#### **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 2017

Department of the Trossury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest Information. For the 2017 calendar year, or tax year beginning

-				Torrow Year or tax year outlining		, 6115 0	A 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
	_		pplicable:		ponsible Landing	<del>rigingly of the charac</del> ter and an external FILE 276	D Employ	toc (datiggies	ation number	
L	۸ ل	idress c	hange	Doing business as						
ſ	٦.,			Number and street (or P.O box if mail is not	delivered to street address)	Room/suise	74-30439			
L	™ لـ	ame cha	inge	302 W. Main Street			E. Telepho	ine number		
	] հո	rbal retu	m	City or town	Slate	ZIP code	010712	econ.		
	- -			Durham	NC	27701-322	7 919/313-6	2:3(3()		
L	_} Fe	nad returna	terminated	Foreign country name Foreign	province/state/county	Foreign postal	code			
13	( A	mended	return		•		G Gross	ecepts \$	5,27	5,959
	=								г-Э. Г:	
L	ᆚᄱ	pticatio	n pending	F Name and address of principal officer:			Iffel is they a bromb with	en ine subardin	HIGHT Yes 2	X No
_	Michael D, Calhoun, 302 W. Main St				eet, Durham, NG 2770	127	H(b) Are all subordin	ates included	17 Yes	No
-	T.	x-oxem(	t status	X 501(c)(3) 501(c) ( ) ◀	(insert no.) 4947(a)(1	527	If "No," attach a	inal (see ins	itructions)	
_		<u> </u>			(magnino) [] 1847(BX1	7 321				
2	W	obsita	: > ww	wresponsiblelending.org			Hic) Group exemple	iu unuiper 🔻	,	
1	( Fa	rm of or	ganization:	X Corporation Trust Associa	bon Other ▶	1. Yea	r at formation 200	2 M Sta	te of legal domicile:	NC
1										
		in l		mmary					. In Impage	
	_	1		lescribe the organization's mission or			sef aconomic obb	ounuita to	it low-lucome	4
	Governance			ity families & communities by conduct			g Jechnical			
	2		assistar	nce regarding predatory lending & other	er abusive financial pra	ctices				.,,
		2	Check t	his box ▶ if the organization dis	continued its operations	or disposed	of more than 259	% of its ne	1 assets	
	န္က	3		r of voting members of the governing t				3		11
	8					VI line 1h)		4		10
×		4		r of independent voting members of th					<del> </del>	0
X.	ctivities	5		imber of individuals employed in calen		line 2a)	*	5		<u> </u>
5	슾	6		imber of volunteers (estimate if neces		,	,	6		
5	ĕ	7a	Total un	related business revenue from Part V	III, ∞lumn (C), line 12			7a		0
		b	Net unn	elated business taxable income from f	orm 990-1, line 34		. <del></del>	7b		0
SCANNED							Prior Yest		Current Year	
_	_	8	Contrib	utions and grants (Part VIII, line 1h)			6.6	356,368	4,99	7,728
MAR	Revenue	9		n service revenue (Part VIII, line 2g)			* 1	62,264		2,578
£	•	-	_	·	a 2 4 and 7d\			25,089		5,805
0	٤	10		ent income (Part VIII, column (A), line		_ \				
_	_	11		evenue (Part VIII, column (A), lines 5,			ļ	62.044		9,848
<u>ග</u>		12		renue—add lines 8 through 11 (must equ		ne 12)		105,765		5.959
2019		13		and similar amounts paid (Part IX, col			3	63,015	24	15,116
蒏		14	Benefits	s paid to or for members (Part IX, colu	mn (A), line 4)		<u></u>	0]		0
_	e e	15	Salaries	, other compensation, employee benefits	(Part IX, column (A), line	s 5-10)		0]		0
	2	16a						ol	·	0
	Expanses	ь	Total fire	iional fundraising fees (Part IX, columi ndraising expenses (Part IX, column (I expenses (Part IX, column (A), lines 11	D) line 250 FCE!	E 273.033				標調
	3	17	Other	expenses (Part IX, column (A), lines 11	2 110 11 200	55218 SO-SH		584 084		9,442
						0 Race		47,099	······································	5.558
		18	total ex	rpenses Add lines 13-17 (must equal to less expenses, Subtract line 18 from		- (TON) (W)		158 666		9,599
		19	Kevent	ie less expenses. Subtract line 18 from			Beginning of Curr	reconstruction and or	End of Year	,
	Balences	l			OGDE	1117	Description of the second second			13,443
	Fund Bale	20		ssets (Part X, line 16)	1 OGUE	Y. C.		362,052		
	4 B	21		ibilities (Part X, line 26)				398.447		9,437
	12	22	Net ass	ets or fund balances. Subtract line 21	from line 20		7,4	163,605	6,25	<u>4,000</u>
	Pa	rt II	Sic	gnature Block			, <u></u>	n-		<del>,</del>
•	Inde	r hennii	os of penu	ty. I delible that prave examined this require, High	dank accompanying schoole	s tod statements	, and to the best of my	/ ¥nowiedge		
_	and t	otief, it	s liuit, com	ect, and complete Declaration of preparer (other	than officer in bosou on HB III	अर्थक है। तरहायन	y bienning, frue out yu			
				VIVIPO WATER	111				11/7/2018	
	Slg		<b>   </b>	Signature of mines	لي الممالي		Oat	e		
	Her	e	1	Deborah Goldstein		Exe	cutive Vice Presid	ient		
				Type of print name and little			<u> </u>			
		****	<b></b>	rypa or pipir name nytypa preparer's name	Preparer's signature	······································	Date		PTIN	<del></del>
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				m's address 🕨	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(ลูยนายนา			<del></del>
	Man	the If	RS discu	ss this return with the preparer shown	above? (see instruction	ns)			Yes	No.
_						<del>, , , , , , , , , , , , , , , , , , , </del>			Form 986	(2017)
	FOF HTA	Labet	WOLK KO	duction Act Notice, see the separate in	JUNUIUID.					
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ŀc	(Code ) (Expens	ses \$ 1,505,40	07_including grants of	\$	) (Revenue \$					
	Outreach/Communications Rais	ed visibility of abusive	e small dollar loan pre	datory lending issues	, }					
	among national, statewide, and lo	cal groups, e.g civi	il rights, faith-based, a	nd other						
	grassroots organizations Similari	y brought attention to	need for increasing a	ccess to responsible						
	mortgage credit, and disparities in	n mortgage lending b	y race, ethnicity and in	come Highlighted						
	impact of unfair debt collection pr	actices, weakness of	for-profit college prog	rams and other						
	needed reforms for student lending practices at origination and student loan servicing. Presented									
	at over 150 workshops and confe	rences, educating the	ousands of individuals	about abusive finance	al					
	services Communications resulted in thousands of citations by the media covering financial abuses									
	that impact borrowers and mention	ining CRL's research	and policy work							
			· · · · · · · · · · · · · · · · · · ·	·						
d	Other program services (Describ	e in Schedule O)								
	(Expenses \$	0 including grants o	f \$	0)(Revenue \$	0 }					
le	Total program service expenses	<b>&gt;</b>	5,161,720							
					,	Form <b>990</b> (2017)				

