74-30-3313		aye ¬
Par	t IV Checklist of Required Schedules (continued)		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	168	No X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	-	 ^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	205	<u> </u>	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		<u> </u>	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			 ^
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ļ.		
	employees? If "Yes," complete Schedule J	23		х
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 lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 ^-
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c	}	
d		24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	234		 ^ -
-	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	i l		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		 ^
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			 ^
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		1 20	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		***	17-
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	a dest	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			-
	Part I	31		Х
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		Х
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	Χ_	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 21 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return O If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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 If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b С If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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 as charitable contributions? 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 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 Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Х If "Yes," indicate the number of Forms 8282 filed during the year 7d d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? е 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring 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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 а Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans 13b C Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Part VI

	Check if Schedule O contains a response of note to any line in this Part VI	•	•	<u> </u>			
<u>Sect</u>	ion A. Governing Body and Management						
1a	Enter the number of voting members of the governing body at the end of the tax year 10		Yes	No			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar						
_	committee, explain in Schedule O			!			
b	Enter the number of voting members included in line 1a, above, who are independent 1b						
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		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		x			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?						
4	 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 						
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	<u>5</u>		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	۳		 ^-			
	one or more members of the governing body?	7a		x			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	stockholders, or persons other than the governing body?	7b		<u>x</u>			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following						
a	The governing body?	8a 8b	X				
ь							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			V			
Sect	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ion B. Policies (This Section B requests information about policies not required by the Internal Revenue O	9	١	<u> </u>			
<u> </u>	ion b. 1 dicies (11113 decitor b requests information about policies not required by the internal Nevenue (JUU C .	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	Х	<u> </u>			
C	describe in Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13	X	_			
14	Did the organization have a written document retention and destruction policy?	14	Х				
15	Did the process for determining compensation of the following persons include a review and approval by			i i			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization	15b	X	 ,			
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			ì			
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?	40-					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		X			
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			ĺ			
	the organization's exempt status with respect to such arrangements?	16b					
Sect	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► See Attached Statement						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3	s only	')	_			
	available for public inspection. Indicate how you made these available. Check all that apply						
10	Own website Another's website X Upon request Other (explain in Schedule O)	 .	<u>د</u>				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol financial statements available to the public during the tax year	cy, an	a				
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•					
	· · · · · · · · · · · · · · · · · · ·						
	Randy Chambers 919-956-4400						

Form 990 (2015)	Center for Responsible Le
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74-3043913

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

Check if Schedule O contains a response or note to any line in this Part VII.

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
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle: er an	Pos heck ss pe	rson Irect	n of the street	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Noel Poyo	0 50									
Director	0 00 0 50	Х	├	 	\vdash			0		0
(2) Wade Henderson Director	0 00	x						0		0
(3) Mark Goldhaber	0 50	 ^	├	├						0
Director	0 00	х		-				o		
(4) Don Kidd	0 50	 ^	\vdash							0
Director	0 00	х		1				o		0
(5) Sarah Ludwig	0 50		╁╌			-		<u> </u>		<u> </u>
Director	0 00	х		}				0		0
(6) Nicolas Retsinas	0 50	<u> </u>	T	\vdash		 				
Director	0 00	x		Ì		1		0		0
(7) Ira Rheingold	0 50		⇈							
Director/Chair	0 00	x	ļ					0		0
(8) Shanna L Smith	0 50									
Director	0 00	Х						О		0
(9) Robin Talbert	0 50									
Director	0 00	Х						0		0
(10) Martin Eakes	0 00									
CEO/Director/Secretary	40 00	Х		Х				73,249		26,147
(11) Julian Bond	0 50									
Director	0 00	Х						0		0
(12) Bonnie Howard	0 50									
Director	0 00	_ X		<u> </u>	_			0		0
(13) Shelia Bair	0 50									
Director	0 00	_X_	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$			Щ		0		0
(14) Michael Calhoun	0 00									
President	40 00	L	<u></u>	Х		<u> </u>		99,136		17,963

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					C)								
(A) Name and title	(B) Average hours per	box,	unies	neck ss pe	rson	than one than of the thick that the thick the	n an	(D) Reportable compensation	(E) Reportable compensation	i	(F) stimate		
	week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	con f org an	other npensati rom the ganizati id relate anizatio	tion e on ed	
(15) Randy Chambers Treasurer	0 00 40 00	1		Х				72,955			30),050	
(16) Paul Leonard California Office Manager	0 00 40 00	1				х		104,495				3,713	
(17)	 												
(18)													
(19)									·				
(20)													
(21)											•		
(22)								·			·		
(23)													
(24)													
(25)													
1b Sub-total	<u> </u>						•	349,835	0		92	2,873	
c Total from continuation sheets to Part VII, S	ection A						•	0	0			0	
d Total (add lines 1b and 1c) Total number of individuals (including but not line reportable compensation from the organization		ted a		е) v	vho	recei	ved	349,835 more than \$100	,000 of		92	2,873	
				<u> </u>							Yes	No	
3 Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched		-		oye	e, o	r higl	nest	compensated		3		Х	
4 For any individual listed on line 1a, is the sum of the organization and related organizations greaters.		-						•	h		-		
 individual Did any person listed on line 1a receive or accidental accidents and accidents are accidental accidents. 									ridual	4	·	X	
for services rendered to the organization? If "You Section B. Independent Contractors	es, compiete so	neuu	ile J	101	Suc	n per	SOL	<u> </u>		5		Х	
Complete this table for your five highest compe compensation from the organization. Report co year.	1									tax			
(A) Name and business add	ress							(B) Description of serv	vices C	(C Comper			
	et, NW, Suite 300) Was	shin	gtor	n, D	C 20	Со	<u> </u>	- 			3,708	
LMD 14409 Greenvie	ew Dr Ste 200 L	aure	I, M	D 2	070	8	We	eb Redesign & W			115	,000	
Lake Research Partners Inc. 1726 M Street I	MM Suita 1100 N	Mach		^~	$\neg \circ$	2002	I C	niou Doogonsh 0	C		440	070	

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 of compensation from the organization

<u>0</u>

Part VIII Statement of Revenue

	•	Check if Schedule O contains	s a response or r	note to any line in	this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in	nts, and ove 1f	0 0 0				
SĘ	g <u>h</u>	Total. Add lines 1a–1f	ιιιο 3 τα² τι. ψ	>	5,643,621			
Program Service Revenue	2a	Litigation Settlements		Business Code 541100	108,104	108,104		
8	b				0			
er/	d				0			
E S	е				0			
rogu	f	All other program service revenu	ie		0			
ā	g	Total. Add lines 2a–2f			108,104			
	3	Investment income (including divother similar amounts) Income from investment of tax-e		•	7,288 0			7,288
	5	Royalties		•	0			
	6a b c	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	>	o			
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(i) Securities 0 0 0	0				
Other Revenue		Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	а	0	0			
돌		Less direct expenses	b	0			-	
•		Net income or (loss) from fundra Gross income from gaming activ See Part IV, line 19	_	0	0			
		Less direct expenses	. b	0				
		Net income or (loss) from gamin Gross sales of inventory, less returns and allowances	g activities		0			
		Less cost of goods sold Net income or (loss) from sales	. b	0	0		~	
	11a b	Miscellaneous Revenue Sales tax refunds Rental Income	·	900099 531190	1,347 30,728	1,347 30,728		-
	c d e	All other revenue Total. Add lines 11a–11d			32,075	-		
	12	Total revenue. See instructions		•	5 791 088	140 179	0	7 288

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) (B) (C) (D) Do not include amounts reported on lines 6b. 7b. Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations domestic governments See Part IV, line 21 113.800 113.800 Grants and other assistance to domestic individuals See Part IV, line 22 0 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 0 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 0 0 Compensation not included above, to disqualified 6 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 accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 9 Other employee benefits 0 10 Payroll taxes 0 11 Fees for services (non-employees) Management 0 а Legal 7,733 3.070 4,171 b 492 Accounting 10,000 10,000 C Lobbying 128.762 128,762 d Professional fundraising services. See Part IV. line 17 e 0 0 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) -243,435 -166,044 -73,946 -3,445 12 Advertising and promotion 0 13 Office expenses 104,611 71,787 10,246 22.578 14 Information technology 2.639 3,435 541 255 15 Royalties 0 16 Occupancy 648.701 469,194 121,982 57,525 Travel 17 333,187 312,781 9,792 10,614 18 Payments of travel or entertainment expenses for any federal, state, or local public officials O 19 Conferences, conventions, and meetings 31,772 29,167 646 1,959 20 Interest 0 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization 22,295 16,052 4,245 1.998 23 Insurance 560 403 107 50 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Information & Data Expenses 310,719 309.365 921 433 Ally Support/Advocacy Expenses 172,159 159,750 7,304 5,105 Staffing Reimbursement to SHSC EIN 56-1849615 3,820,685 2,700,633 803,640 316,412 Hiring & Recruiting 47,340 5,691 36,838 4,811 All other expenses 29,965 25,571 2,302 e 2.092 Total functional expenses. Add lines 1 through 24e 5,542,289 4,213,768 901,764 426,757 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Center for Responsible Lending

		Check if Schedule O contains a response or	note to	any line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	·
	2	Savings and temporary cash investments	5,464,014	2	5,562,207		
	3	Pledges and grants receivable, net	1,106,235	3	580,000		
	4	Accounts receivable, net	500	4	798		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa					
		Complete Part II of Schedule L			0	5	
	6	Loans and other receivables from other disqualified person					
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd cont	ributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary e	mployee	es' beneficiary			
ets		organizations (see instructions) Complete Part II of Sche	dule L			6	
Assets	7	Notes and loans receivable, net			0	7	0
⋖	8	Inventories for sale or use		_	0	8	
	9	Prepaid expenses and deferred charges		,	0	9	5,119
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	207,405			
	b	Less accumulated depreciation	10b	165,237	64,463		42,168
	11	Investments—publicly traded securities			8,378	11	8,562
	12	Investments—other securities See Part IV, line	0	12	0		
	13	Investments—program-related See Part IV, line	0	13	0		
	14	Intangible assets	0	14	0		
	15	Other assets See Part IV, line 11		86,060	15	85,460	
	16	Total assets. Add lines 1 through 15 (must equa	al line :	34)	6,729,650	16	6,284,314
	17	Accounts payable and accrued expenses		ļ	973,510	17	279,375
	18	Grants payable		1		18	-
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		-		20	
	21	Escrow or custodial account liability Complete F				21	
Liabilities	22	Loans and other payables to current and former					!
Ħ		trustees, key employees, highest compensated		yees, and			
ia		disqualified persons Complete Part II of Schedu				22	
_	23	Secured mortgages and notes payable to unrela		· •	0	23	0
	24	Unsecured notes and loans payable to unrelated		·	0	24	0
	25	Other liabilities (including federal income tax, pa	•				
	l	parties, and other liabilities not included on lines	17-24	Complete			
	26	Part X of Schedule D		-	072.540	25	0 070 075
	26	Total liabilities. Add lines 17 through 25			973,510	26	279,375
es		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 ar	•	ck here ► X and			
Š		Unrestricted net assets	iu 57.	-	4 000 4 40		
ala	27			-	4,202,140	27	5,824,939
Fund Balances	28 29	Temporarily restricted net assets Permanently restricted net assets		}	1,554,000	28	180,000
Š	29	·				_29	
L.		Organizations that do not follow SFAS 117 (ASC958),	check l	nere 🕨 🔛 and			
SOL		complete lines 30 through 34.					
šet	30	Capital stock or trust principal, or current funds		Ł		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or ed		<u>-</u>		31	
et /	32	·Retained earnings, endowment, accumulated in	come,	or other funds		32	
Z	33	Total net assets or fund balances	Ļ	5,756,140	33	6,004,939	
	34_	Total liabilities and net assets/fund balances			6,729,650	34	6,284,314