Form 990 (2017) Center for Responsible Lendina 74-3043913 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х Х 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? . . . . . . 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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. Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Х Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.... 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." 8 Х 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 debt Х negotiation services? If "Yes," complete Schedule D, Part IV 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 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI. . . . . . 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b c 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 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets . . . . 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X . . . . . 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," 12b X and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . . . . . . . . . . 13 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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. . . . . . . . . . 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . . . . . . . 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). 17 Χ

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.

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

19

Χ

Part IV Checklist of Required Schedules (continued) Yes No Х 20a 20b **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . . . . . . 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х 22 Did the organization answer "Yes" to Part VII. Section A. line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 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 Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?... c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . . 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or Χ 990-EZ? If "Yes," complete Schedule L, Part I. 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Х 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 Х 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. . . . . . . 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV. . . . . Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . . . . . . . . Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . . 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, 35a Х b 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 

0111110				<u> </u>
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		`	
	Check if Schedule O contains a response of note to any line in this fact v	• •	Yes	No
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			7773
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		4	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		便 (例 ) 信息	
C	gaming (gambling) winnings to prize winners?	1c	X	£14.2000
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u>بر</u> ت برع د		a VS
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	海		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O >	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			i
	account)?	4a	L. Agent S	X
b	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			
	(FBAR).		#21.75.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<b>c</b> -		
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X.
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
-	gifts were not tax deductible?	######################################	73747 74	Late Ch.
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	eriedi.	34 A	
а	and services provided to the payor?	7a	200.28	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u></u>		
·	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	地的	物鐵	r dist
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? `	7e	100000000000000000000000000000000000000	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		,
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	*	T.	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Kan a		ĬŒ
а	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	५ क्टब्ट	235mp pr.
10	Section 501(c)(7) organizations. Enter	and the second		
а	Initiation fees and capital contributions included on Part VIII, line 12	ing j		数等
b	Gross receipts, included on Form'990, Part VIII, line 12, for public use of club facilities	Tall day		C.441
11	Section 501(c)(12) organizations. Enter.			737
а	Gross income from members or shareholders		ŽM.	YES.
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	42-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Su <b>Si</b>	1500
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	વસ્થાની	165(75年)
а	Is the organization licensed to issue qualified health plans in more than one state?	13 <u>0</u>	છે. જેમ દાવા	
<b>L</b>	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			
С				
1 <i>1</i> a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	11.7.	X

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

14b

orm 99	90 (2017) Center for Responsible Lending 74-304			age <b>6</b>
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No	,	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e inst	ructio	ons.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sa a t	ion A. Governing Body and Management			<u> </u>
<u>secu</u>	ion A. Governing Body and Management		Yes	No
4	Enter the number of voting members of the governing body at the end of the tax year	MARKET .	100	DAY SEE
1a				
	If there are material differences in voting rights among members of the governing body, or			3,200
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
þ	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3.	Did the organization delegate control over management duties customarily performed by or under the direct			ĺ
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	H		<del></del>
7a		7a		x
		/a		<del>  ^-</del> -
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	SELSTRING MEETS	X Seet (2000) regard
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			5.5
а	The governing body?	8a	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?	8b	X	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		_X_
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (	Code.	)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		
<b>1</b> 10	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	_
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
b		12a	X	A SECTION
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	-	x	<del></del>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		├──
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40	v	
	describe in Schedule O how this was done	12c	<u> </u>	├─
13	Did the organization have a written whistleblower policy?	13	X	├─
14	Did the organization have a written document retention and destruction policy?	14	X	Cia/L.v.a4
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	X	
b	Other officers or key employees of the organization	15b	X	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	经营		<b>新教教</b>
•	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	E 700 E 212	SECURIOR SECTION
<u> </u>		100		Ь
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed See Attached Statement  See Attached Statement 990 is required to be filed 990 and 990 T. (Section 504/6)/3	\o o=!		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3	js only	')	
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website  Another's website  X Upon request  Other (explain in Schedule O)	ı		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	cy, ar	d	
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•		
	Randy Chambers 919-956-4400			
	301 W. Main Street, Durham, NC 27701			