FUIIII	590 (2015) Center for Responsible Lending	_/4	1-3043913	Pag	ge IZ
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,791	1,088
2	Total expenses (must equal Part IX, column (A), line 25)	2			2,289
3	Revenue less expenses Subtract line 2 from line 1	3			3,799
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,756	5,140
5	Net unrealized gains (losses) on investments	5	_		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	ϵ	3,004	1,939
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
		•		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				. ;
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		5, -	, . ,	1
	reviewed on a separate basis, consolidated basis, or both		, -	****	
	Separate basis Consolidated basis Both consolidated and separate basis			,	1 i
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		"		
Ü	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	~	
	If the organization changed either its oversight process or selection process during the tax year, explain in		20		,
	Schedule O		3,*	ξ.,	
3a	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		×
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		
	, and the same of		Form	990	(2015)
				(,,,

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury
Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

Name of the organization

Employe

OMB No 1545-0047

2015

Open to Public

//form990. Inspection

Employer identification number

Cent	er to	or Responsible Lending					74-30	<u>43913 </u>
Par	t I	Reason for Public Char	ity Status (All org	ganizations must co	mplete th	nis part)	See instructions	
The	orga	anization is not a private foundat		_				
1	Ш	A church, convention of church	es, or association of	f churches described i	n section	170(b)(1)(A)(i).	
2		A school described in section 1	1 70(b)(1)(A)(ii) . (Att	ach Schedule E (Form	990 or 99	90-EZ))		
3		A hospital or a cooperative hosp	pital service organiz	ation described in sec	tion 170(b)(1)(A)(iii).	
4		A medical research organization hospital's name, city, and state	n operated in conjur	nction with a hospital d	lescribed i	n section	170(b)(1)(A)(iii). Er	iter the
5		An organization operated for the section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6		A federal, state, or local govern	ment or governmen	tal unit described in se	ection 170)(b)(1)(A)(v).	
7		An organization that normally redescribed in section 170(b)(1)(m a gove	rnmental u	ınıt or from the gene	ral public
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II)			
9		An organization that normally re receipts from activities related t support from gross investment acquired by the organization af	o its exempt function income and unrelated	ns—subject to certain ed business taxable in	exception come (les	is, and (2) s section (no more than 33 1/3 511 tax) from busine	3% of its
10		An organization organized and	operated exclusivel	y to test for public safe	ety See se	ection 509	(a)(4).	
11	<u> </u>	An organization organized and of one or more publicly support Check the box in lines 11a thro	ed organizations de	scribed in section 509	(a)(1) or s	section 50	9(a)(2). See section	n 509(a)(3).
а		X Type I. A supporting organization (sorganization You must con	s) the power to regu	larly appoint or elect a				
b		Type II. A supporting organization(s) You must c	e supporting organi	zation vested in the sa				
С		Type III functionally integra						rated with,
d	ſ	its supported organization(s) Type III non-functionally in	•				•	onization/s)
u	L	that is not functionally integr						
	_	requirement (see instruction						
е	[Check this box if the organiz					Type I, Type II, Type	e III
		functionally integrated, or Ty	•	lly integrated supporting	ng organiz	ation		<u> </u>
f		Enter the number of supported of Provide the following information	•	od organization(s)				1
9		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the c	organization	(v) Amount of monetary	(vi) Amount of
	.,		(.,, =	(described on lines 1–9 above (see instructions))	listed in you	ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
A)								
Otr fo	or C	om Self-Help	56-1271685	7	Х			
B)							-	
		·						
C)				<u> </u>				
D)								
E)								
Гоtа	ı —			.,,,			-	-

instructions

Sche	dule A (Form 990 or 990-EZ) 2015 Center for	Responsible Leni	ding			74-3043913	3 Page 2
Pa	rt II Support Schedule for Orga				• • •		•
	(Complete only if you checke				•	•	der
	Part III If the organization fa	ils to qualify un	der the tests lis	ited below, plea	ise complete P	art III.)	
	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						C
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		,				0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						o
5	Total. Add lines 1 through 3 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,	0	0	0	0	0	C
	column (f)	. ,					
6	Public support. Subtract line 5 from line 4				•		C
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	0	0	0	0	0	C
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources						C
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						O
11	Total support. Add lines 7 through 10						C
12	Gross receipts from related activities, etc. (se	e instructions) .				12	<u> </u>
13	First five years. If the Form 990 is for the or organization, check this box and stop here			i, or fifth tax year as	s a section 501(c)(3)	▶
Sec	ction C. Computation of Public Su						
14	Public support percentage for 2015 (line 6, c		•))	į	14	0 00%
15	Public support percentage from 2014 Sched				l	15	0 00%
16a	33 1/3% support test—2015. If the organiz and stop here. The organization qualifies as			, and line 14 is 33 1	1/3% or more,		▶ [
b	33 1/3% support test—2014. If the organiz box and stop here. The organization qualified			· · · · · · ·	s 33 1/3% or more	, check this	▶□
17a	10%-facts-and-circumstances test—2015 is 10% or more, and if the organization meet Part VI how the organization meets the "facts organization	s the "facts-and-cir	cumstances" test,	check this box and	stop here. Explai	n ın	> [
b	10%-facts-and-circumstances test—2014 15 is 10% or more, and if the organization m Part VI how the organization meets the "facts supported organization	eets the "facts-and	-cırcumstances" te	st, check this box a	ind stop here . Ex		-
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		_			•	_
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	-					
	received (Do not include any "unusual grants")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						<u>-</u> . <u>-</u>
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts 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						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from			AND THE PROPERTY.	, , ,	. 7	
	line 6)		· *	*	×	-	0
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the or	ganization's first, s	second, third, fourth	n, or fifth tax year a	as a section 501(c)(3)	
	organization, check this box and stop here						▶ ∟
Sec	tion C. Computation of Public Sup	-					
15	Public support percentage for 2015 (line 8, ca	• •	•	f))		15	0 00%
16	Public support percentage from 2014 Schedu					16	0 00%
Sec	tion D. Computation of Investmen					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2015 (line			olumn (f))	Ì	17	0 00%
18	Investment income percentage from 2014 Sc					18	0 00%
19a	33 1/3% support tests—2015. If the organiz					and line 17 is	-
	not more than 33 1/3%, check this box and s		•		•		▶
b	33 1/3% support tests—2014. If the organic						_
	line 18 is not more than 33 1/3%, check this				- · · · ·		▶
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19	b, check this box a	and see instructions		. •

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A	. All	Supporting (Organizations
-----------	-------	--------------	---------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

_		Yes	No
	1	X	
	2		- - X
	3a		X X
	3b	7.4	
	3c	-	
	4a		X
	4b		1
	4c		
	5a		X
:	5b 5c		- '
	6		X
	7		X
	8		_ , X
	9a		X
	9b		<u> </u>
	9c		X
	10a	_	_X_
	10b	90 EZ	<u> </u>

<u>P</u> art	Supporting Organizations (continued)		,	
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		~	ļ. ,
_	below, the governing body of a supported organization?	11a	 	X
b	A family member of a person described in (a) above? A 35% controlled entitle of a person described in (b) or (b) above? If "Yes" to a, b, or a provide detail in Bort W.	11b	-	X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	1110		
00011	on b. Type reappointing organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1	1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	<u> </u>	X
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1 :		
Cooti	the supported organization(s)	1	<u> </u>	<u> </u>
Secu	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		ies	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		İ
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insti	uction	s)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstruc	tions)
2	Activities Test Answer (a) and (b) below.		Yes	
– а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	110
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		1
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		'
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	26		l

5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations	
Section A - Adjusted Net Income 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) (A) Prior Year (B) Current Year (optional) 7	1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	t on Nov 20, 1970 See ins	tructions. All
1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) (A) Prior Year (optional) (a) Prior Year (optional) (b) Constitution of the short-term capital gain and	other Type III non-functionally integrated supporting organizations must con	mplet	e Sections A through E	
2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 4 Depreciation and depletion 5 Depreciation of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7	Section A - Adjusted Net Income		(A) Prior Year	, ,
3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)	1 Net short-term capital gain	1		
4 Add lines 1 through 3 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7	2 Recoveries of prior-year distributions	2		
5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7	3 Other gross income (see instructions)	3		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)	4 Add lines 1 through 3	4	0	0
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7	5 Depreciation and depletion	5		
maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7	6 Portion of operating expenses paid or incurred for production or			
7 Other expenses (see instructions) 7	collection of gross income or for management, conservation, or			
7 0 1101 0 100 (000 1101 0010 10)	maintenance of property held for production of income (see instructions)	6		
	7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 0	8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional)	Section B - Minimum Asset Amount	` '		
1 Aggregate fair market value of all non-exempt-use assets (see	Aggregate fair market value of all non-exempt-use assets (see	T	, <u>.</u> -	
instructions for short tax year or assets held for part of year)	instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities 1a	a Average monthly value of securities	1a		
b Average monthly cash balances 1b	b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets		1c		
d Total (add lines 1a, 1b, and 1c)	d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other	e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d 3 0	3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions) 4 0	see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 0	5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035 6 0	6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions 7 0	7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6) 8 0	8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount Current Year	Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A) 1	1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1 2	2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3	3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year 5	5 Income tax imposed in prior year	5	,	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)	<u> </u>	ly-ınte	egrated Type III supporting of	organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exe					
2	Amounts paid to perform activity that directly furthers exempt					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpos	itions				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI) See instructions					
7	Total annual distributions. Add lines 1 through 6	0				
8	Distributions to attentive supported organizations to which ti	ne organization is respor	isive	***		
	(provide details in Part VI) See instructions					
9	Distributable amount for 2015 from Section C, line 6		,	0		
10	Line 8 amount divided by Line 9 amount			0 000		
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015		
1	Distributable amount for 2015 from Section C, line 6			0		
2	Underdistributions, if any, for years prior to 2015					
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2015					
a		,	· · · · · · · · · · · · · · · · · · ·	1		
<u>b</u>						
C	· · · · · · · · · · · · · · · · · · ·					
d	From 2013 0					
e	From 2014 0					
f	Total of lines 3a through e	0		· · · · · · · · · · · · · · · · · · ·		
g	Applied to underdistributions of prior years		0			
h	Applied to 2015 distributable amount			0		
i_	Carryover from 2010 not applied (see instructions)					
<u>j</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f	0				
4	Distributions for 2015 from Section					
	D, line 7 \$ 0					
	Applied to underdistributions of prior years		0			
b	Applied to 2015 distributable amount			0		
	Remainder Subtract lines 4a and 4b from 4	0				
5	Remaining underdistributions for years prior to 2015, if					
	any Subtract lines 3g and 4a from line 2 (if amount					
	greater than zero, see instructions)		0			
6	Remaining underdistributions for 2015 Subtract lines 3h					
	and 4b from line 1 (if amount greater than zero, see					
	instructions)			0		
7	Excess distributions carryover to 2016. Add lines 3j					
	and 4c	0				
8	Breakdown of line 7					
a						
b						
С	Excess from 2013 0					
d	Excess from 2014 0					
е	Excess from 2015 0					

Schedule A'(For	m 990 or 990-EZ) 2015 Center for Responsible Lending	74-3043913 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)	17b, Part Section 1c, 2a, 2b,
		•••••