Director of California Policy

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

X

#### 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 an	y related organiz	ation	cor	npe	nsat	ted a	ny c	urrent officer, dir	ector, or trustee	<del>-</del>
(A) Name and Title	(B) Average hours per week (list any hours for related	Position (do not check more box, unless person officer and a direct of or director				ıs both or/trust	n an iee)	(D)  Reportable  compensation  from  the  organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee		nployee	Former Highest compensated employee		(W-2/1099-MISC)		organization and related organizations
(1) Wade Henderson	0.50									
Director	0 00	X								
(2) Mark Goldhaber	0.50									
Director	0 00	X								
(3) Don Kidd	0.50									
Director	0 00	Х		'						
(4) Sarah Ludwig	0.50									
Director	0.00									
(5) Nicolas Retsinas	0 50						ĺ			
Director	0.00		<u> </u>				$oxed{oxed}$			
(6) Ira Rheingold	0.50	•								
Director/Chair	0 00	_	╙	╙	<u> </u>		$ldsymbol{ldsymbol{ldsymbol{eta}}}$			
(7) Shanna L. Smith	0.50		′							
Director	0 00	_	╙				╙			
(8) Robin Talbert	0 50				}					
Director	0.00	_		<u> </u>	_		$oxed{igspace}$			
(9) Martin Eakes	0 00				l					
CEO/Director/Secretary	40.00	+	lacksquare	X	<u> </u>		╙	75,050		17,973
(10) Noel Poyo	0.50									
Director	0.00	•—	╙		L_		╙			
(11) Edna Kane-Williams	0.50			ļ						
Director	0.00	X	<u> </u>				lacksquare			
(12) Michael Calhoun	0.00									
President	40.00	+	lacksquare	X	_	<u> </u>	<u> </u>	103,742		19,394
(13) Randy Chambers	0.00				1					
Treasurer	40.00	-		X	<u>L</u>		$oxed{oxed}$	73,405		15,406
(14) Graciela Aponte	0 00	1								
D 4 (0.16 ) - D-P-1	1 40.00	1	1	I	ı	Ιv	1	440 445		14 550

11.559

74-3043913 Page **8** 

. Pa	rt VII Section A. Officers, Directors, Tru	istees, Key Em	ploye	es,	and	Hi	ghes	t Co	ompensated Em	ployees (continu	леd)		
	(A) - Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	more rson irecto	than o	an ee)	(D) Reportable compensation	(E) Reportable compensation		(F) timated	
		week (list any hours for related organizations below dotted line)				Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fro orga	other pensation om the anization d related inization	n d
	Ellen Harnick	0 00											
	Aracely Panamana	40 00 0 00	-	$\vdash$			Х		103,211			12,	103
Direc	Aracely Panameno tor Latino Affairs	40.00	1				x		104,946			6,	610
	· · · · · · · · · · · · · · · · · · ·												
(18)													
(19)													
(20)												_, .	
(21)								<u> </u>					
(22)													
(23)													
(24)													
(25)									-				
1b	Sub-total								570,469 0	0		83	045
c d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c).								570,469	0			
2	Total number of individuals (including but not li	mited to those lis	sted a	abov	/e) v	vho	rece	ved					-
	reportable compensation from the organization	<u> </u>			4^					_		<del></del> T	
3	Did the organization list any former officer, dire	actor or trustee	kev e	mn	love		or bia	hes	t compensated	ı		Yes	NO
3	employee on line 1a? If "Yes," complete Sched					.c, c					3		X
4	For any individual listed on line 1a, is the sum	of reportable con	npen	satio	on a	nd (	other	con	npensation from				
	the organization and related organizations great	ater than \$150,00	00? <i>l</i> i	f "Ye	es,"	con	nplete	So	chedule J for suci	ל			
	ındıvıdual	• • • •		•	•	• •		•			4		<u> </u>
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "Y									idual 	5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest compecompensation from the organization. Report coyear.										.ax		
	(A) Name and business add	ress							(B) Description of sen	vices C	(C) Compen		
		et NW Washingt							nsulting Fees			121	
<u>Fark</u>	as Duffett Research Group Ll 9 East 45 Stree	et, 8th floor New	York	, NY	′ 10	017		Re	search Services			112	<u>175,</u>
		<del></del>						$\vdash$					<u>0</u> 0
													0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ted to	tho	se	ıste	d abo	ove)	who received				

All other revenue . . .

Total. Add lines 11a-11d . . . . .

Total revenue. See instructions.

Form 990 (2017) Center for Responsible Lending Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. . . . . Unrelated Related or Total revenue Revenue excluded from exempt husiness function revenue tax under sections 512-514 Federated campaigns . . . . . Contributions, Gifts, Grants and Other Similar Amounts 1b Membership dues . . . . 1c Fundraising events . . . . . . . . 1d Government grants (contributions). 1e f All other contributions, gifts, grants, and 1f 4,997,728 similar amounts not included above . . . Noncash contributions included in lines 1a-1f: 4,997,728 Total. Add lines 1a-1f . . . . . **Business Code** Program Service Revenue 541100 112.578 Litigation Settlements 0 All other program service revenue . . Total. Add lines 2a-2f. Investment income (including dividends, interest, and ~ 65,805 other similar amounts) . . . . . Income from investment of tax-exempt bond proceeds 5 Royalties . . . . (II) Personal 6a Gross rents **b** Less: rental expenses . c Rental income or (loss) . . d Net rental income or (loss). (i) Secunties (II) Other 7a Gross amount from sales of assets other than inventory . . . b Less' cost or other basis and sales expenses . . 0 Gain or (loss) . . . . Net gain or (loss) . . 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). **b** Less: direct expenses . . . . . . . . . c Net income or (loss) from fundraising events . . . 9a Gross income from gaming activities. See Part IV, line 19. . . . . . **b** Less: direct expenses . . . . . . . c Net income or (loss) from gaming activities. 10a Gross sales of inventory, less returns and allowances . . . **b** Less cost of goods sold. Net income or (loss) from sales of inventory . Rusiness Code Miscellaneous Revenue 900099 1,751 1,751 11a Sales tax refunds 96,683 96,683 **b** Rental Income ' 531190