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

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. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 5	Section 501(c)(4), (5), or (6) o	rganizations Complete Part III			
Nam	e of organization			E	mployer identification number
Cen	ter for Responsible Lendin				74-3043913
Рa	rt I-A Complete if t	he organization is exempt und	ler section 501	(c) or is a section	527 organization.
1	Provide a description of the	he organization's direct and indirect p	olitical campaign	activities in Part IV	
2	Political expenditures				> \$
3	Volunteer hours				
Da	rt I-B Complete if t	he organization is exempt und	ler section 501	(c)(3)	
1		excise tax incurred by the organization			▶ \$
2	•	excise tax incurred by organization m			S
3		ed a section 4955 tax, did it file Form	-		Yes No
4a	Was a correction made?	, <u></u>			Yes No
b	If "Yes," describe in Part I	V			
		he organization is exempt und	ler section 501	(c), except sectio	n 501(c)(3).
1		expended by the filing organization f	·····		
	activities			•	> \$
2	Enter the amount of the fi	iling organization's funds contributed	to other organizati	ons for section	
	527 exempt function activ	vities .			▶ \$
3	Total exempt function exp	penditures Add lines 1 and 2 Enter h	ere and on Form	1120-POL,	
	line 17b				> \$ 0
4		file Form 1120-POL for this year?			Yes No
5		ses and employer identification numb			
		ents For each organization listed, en ntributions received that were prompt			
		intributions received that were prompt I fund or a political action committee			
-	ao a coparate cogregates	l rand or a pointear action committee of	T additiona	Topado lo ficedea, pr	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization's	
				funds If none, enter	-0- promptly and directly
					delivered to a separate political organization. If
					none, enter -0-
(1)					
<u>(0)</u>					
(2)			1		
(3)					
(4)					
(5)		·			
(6)					
(4)		l .	I	I .	i

f Grassroots lobbying expenditures

SCII	edule C (Form 990 of 990-EZ) 2015					Page 2
P	art II-A Complete if the organiza	ation is exempt	under section 5	01(c)(3) and filed	Form 5768 (elec	ction
	under section 501(h)).				<u> </u>	
A	Check ▶ X If the filing organizatio	n belongs to an a	iffiliated group (a	nd list in Part IV e	each affiliated grou	up member's
	name, address, EIN, e	•			•	•
В	Check ▶ ☐ if the filing organizatio	•				
		obbying Expendit				(b) Affiliated
	(The term "expenditures				(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence				18,898	18,898
b					174,393	228,238
C					193,291	247,136
d	Other exempt purpose expenditures	a and 10,			1,160,755	49,250,747
e	Total exempt purpose expenditures (add	d lines 1c and 1d)		•	1,354,046	49,497,883
f				 h	1,00 1,0 10	10, 101,000
•	columns		morning table in both		210,405	1,000,000
	If the amount on line 1e, column (a) or (b) is: The lobbyin	ıg nontaxable amou	int is:	2.0,700	* . *
1	Not over \$500,000		mount on line 1e		,	,
1	Over \$500,000 but not over \$1,000,000		is 15% of the excess	over \$500,000		ļ
Ì	Over \$1,000,000 but not over \$1,500,000		is 10% of the excess			;
	Over \$1,500,000 but not over \$17,000,000		is 5% of the excess o	ver \$1,500,000	ļ	1
	Over \$17,000,000	\$1,000,000		L		
g	Grassroots nontaxable amount (enter 2	•			52,601	250,000
h	Subtract line 1g from line 1a If zero or I				0	0
İ	Subtract line 1f from line 1c If zero or le	•			0	0
j	If there is an amount other than zero on	either line 1h or lin	e 1ı, dıd the organız	ation file Form 472	O reporting	
	section 4911 tax for this year?					Yes No
		4-Year Averaging	Period Under sec	tion 501(h)		
	(Some organizations that made	a section 501(h) e	lection do not hav	e to complete all c	f the five columns	below.
	Se	e the separate ins	tructions for lines	2a through 2f.)		
				 		
	Lob	bying Expenditure	es During 4-Year A	veraging Period	· · · · · · · · · · · · · · · · · · ·	
	Calendar year (or fiscal year	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
	beginning in)					• •
2a	Lobbying nontaxable amount			,		
		1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
	Lobbying ceiling amount			,	****	
b	(150% of line 2a, column(e))	(· _ , , , , , ;	(7.1		,	6,000,000
C	Total lobbying expenditures	613,573	305,884	269,022	247,136	1,435,615
		013,373	303,004	209,022	247,130	1,435,015
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
	Grassroots ceiling amount					.,000,000
6	(150% of line 2d, column (e))					1 500 000

23,984

32,966

3,420

Schedule C (Form 990 or 990-EZ) 2015

79,268

18,898

Par	rt II-B Complete if the organizatio (election under section 501	n is exempt under section 501(c)(3) and has NOT file	d For	m 576	8	
Eor ((a)		(b)	
	cription of the lobbying activity.	Yes	No	1	Amoun	t
1	During the year, did the filing organization a	attempt to influence foreign, national, state or local				•
	legislation, including any attempt to influence	ce public opinion on a legislative matter or				
	referendum, through the use of		,	[,	, t	
а	Volunteers?		↓			
b		sation in expenses reported on lines 1c through 1i)?	 		· 	
C			↓	ļ		
d	, , , , ,		┼			
e	• •		 			
f	, , ,		+	 		
g		· · · · · · · · · · · · · · · · · · ·	+-	 		_
h	i Other activities?	tions, speeches, lectures, or any similar means?	┼			
'	Total Add lines 1c through 1	•	+		-	0
2a		zation to be not described in section 501(c)(3)?				- , - 0
b			+-		-	
C	•	ed by organization managers under section 4912				
d						
		n is exempt under section 501(c)(4), section 501(c)(5), or s	ectio	n	•
	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 lo	bbying expenditures of \$2,000 or less?		2		<u> </u>
3		obying and political expenditures from the prior year?		3_		<u> </u>
Pan		n is exempt under section 501(c)(4), section 501(c)(5 DTH Part III-A, lines 1 and 2, are answered "No," OR (3, is
1	Dues, assessments and similar amounts fr	om members	1			
2	, , ,	political expenditures (do not include amounts of				
	political expenses for which the section	527(f) tax was paid).	ŀ			
а	•		2a	<u> </u>		
b	•		2b	ļ		
•	· · · · · · · · · · · · · · · · · · ·		2c	 -		0
3	•	3(e)(1)(A) notices of nondeductible section 162(e) dues 2c exceeds the amount on line 3, what portion of the	3	<u> </u>		
4		yover to the reasonable estimate of nondeductible				
	lobbying and political expenditure next year	•	4			
5			5			0
	rt IV Supplemental Information	portantico (oco mondonorio)				
Provi 2 (se	vide the descriptions required for Part I-A, line ee instructions), and Part II-B, line 1. Also, co	e 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), mplete this part for any additional information IIp, 301 W Main Street, Durham, NC 27701, EIN	Part II	-A, line	s 1 and	d
56-12	1271685, Direct Lobbying expenses \$53,685	Grassroots Lobbying expenses \$0, (2) Self-Help			·	
Ventu	tures Fund, 301 W Main Street, Durham, NC	27701, EIN 58-1562750, Direct Lobbying expenses \$160,			. 	
Gras	ssroots Lobbying expenses \$0, (3) Self-Help	Community Development Corporation, 301 W Main			· 	
Stree	eet, Durham, NC 27701, EIN 56-1975829, Dire	ect Lobbying expenses \$0, Grassroots Lobbying expenses				·
\$0 (4	(4) Self-Help Services Corporation, 301 W M	aın Street, Durham, NC 27701, EIN 56-1849615, Dırect				
Lobb	hving expenses \$0. Grassroots Lobbying exp	enses \$0				

Part IV Supplemental Information (continued)
Part II-A Line 2 (5) Self-Help Assistance Corporation, 301 W Main Street, Durham, NC 27701, EIN
56-1923620, Direct Lobbying expenses \$0, Grassroots Lobbying expenses \$0 Of these group members,
Center for Community Self-Help and the filing organization, Center for Responsible Lending have made
the election under section 501(h)
·

SCHEDULE D (Form 990)

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

20**15**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name	lame of the organization Employer identification number						
Cente	er for Responsible Lending		74-3043913				
Part	Organizations Maintaining Done	or Advised Funds or Other Similar I					
	Complete if the organization answ	ered "Yes" on Form 990, Part IV, line	6				
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5							
_		-					
6	Did the organization inform all grantees, dono						
	used only for charitable purposes and not for						
	purpose conferring impermissible private ben	ent /	Yes No				
Part			-				
		ered "Yes" on Form 990, Part IV, line	<u>/</u>				
1	Purpose(s) of conservation easements held t	· · · · · · · · · · · · · · · · · · ·	a af a brakawa alli rusus da aktisus da sa				
	Preservation of land for public use (e g , recr		n of a historically important land area				
	Protection of natural habitat	Preservation	n of a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation contribution	on in the form of a conservation				
	easement on the last day of the tax year		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation ease		2b				
C	Number of conservation easements on a cert		2c				
d	Number of conservation easements included		امرا				
3	historic structure listed in the National Registe Number of conservation easements modified		2d				
3	the tax year	, transferred, released, extinguished, or ten	minated by the organization during				
4	Number of states where property subject to c	onservation easement is located					
5	Does the organization have a written policy re	•	handling of				
-	violations, and enforcement of the conservati		Yes No				
6	Staff and volunteer hours devoted to monitoring, i		conservation easements during the year				
	>	-	- ,				
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and enforcing cons	servation easements during the year				
	▶ \$						
8	Does each conservation easement reported of	on line 2(d) above satisfy the requirements					
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization re						
	balance sheet, and include, if applicable, the	-	ancial statements that describes				
Pari	the organization's accounting for conservation	ections of Art, Historical Treasures,	or Other Similar Assets				
i ai		ered "Yes" on Form 990, Part IV, line					
1a	If the organization elected, as permitted under	· · · · · · · · · · · · · · · · · · ·					
	works of art, historical treasures, or other sim of public service, provide, in Part XIII, the tex	The state of the s					
b	If the organization elected, as permitted under						
D	works of art, historical treasures, or other sim	· · · · · · · · · · · · · · · · · · ·					
	of public service, provide the following amour	·	ion, or research in furtherafice				
	(i) Revenue included on Form 990, Part VIII,	•	> \$				
	(ii) Assets included in Form 990, Part X		▶ \$				
2	If the organization received or held works of a	art, historical treasures, or other similar assi	ets for financial gain, provide the				
-	following amounts required to be reported un						
а	Revenue included on Form 990, Part VIII, line						
b	Assets included in Form 990, Part X		► \$				