1,414

99.848

5,275,959

1,414

212,426

#### 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 . X										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations			general expenses							
	domestic governments See Part IV, line 21.	246,116	246,116	7 CONTRACTOR OF THE TAXABLE PORT							
2	Grants and other assistance to domestic										
	individuals See Part IV, line 22	0									
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals See Part IV, lines 15 and 16	0		The second secon	The state of the s						
4	Benefits paid to or for members	0			10 min 11						
5	Compensation of current officers, directors,										
_	trustees, and key employees	0	-	0	<del></del>						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and	0									
-	persons described in section 4958(c)(3)(B)	0			· · · · · · · · · · · · · · · · · · ·						
7 8	Other salanes and wages Pension plan accruals and contributions (include				<del></del>						
•	section 401(k) and 403(b) employer contributions)	0									
9	Other employee benefits	0									
10	Payroll taxes .	0									
11	Fees for services (non-employees).										
``a	Management	0									
b	Legal .	2,021		2,021							
C	Accounting .	13,261		13,261							
d	Lobbying	122,700	122,700								
е	Professional fundraising services. See Part IV, line 17	0		加斯科里 计图片							
f	Investment management fees	0	_								
9	Other. (If line 11g amount exceeds 10% of line 25, column										
	(A) amount, list line 11g expenses on Schedule O)	483,924	482,131	1,372	421						
12	Advertising and promotion .	49,615	42,874	4,241	2,500						
13	Office expenses	58,572	23,407	34,713	452						
14	Information technology	0									
15	Royalties	072.070	402 222	129.650	E1 008						
16	Occupancy	672,979	483,323 331,296	138,650 61,389	51,006 7,502						
17	Travel.	400,187	331,290	01,309	7,502						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0									
19	Conferences, conventions, and meetings	54,990	50,968	2,418	1,604						
20	Interest	0									
21	Payments to affiliates .	0									
22	Depreciation, depletion, and amortization	16,154	12,071	2,934	1,149						
23	Insurance	550		550							
24	Other expenses Itemize expenses not covered	and the state of t	(1) 1 (1) (1) (1) (1) (1) (1) (1) (1) (1								
	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)		ייין אייין איי	The state of the s							
а	Staffing Reimbursement to SHSC EIN 56-1849615	4,137,882	3,185,548	656,277	296,057						
b		0									
C		0									
d	All all or expenses	226,607	181,286	33,991	11,330						
9 25	All other expenses  Total functional expenses. Add lines 1 through 24e	6,485,558	5,161,720	951,817	372,021						
25	Joint costs. Complete this line only if the	0,400,000	3,101,720	301,017	5/2,021						
26	organization reported in column (B) joint costs										
	from a combined educational campaign and	]									
	fundraising solicitation Check here										
	following SOP 98-2 (ASC 958-720)										

	-	Check if Schedule O contains a response or note to any line in this Part X		į. '	<u> </u>
	<u></u>		' (A)		(B)
	* *		Beginning of year		End of year
	1	Cash—non-interest-bearing	0	1	
	2	Savings and temporary cash investments	6,234,459	2	6,438,550
	3	Pledges and grants receivable, net	1,501,632	3	100,000
	4	Accounts receivable, net	. ` 1 688	4	0
	,5	Loans and other receivables from current and former officers, directors,			
-		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	_ 0	5	I was a second and a second and
	6	Loans and other receivables from other disqualified persons (as defined under section-			
,,	•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
•	-	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets		organizations (see instructions) Complete Part II of Schedule L	0	6 ·	
Assets	7	Notes and loans receivable, net	0	7	0
٩	√8 °	Inventories for sale or use	. 0	8	
	9	Prepaid expenses and deferred charges .	8,737	9 ***********	12,000
	10a	Land, buildings, and equipment. cost or			
•	-	other basis. Complete Part VI of Schedule D 10a 207,405		vuoninnininininin	
•	b	Less. accumulated depreciation			3,719
٠,	11	Investments—publicly traded securities	· + · _ , 11,203		14,174
ī	1	Investments—other securities. See Part IV, line 11	0	12	0
•	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets	05 400	14	U
	15	Other assets. See Part IV, line 11	. 85,460	15 16	75,000 6,643,443
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,862,052 398,447	17	389,437
•	17	Accounts payable and accrued expenses :	, 390,447	18	309,437
٠. ا	l .	Grants payable	. 0	19	.1
′ * .	19 -		. 0	20	1
	20 21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22	Loans and other payables to current and former officers, directors,		泛洲北	
Liabilities	<b> </b>	trustees, key employees, highest compensated employees, and			
賣		disqualified persons. Complete Part II of Schedule L	0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	+ 0	23	. 0
ŀ,	1	Unsecured notes and loans payable to unrelated third parties	. 0	_	. 0
$\mathbf{v}^{-1}$	25	Other liabilities (including federal income tax, payables to related third.		+	• .
	٠- ا	parties, and other liabilities not included on lines 17-24). Complete		· '.	. / .
٠,	1	Part X of Schedule D	0	25	• • • 0
	26	Total liabilities. Add lines 17 through 25	398,447	26	389,437
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
es.	١, ١	complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	7,156,105	27	, 6,220,672
ala	28	Temporarily restricted net assets ' *	307,500		33,334
<b>B</b>	29	Permanently restricted net assets	, , , 0	29	
Net Assets or Fund Balances	_	Organizations that do not follow SFAS 117 (ASC958), check here		HINY	
, <del>,</del> ,		complete lines 30 through 34.			
₹ 2	20			30	
set	30	Capital stock or trust principal, or current funds	0	31	
As.	31 32	'Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	0	32	, , ,
<u>f</u> et	33	Total net assets or fund balances	7,463,605		6,254,006
~	24	Total liabilities and not assets frund balances	7,463,663		6 643 443

Form 9	990 (2017) Center for Responsible Lending	7	4-3043913	Pag	e 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .	[	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	,275	,959
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	<u>,485</u>	,558
3	Revenue less expenses Subtract line 2 from line 1	3	1	,209	,599
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	,463	3,60 <u>5</u>
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	6	<u>,254</u>	,006
Part				ı	_
	Check if Schedule O contains a response or note to any line in this Part XII			.	<u> </u>
				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				
	reviewed on a separate basis, consolidated basis, or both			f.	'
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. <b>2b</b>	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		i		i 1
	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				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.			`	
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		X
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		26		i

Form **990** (2017)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

OMB No 1545-0047

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization Employer identification number 74-3043913 Center for Responsible Lending Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. 

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing iment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
Ctr for Com. Self-Help	56-1271685	7	X			
(B)						
(C)						
(D)						
(E)						
Total			122		0	(

Schedule A (Form 990 or 990-EZ) 2017 Center for Responsible Lending 74-3043913

Part II. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)

(a) 2013

(b) 2014

(c) 2015

(d) 2016

(e) 2017

(f) To the organization failed to qualify under the tests listed below, please complete Part III.)

Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016_	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		1			1	0			
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 .						0			
4	Total. Add lines 1 through 3	, 0	0	0	0	0	0			
5	The portion of total contributions by	450050225011		11.55411/91/97			•			
	each person (other than a						_			
	governmental unit or publicly						,			
	supported organization) included on									
	line 1 that exceeds 2% of the amount									
	shown on line 11, column (f) .									
6	Public support. Subtract line 5 from line 4			SEMPARET NO			0			
	tion B. Total Support	Total design the second to the					1			
		(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
7	Amounts from line 4	0	1			. 0	0			
8	Gross income from interest, dividends,			<u>_</u>						
•	payments received on securities loans,									
	rents, royalties, and income from									
	similar sources				}		$\overline{}$ 0			
9	Net income from unrelated business		<del> </del>	·						
•	activities, whether or not the business is									
	regularly carned on						0			
10	Other income Do not include gain or									
	loss from the sale of capital assets		,							
	(Explain in Part VI)						0			
11	Total support. Add lines 7 through 10		THE STATE OF THE S		经的代码进程		0			
12	Gross receipts from related activities, etc	(see instructions)				12				
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)				
	organization, check this box and stop here	е .					▶.[_			
Sec	ction C. Computation of Public S	upport Percent	age		-					
	Public support percentage for 2017 (line 6			(f)) .		14	0.00%			
	Public support percentage from 2016 Sche		-			15	0.00%			
	33 1/3% support test—2017. If the organ			3 and line 14 is 33	1/3% or more, che					
	and <b>stop here</b> . The organization qualifies				,		. ▶□			
h	33 1/3% support test—2016. If the organ			or 16a, and line 15	is 33 1/3% or more	check this				
U	box and <b>stop here.</b> The organization quali				13 00 170 70 01 111010	, CHOCK THIS				
47-	•	· ·			ar 40h and ban 4	4				
17a	a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.									
,	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part VI how the organization me supported organization	meets the "facts-and-c	d-circumstarices" to	est, check this box	and stop here.		▶□			
1'8	Private foundation. If the organization dis	•	ı lıné 13, 16a, 16b,	17a, or 17b, check	this box and see		`			
	instructions			,		•	<b>~</b> 1			

20

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

Support Schedule for Significations Described in Section 300(a)(2)
(Complete only if you checked the box on line 10 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.)

	ii tile organization falls to qu	any ander the					
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees					Y	3
_	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		•		•	٠	
	unrelated trade or business under section 513	^					0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities		,				Ī
	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	Ĺ					,
	persons that exceed the greater of \$5,000						, (
	or 1% of the amount on line 13 for the year		,	·			0
c	Add lines 7a and 7b .	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						• _ 0
Se	tion B. Total Support	,					
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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			<u> </u>			0
b	Unrelated business taxable income (less ,						
	section 511 taxes) from businesses					•	_
. *	acquired after June 30, 1975			1		,	0
C	Add lines 10a and 10b	0	, <u>0</u>	0	0	0	0
11	Net income from unrelated business				1		
	activities not included in line 10b, whether	1 .			,		,
	or not the business is regularly carried on .	·					0
12	Other income Do not include gain or					<i>f</i> ,	
4	loss from the sale of capital assets		,				
	(Explain in Part VI )		<i>&gt;</i>	_			, 0
13	• • • • • • • • • • • • • • • • • • • •						•
	and 12.)	0	<u> </u>	0		[ 0]	
14	First five years. If the Form 990 is for the o		secona, tnira, tourt	n, or tiπn tax year a	as a section 501(c)	(3)	· .
	organization, check this box and stop here		•	<del></del>	<del></del>	· · · · ·	· · ·
	ction C. Computation of Public Su						0.000
15	Public support percentage for 2017 (line 8, o	` '	•	(f))		15	0.00%
<u>16</u>	Public support percentage from 2016 Sched				•	16	0.00%
	ction D. Computation of Investmen					47	0.000
17	Investment income percentage for 2017 (line			olumn (†)) .		17	0.00%
18	Investment income percentage from 2016 S			4   mm   1   m = 45   =		18	0.00%
19a	33 1/3% support tests—2017. If the organ					and line 17 IS	
	not more than 33 1/3%, check this box and s 33 1/3% support tests—2016. If the organ						·
			יור ביחוו חח צחת ביאי	Utilibe Jas sugiir	ie ik is more than	13 1/3% and	

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### **Section A. All Supporting Organizations**

- 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 12a or 12b 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.
- 5a 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?
- 6 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**.
- c 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
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10a		X
pynt Inder		
10b		X