Sched	ule D (Form 990) 2015 Center for Responsible L	ending		74	I-3043913		Page 2
Part	III Organizations Maintaining Col	ections of Art, Hist	orical Treasures, o	or Other Similar	Assets (con		
3	Using the organization's acquisition, access	on, and other records,	check any of the follow	ring that are a signif	ficant use of its	s	
	collection items (check all that apply)		•				
а	Public exhibition	d	Loan or exchange	programs			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain h	ow they further the org	ganization's exempt	purpose in Pa	art	
5	During the year, did the organization solicit of	or receive donations of	art historical treasures	or other similar			
•	assets to be sold to raise funds rather than t				☐ Ye	s —	No
Part		·			٠٠ بـــا		
rail	Complete if the organization answ		990 Part IV line 9	or reported an a	mount on Fo	rm.	
	990, Part X, line 21.	wered les on rom	1 990, 1 art IV, line 9	, or reported an a	imount on r	71111	
1a	Is the organization an agent, trustee, custod	an or other intermedial	ry for contributions or c	other assets not			
	included on Form 990, Part X?	an or other intermedial	y lor continuations of c	Andr addets not	☐ Ye	s [l No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	wing table			~	,
	, . p	, , , , , , , , , ,	3		Amount		
С	Beginning balance .			1c			0
d	Additions during the year		•	1d			
е	Distributions during the year	•		1e			
f	Ending balance			1f			0
2a	Did the organization include an amount on F	form 990, Part X, line 2	1, for escrow or custod	lial account liability?	·	s X	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the expl	anation has been prov	ided on Part XIII			1
Part	V Endowment Funds.						
	Complete if the organization answ	wered "Yes" on Form	990, Part IV, line 1	0			
	(a)	Current year (b) Pri	or year (c) Two years	s back (d) Three yea	rs back (e) Fo	ur years	back
1a	Beginning of year balance	0	0	0	0		0
b	Contributions						
C	Net investment earnings, gains,						
	and losses						
đ	Grants or scholarships						
е	Other expenditures for facilities						
f	and programs Administrative expenses						
g	End of year balance	0	ol	0	0		0
2	Provide the estimated percentage of the cur	rent vear end balance (line 1g. column (a)) he		<u> </u>		
а	Board designated or quasi-endowment	▶ %	· · · · · · · · · · · · · · · · · · ·				
b	Permanent endowment	%					
С	Temporarily restricted endowment	%					
	The percentages on lines 2a, 2b, and 2c sho						
3a	Are there endowment funds not in the posse	ession of the organization	on that are held and ad	Iministered for the	ı		T
	organization by				[a_m]	Yes	No
	(i) unrelated organizations	•			3a(i)		<u> </u>
h	(ii) related organizations	ations listed as require	d on Cohodulo B2		3a(ii)		
b ⊿	If "Yes" on line 3a(ii), are the related organized Describe in Part XIII the intended uses of the	•			_3b_		
Part			HOIR IGHUS				
	Complete if the organization answ		990 Part IV line 1	1a See Form QQ) Part X line	e 10	
	Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated		ok valu	е
		(investment)	basis (other)	depreciation	(5) 50	. J., TUIU	-
1a	Land	0	0	TO THE REAL PROPERTY.			0
b	Buildings	0	0		0		0
С	Leasehold improvements	21,665	0	21,6	665		0

Equipment

Other

21,993

20,175

42,168

118,040

25,532

140,033

45,707

0

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Part VII	Investments—Other Secur Complete if the organization		90, Part IV, line 11b See For	m 990, Part X, line 12.
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	aluation
(1) Financial of	derivatives .	C		
(2) Closely-he	eld equity interests	C		
(3) Other				
(4)				
(B)				
(C)	*			
(E)				
				
<u>(H)</u>				
		<u> </u>)[
Part VIII	Investments—Program Rel			
	Complete if the organization	answered "Yes" on Form 9	90, Part IV, line 11c. See For	m 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
<u>(1)</u>				
_(2)				
(3)				
_(4)				·
(5)				
(6)				
(8)				
(9)				
		<u> </u>	<u> </u>	
Part IX	Other Assets. Complete if the organization		90, Part IV, line 11d See For	
		(a) Description		(b) Book value
		··· ·· · · · · · · · · · · · · · · · ·		
(2)				
(3)				
(4)	· · · · · · · · · · · · · · · · · · ·			<u></u>
(5)	······································			
(6)				
(7)		· · · · · · · · · · · · · · · · · · ·	,	
(8)				
	n (b) must equal Form 990, Part X,	col (B) line 15.)		0
Part X	Other Liabilities.	CO. (D)		<u> </u>
Tartx	Complete if the organization	answered "Yes" on Form 9	90, Part IV, line 11e or 11f. S	ee Form 990, Part X,
4	line 25. (a) Description of liability	(h) Book volus	T	
(1) Federal i	 	(b) Book value	 	
	nome taxes	0		
(2)			1	
<u>(3)</u> <u>(4)</u>			4	
			1	
		<u> </u>	1	
(7)			1	
		 	1	
(9)		 	1	
	ust equal Form 990, Part X, col (B) line 25)	<u> </u>	1	
	incertain tax positions. In Part XIII, pro	1 -		s that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990		nue per Return.	
1	Total revenue, gains, and other support per audited financial statements	, Part IV, line IZa	. 11	5,791,088
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			3,791,000
- а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c	1	
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	5,791,088
4	Amounts 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 XIII)	4b		
С	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.	2)	5	5,791,088
Part	XII Reconciliation of Expenses per Audited Financial State	tements With Exp	enses per Returi	1.
	Complete if the organization answered "Yes" on Form 990), Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	5,542,289
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	5,542,289
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		_
C	Add lines 4a and 4b	40.	4c	0
5	Total expenses Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> XIII Supplemental Information.	18)	5	5,542,289
2, Pa Part) Dece	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to XI. Line 2 CRL has determined that all tax positions taken for the current year of the current year of the statute of limitations are highly coeffore, CRL has determined that no unrecognized tax liability exists	o provide any addition ended certain	al information	
- -				

Schedule D (Form 9	90) 2015	Center for Responsible Lending	74-3043913	Page 5
Part XIII	Supple	emental Information (continued)		
-				
7				
		•		
				
				

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No 1545-0047 2015 Open to Public

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

▶ Attach to Form 990.

Grants and Other Assistance to Organizations,

Employer Identification number 74-3043913 ž

X Yes

Center for Responsible Lending

Name of the organization

General Information on Grants and Assistance Part 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Part II

	. —	.d						
1 (a	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FJ 623 B	(1) Florida Alliance for Consumer Prott 623 Beard Street Tallahassee, FL 323(46-4649014		30,500				See Part IV
(2) Th	(2) The Leadership Conference on Civ 1629 K St , NW, 10th Floor Washingto		501(c)(3)	5,550				See Part IV
(3) N(744 B	(3) New Jersey Citizen Action Education 744 Broad Street Newark, NJ 07102	22-2493628	501(c)(3)	005'6				See Part IV
(4)								
(9)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
7	Enter total number of section 501(c)(3) and government organizat	501(c)(3) and g	overnment organiza	tions listed in the line 1 table	table		A	
е	Enter total number of other organizations listed in the line 1 table	rganizations liste	ed in the line 1 table				•	3

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Schedule I (Form 990) (2015)