Part.	Supporting Organizations (continued)			
		document 1	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)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
С	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.	11c		X
Secti	on B. Type I Supporting Organizations			
	,	-Se x ?	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	20 C		CLC3
	tax year? If "No," describe in <b>Part VI</b> 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	ant suice to a
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,		300	2
	supervised, or controlled the supporting organization	2	l	X
Secti	on C. Type II Supporting Organizations			
	•	ostoria i	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	7.00 M		
	or management of the supporting organization was vested in the same persons that controlled or managed	Ecfath	jálke	CHE
	the supported organization(s).	1	<u> </u>	<u> </u>
Secti	ion D. All Type III Supporting Organizations		I.,	
		spinor of	Yes	No
` 1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ा <u>त</u> . संक्रम्बर		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		THE P	24920
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	<u>क्रिक्</u> र्यक्ष्म	ALLEY)	1038005
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2	ide france	252.25
	the organization maintained a close and continuous working relationship with the supported organization(s)	The SET	TOTAL CONT	9441184
3	By reason of the relationship described in (2), did the organization's supported organizations have a	700		
	significant voice in the organization's investment policies and in directing the use of the organization's		7	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	12.35	
C4:	supported organizations played in this regard		L	<u> </u>
	ion E. Type III Functionally Integrated Supporting Organizations		-1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uction	<b>S</b> ).	
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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	ə instru	ctions	;)
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			STORY OF
•	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	` 1		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	T. A.	2,000	<b>光</b> 學
	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		3335
3	Parent of Supported Organizations. Answer (a) and (b) below.	5350		L. Puller
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
<b>-</b>	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		- Company
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1115	<b>把</b>	
-	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		12000510005655

instructions).

Schedule A (Form 990 or 990-EZ) 2017 Center for Responsible Lending		74-3	043913 Pa	<u>qe 6</u>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying			ın Part VI). See	
instructions. All other Type III non-functionally integrated supporting organ	nizatio	ons must complete Sections	A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea	ar
1 Net short-term capital gain	1	, , , , , , , , , , , , , , , , , , , ,		
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4	0		0
5 Depreciation and depletion	5			
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	1		
7 Other expenses (see instructions)	7			
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 Ye (optional)	ar
Aggregate fair market value of all non-exempt-use assets (see			Carles Course Control	
instructions for short tax year or assets held for part of year)			Senta Alte	
a Average monthly value of securities	1a	,		
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)	1d	0	·	0
e Discount claimed for blockage or other	E ph			NAME:
factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
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,	1	,		
see instructions).	4	o		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		0
7 Recoveries of prior-year distributions	7	0		0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	,	0
Section C - Distributable Amount			Current Yea	ır
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	報送記載說完於記載		0
2 Enter 85% of line 1	2			0
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			0
5 Income tax imposed in prior year	5	<b>新展型工作。28条項目</b>		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions).	6	程的是於小學和於實際		0

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Part \	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organi	zations (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 exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	ations	
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 the	ne organization is respoi	nsive	,
	(provide details in Part VI). See instructions			
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			0
	Underdistributions, if any, for years prior to 2017		· ·	
2	(reasonable cause required—explain in Part VI) See			
	instructions.		4-4451-150 a. 1614-66-46-46-511-1-11-1	
3	Excess distributions carryover, if any, to 2017	The Arrange of the Control of the Co	A Triam under abbehördnahlt - Fries.	
<u>a</u>		ANY Avanadus of Concess Produced communicativities		
<u>b</u>	From 2013 '	And the bollowing of the transfer of the bollowing of the	Chambert service terrementer fragistic aparticular spision of the service of the	等中国。在1950年,1954年,1954年,1954年,1954年,1954年 1957年,1954年,1954年,1954年,1954年,1954年,1954年,1954年 1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,1954年,
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<u> d</u>	From 2015			
<u>е</u> f	From 2016	. 0		
	Applied to underdistributions of prior years		U Distriction of the second se	
<u>g</u> h	Applied to 2017 distributable amount			O
<del>- ''</del>	Carryover from 2012 not applied (see instructions)		Table Property Committee of the Committe	
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2017 from	rame at the second	A special to the second	Jod smiliter agriculações (1887) de decima na dunida o celo.
•	Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2017 distributable amount	ROTHER BUILDING		0
С	Remainder. Subtract lines 4a and 4b from 4	0	HAT PROFESSION FOR	
5	Rémaining underdistributions for years prior to 2017, if	Kind and the sign of the sign		
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions.	A CALL TO A CALL		O other construction of the state of the sta
7	Excess distributions carryover to 2018. Add lines, 3j			
	and 4c.	O		
8	Breakdown of line /	Soldskie er falklam alla aktikatori etaka "al "angam pi minginiminini saman didirini aktikata manasang bina aktikat i i yanganga aktikata ki ka yang danga aktikata aktikata i i i i i i i i i i i i i i i i i i i	The second state of the second	to a second seco
a	Excess from 2013 . 0	TAA MARA LANAN LASIALISAA MARAMAMAMAMAMAMAMAMA		
b	Excess from 2014 . 0			
<u>c</u>	Excess from 2015			Action in the second second second
<u>d</u>	Excess from 2016			
_	EVOCCC TrOM '/117 /	an arrange that the property of the property of the state	LUMBERS COMPANY PROPERTY AND STREET STREET, STREET STREET, STR	THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY

#### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Cen	ter for Responsible Lendin	g			74-3043913					
	t I-A Complete if t	the organization is exempt und	er section 501(	c) or is a section 527 (	organization.					
1 2	Provide a description of the definition of "political campaign activity	he organization's direct and indirect p npaign activities") y expenditures (see instructions)	olitical campaign a	ctivities in Part IV. (see ins	structions for					
3										
1	-	excise tax incurred by the organizatio								
2		excise tax incurred by organization m								
3	•	ed a section 4955 tax, did it file Form								
4a			• • • •		. Yes No					
	If "Yes," describe in Part		1: 504/	)	/-\/ <b>(</b> )					
		the organization is exempt und			<u>(C)(3).</u>					
1		expended by the filing organization for								
_										
2	Enter the amount of the f	iling organization's funds contributed vities	to other organization	ons for section						
3										
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b									
4		n file Form 1120-POL for this year?			. Yes No					
5	Enter the names, address organization made paymethe amount of political co	ses and employer identification numb ents. For each organization listed, en intributions received that were prompt d fund or a political action committee (	er (EIN) of all sect ter the amount paid ly and directly deli	ion 527 political organization of from the filing organization vered to a separate politica	on's funds. Also enter al organization, such					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-					
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										

Schedule C (Form 990 or 990-EZ) 2017

OC!	suple C (Fulli 330 of 330-LZ) 2017					Page ∠
Pa	ort II-A Complete if the organize under section 501(h)).	ation is exempt	under section 50	01(c)(3) and filed	l Form 5768 (elec	
_	Check ▶ X if the filing organization	on helongs to an a	affiliated group (a	nd list in Part IV e	each affiliated grou	ip member's
^	name, address, EIN,					.,
В	Check ▶ if the filing organization					
		Lobbying Expendit	tures		(a) Filing	(b) Affiliated
	(The term "expenditure				organization's totals	group totals
1a	Total lobbying expenditures to influence	e public opinion (gra	iss roots lobbying)		24,329	24,329
b	Total lobbying expenditures to influence	e a legislative body	(direct lobbying).		154,927	167,768
С	Total lobbying expenditures (add lines	1a and 1b)			179,256	192,097
d	Other exempt purpose expenditures .				6,306,302	56,747,103
е	Total exempt purpose expenditures (a	dd lines 1c and 1d).			6,485,558	√56,939,200
f	Lobbying nontaxable amount. Enter the	e amount from the fo	ollowing table in both	h	1	
_	columns.				474,278	1,000,000
	If the amount on line 1e, column (a) or (	b) is: The lobbying	ng nontaxable amou	nt is:		
	Not over \$500,000		mount on line 1e			
	Over \$500,000 but not over \$1,000,000		us 15% of the excess			
ļ	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess			
-	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess of	over \$1,500,000		
_	Over \$17,000,000	\$1,000,000			SET ELEPHONETER MONEY	
g	Grassroots nontaxable amount (enter				118,570	250,000
h	Subtract line 1g from line 1a If zero or				0	0
i	Subtract line 1f from line 1c. If zero or				<u> </u>	0
j	If there is an amount other than zero o					<b>-</b>
	section 4911 tax for this year?			<del> </del>		Yes No
			g Period Under sed			
	(Some organizations that mad				of the five columns	below.
	, , s	ee the separate ins	tructions for lines	2a through 2f.)		ι ,
	Lo	bbying Expenditur	es During 4-Year A	veraging Period		· -
	Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	( <b>c)</b> 2016	(d) 2017	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
С	Total lobbying expenditures	269,022	247,136	239,563	192,097	947,818
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
е —	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures	3.420	18,898	14,402	24,329	61,049

Par	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	l Fori	n 576	3	
For e	each "Yes," response on lines ¹1a through 1i below, provide in Part IV a detailed	(3	1)		(b)	
	ription of the lobbying activity.	Yes	No	A	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			,		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	, <u>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - </u>	. 852-41.0 DTF-1 6.4	H		}	0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	- han done ; -	דו גישבטיו.			
b	If "Yes," enter the amount of any tax incurred under section 4912					
, C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		The Pr	inoration	%. (3 <b>42</b> .44)	1275 T. 1771
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	-\(E\	Or s	DATE OF	<u>korui</u>	
Pan	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	<b>5)(3)</b>	015	ection	1	
	501(c)(6).		•		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	1.00	<del>                                     </del>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			<b>—</b>		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year			3		
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."					3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	•	2a			
þ	Carryover from last year	•	2b			
C	Total	•	2c 3			0
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	•				
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			0
Provi 2 (se	Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group e instructions); and Part II-B, line 1. Also, complete this part for any additional information.  I-A Line 2 Center for Community Self-Help, 301 W. Main Street, Durham, NC 27701, EIN			A, lines		<u> </u>
56-12	271685, Direct Lobbying expenses \$12,841. Grassroots Lobbying expenses \$0.		· 	<del>-</del>	`	
Part l	I-A Line 2 Self-Help Ventures Fund, 301 W. Main Street, Durham, NC 27701, EIN 58-1562750,					
Direc	t Lobbying expenses \$0, Grassroots Lobbying expenses \$0.			·i		
Part I	I-A Line 2 Self-Help Community Development Corporation, 301 W. Street, Durham, NC 27701, EIN					
56-19	975829, Direct Lobbying expenses \$0, Grassroots Lobbying expenses \$0		<b></b> -			
Part !	I-A Line 2 Self-Help Services Corporation, 301 W. Main Street, Durham, NC 27701, EIN				,	

#### SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

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.

OMB No 1545-0047 2017

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Cente	r for Responsible Lending		74-3043913
Pari	Organizations Maintaining Donor	Advised Funds or Other Similar Fu	nds or Accounts.
		ed "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	Did the organization inform all donors and don	or advisors in writing that the assets held i	n donor advised
3	funds are the organization's property, subject t		
6	Did the organization inform all grantees, donor		
U	used only for charitable purposes and not for t		
	purpose conferring impermissible private bene		W     N
	· · ·	mt <sup>2</sup> ,	
Par	Conservation Easements.		
		ed "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., re	ecreation or education) Preservation	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on 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		
c	Number of conservation easements on a certif		
ď	Number of conservation easements included i		
_	historic structure listed in the National Registe		. 2d
3	Number of conservation easements modified,		minated by the organization during
	the tax year ▶	•	
4	Number of states where property subject to co	inservation easement is located	
5	Does the organization have a written policy re		, handling of
	violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monitoring, in		
	<b>•</b>		
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing cons	servation easements during the year
	▶ \$		
8	Does each conservation easement reported o	n line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization rep	orts conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the t	ext of the footnote to the organization's fina	ancial statements that describes
	the organization's accounting for conservation	easements.	
Par	III Organizations Maintaining Collect	ions of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 8	•
1a	If the organization elected, as permitted under	SFAS 116 (ASC 958), not to report in its r	revenue statement and balance sheet
	works of art, historical treasures, or other simil	lar assets held for public exhibition, educat	tion, or research in furtherance
	of public service, provide, in Part XIII, the text	of the footnote to its financial statements the	hat describes these items.
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other similar	lar assets held for public exhibition, educat	tion, or research in furtherance
	of public service, provide the following amount	ts relating to these items	
	(i) Revenue included on Form 990, Part VIII, I (ii) Assets included in Form 990, Part X	ine 1	<b>&gt; \$</b>
	(ii) Assets included in Form 990, Part X.		<b>&gt; \$</b>
2	If the organization received or held works of a	rt, historical treasures, or other similar asse	ets for financial gain, provide the
_	following amounts required to be reported und		
а	Revenue included on Form 990, Part VIII, line		
h	Assets included in Form 990 Part X		<b>▶</b> \$