Part III

(f) Description of non-cash assistance Supplemental Information. Provide the Information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) provide documentation demonstrating that funds have been expended consistent with the purpose of the grant agreements. If grant funds Part I Line 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 contracts with an ally organization that supervises the use of grant funds. Grantees are required to Part II Grants and other assistance listed on Schedule I Part II represent commitments made to specific grantees during 2015. Grants and other assistance on 990 Part IX line 1 include commitments to make grants in the future, including to grantees not yet determined are not expended or used by Grantees in accordance with grant terms, funds may be returned to CRL and recorded as a reduction of Part II Line 1a The purpose of each grant is to provide technical assistance for combatting high-cost small-dollar loan abuses (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of current period grant expenses, as reflected in Part IX of the Form 990 recipients (a) Type of grant or assistance during 2015 Part IV 7 ന S 9

O

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Center for Responsible Lending	<u>74-3043913</u>
Form 990, Part VI, Section A, Line 11b The Form 990 is prepared by staff accountants. The	
Chief Financial Officer, 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, Part VI, Section B, Line 12c The organization's 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	•
the directors of the organization and related organizations confirm annually 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, Part VI, Section B, Line 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 May 2015. 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, Part VI, Section C, Line 19 No documents available to the public	
Form 990, Part VII, Section A, Line 1a No director or officer receives compensation for his	
or her work as a director, officer or trustee, instead, the amounts listed in columns (E) &	
(F) are compensation paid to employees of the related organization who work 30-40 hours per	•••••
week Self-Help Services Corporation serves as the employer for all of the filing	
organization's workers	

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization Center for Responsible Lending	Employer identification number 74-3043913
private foundation The first block should have been checked501(c	:)(3) organization
	·
	·
	·
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SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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Related Organizations and Unrelated Partnerships

Open to Public OMB No 1545-0047 2015

Employer identification number 74-3043913

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Center for Responsible Lending

Department of the Treasury Internal Revenue Service Name of the organization

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2015 8 (f)
Direct controlling entity × × × × × × Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Yes (f)
Direct controlling entity CCSH (Org #1) CCSH (Org #1) CCSH (Org #1) CCSH (Org #1) (e) End-of-year assets ¥ ۷Ž ۲ Public chanty status (if section 501(c)(3)) Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income 1-1 1-1 1-1 11-1 ٧ ۲ ^ Exempt Code section Legal domicile (state or foreign country) € 501(c)(14) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(1) Legal domicile (state or foreign country) Primary activity 2 2 ပ္ 2 S 2 2 9 Economic Development Economic Development Economic Development Economic Development Affordable Housing one or more related tax-exempt organizations during the tax year. Charitable Lending Primary activity Staffing Services (2) Self-Help Community Development Corporation 56-1975829 (a)Name, address, and EIN (if applicable) of disregarded entity Name, address, and EIN of related organization (7) Self-Help Federal Credit Union 26-3016612 (6) Self-Help Assistance Corporation 56-1923620 (1) Center for Community Self-Help 56-1271685 (4) Self-Help Services Corporation 56-1849615 301 W Main Street Durham, NC 27701 (5) Self-Help Ventures Fund 58-1562750 301 W Main Street Durham, NC 27701 (3) Self-Help Credit Union 56-1382971 301 W Main Street Durham, NC 27701 Part I Part II € Ξ 2 3 9 9

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Percentage ownership (I) Section 512(b)(13) controlled ž 3 Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part (j) General or managing partner? ŝ (h) Percentage ownership Yes 74-3043913 amount in box 20 of Schedule K-1 (Form 1065) (I) Code V—UBI (g)
Share of
end-of-year assets (h)
Disproportonate
allocations? ž (f) Share of total Yes income IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year Share of total income (d)
(Direct controlling | entity Predominant income (related, unrelated, sections 512-514) excluded from tax under (c)
Legal domicile
(state or foreign country) (d)
Direct controlling | Primary activity Center for Responsible Lending (c)
Legal
domicile
(state or
foreign Primary activity (a) Name, address, and EIN of related organization (3) Name, address, and EIN of related organization Part III Part IV ₹ 5 € 9 Ξ 3 ල 9 Ξ 8 (2) Schedule R (Form 990) 2015

(9)

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Schedule K (Form 990) 2015 Center for Kesp
51 %

	Yes	2	ا ا
		(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	
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Met	hod of determi	mining	0
edule R	(Form 990)	0) 201	15
원 		Schedule Stokedule Following transactions with one or more related organizations listed in Parts II—IV7 Table to make the controlled entity The controlled entity The controlled entity The controlled entity The controlled organization(s) The controlled organization (solid organization(s) The controlled organi	

74-3043913

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

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) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(I) General or managing partner?	(k) · Percentage ownership
				Yes	2		•	Yes	9	Yes	
(1)								1		├	
(2)											
(3)											
(4)											
(5)								:			
(9)											
(7)											_
(8)											
(6)										_	
(10)											
(11)											
(12)											
(13)											
(14)	•										
(15)											
(16)											
									Sche	Schedule R (Form 990) 2015	990) 2015

Schedule R (For	m 990) 2015	Center for Responsible Lending	74-3043913	Page 5
Part VII	Suppleme	ental Information		
	Provide a	dditional information for responses to questions on Schedule R (see instructi	ions)	
	T TO TIGO G	dataonal information for responded to questions on conseque in face matrices	01137.	
			-	
		••••••		
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			• • • • • • • • • • • • • • • • • • • •	

Page 1 of

74-3043913

Center for Responsible Lending

Continuation of Identification of Related Tax-Exempt Organizations Part II

(a) Name address and EIN of related normanization	(b)	(c)	(d) Exempt Code section	(e) Public charts status	(f)	(g) Section 512(b)(13)
יאמוזים, מענופטט, מול בוא כו לפומוכט כועמווגמניכו	יייייין מכנימין	or foreign country)		(if section 501(c)(3))		controlled entity?
						Yes No
(8) Self-Help Economic Development, Inc. 20-5330006 1330 Broadway Street Suite 604 Oakland, CA 94612	Affordable Housing	CA	501(c)(3)	7	CCSH (Ora #1)	×
(6)						
(10)						
7,07						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
(18)						7
(19)						
(20)						
(21)						
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