Part	III Organizations Maintaining C	ollections of A	rt, Histor	rical Tre	asures, or	Other	Similar Asset	s (contin	nued)	
3	Using the organization's acquisition, ac									
	collection items (check all that apply)			_						
а	Public exhibition		d 🗌	Loan	or exchange	progran	ns			
b	Scholarly research		e 🗀	Other						
	=		لبيا -	1		· <b></b>				
C	Preservation for future generatio		ط میمامید ا	+b fi	uther the era		n'a avamnt nurn	oco in Dr	net.	
4	Provide a description of the organization XIII.	n's collections and	explain n	ow they it	irtner the orga	anızaud	on's exempt purp	ose in Pa	AT L	
_		P 4		4  4						
5	During the year, did the organization so							☐ Ye		N.
	assets to be sold to raise funds rather t		ied as pan	t of the org	gariization's c	onectio	·····		<u> </u>	No
Part	IV Escrow and Custodial Arran									
	Complete if the organization a	nswered "Yes" o	n Form 9	990, Part	IV, line 9, c	or repo	orted an amour	it on For	m	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, co	ustodian or other ir	ntermediar	y for conti	ributions or of	ther as:	sets not		_	ì
	included on Form 990, Part X?							Ye	es	No
b	If "Yes," explain the arrangement in Pa	rt XIII and complet	e the follow	wing table		_	<del></del>			
						<u> </u>		Amount		
C	Beginning balance									
d	Additions during the year					10				
е	Distributions during the year					10				
f	Ending balance					1	f			(
2a	Did the organization include an amount	t on Form 990, Par	t X, line 2	1, for escr	ow or custod	al acco	ount liability?	Ye	es X	No
b	If "Yes," explain the arrangement in Pa									
Part			· · ·		· · · · · · · · · · · · · · · · · · ·					
rait	Complete if the organization a	newered "Ves" o	n Form (	aan Part	IV line 10					
	Complete if the organization a	(a) Current year	1	or year	(c) Two years		(d) Three years bac	k (e) Fc	our years	hack
4.	Reginning of year halance	(a) Correin year	<del></del>	0		0	(a) Times years bus	0	or youro	1
1a	Beginning of year balance		+					<del></del>		
b	Contributions		<del>                                     </del>					<del></del>		
С	Net investment earnings, gains,									
	and losses		<del> </del>							
ď	Grants or scholarships	<del>-</del>	<del> </del>							
е	Other expenditures for facilities									
_	and programs		ļ				· <del>- · - ·</del>	+-		
f	Administrative expenses		<del>                                     </del>					<del></del>		
9	End of year balance	0	<del></del>	0	L	0		0		
2	Provide the estimated percentage of th			line 1g, co	olumn (a)) nei	a as.				
а	Board designated or quasi-endowment		· <u>%</u> -							
Ь	Permanent endowment	<u>%</u>								
С	Temporarily restricted endowment	<b>&gt;</b> %	•							
	The percentages on lines 2a, 2b, and 2									
3a	Are there endowment funds not in the p	possession of the o	organizatio	on that are	held and adi	ministe	rea for the	ı		
	organization by							10.00	Yes	No
	(i) unrelated organizations							3a(i)		├
	(ii) related organizations							3a(ii)		-
b	If "Yes" on line 3a(II), are the related or							3b		
4	Describe in Part XIII the intended uses		n's endowr	ment fund	S					
Part										
	Complete if the organization a	nswered "Yes" o	on Form 9	990, Part	: IV, line 11a	a. See	Form 990, Par	<u>rt X, line</u>	<u> 10.                                    </u>	
	Description of property	(a) Cost or o	ther basis	(b) Co	st or other	(c)	) Accumulated	(d) B	ook valu	е
		(investr	nent)	bas	s (other)		depreciation			
1a	Land		0		0		,			(
b	Buildings		0		0		0			(
С	Leasehold improvements		21,665		0		21,665			(
d	Equipment		0		140,033		136,314			3,719
е	Other		0		45,707		45,707			(
	Add lines 1a through 1e (Column (d) n		0 Part X	column (			🕨			3.719

Part VII	Investments—Other Securities.		•	
	Complete if the organization answer	red "Yes" on Form 99	0, Part IV, line 11b. See Forr	n 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	
(1) Financial	derivatives	0		
• •	neld equity interests	0		
(a) Other	· ·	,		
· · ·				
/ <b>-</b> \			,	
(0)				
(D)				
/F)				
(F)				
(G)				
(H)				
Total. (Colùmi	n (b) must equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Related.			
	Complete if the organization answer	red "Yes" on Form 99	0, Part IV, line 11c. See Forr	n 990, Part X, line 13. <sub>^</sub>
	(a) Description of investment	(b) Book value	(c) Method of v	
(1)	<del></del>			
(2)				
(3)				
(4)				
(5)			·	
(6)			J	
(7)				
(8)				·
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 13 ) ▶	<u> </u>		
Part IX	Other Assets.	,		
	Complete if the organization answer	ered "Yes" on Form 99	0, Part IV, line 11d. See For	n 990, Part X, line 15.
	(a) Do	escription		(b) Book value
(1)				
(2)				
(3)	. J			_
(4)			· · · · · · · · · · · · · · · · · · ·	
(5)			· <del></del>	
<u>(6)</u>	<u> </u>			
		<u> </u>		<del>,</del>
(8)				
(9)	nn (b) must equal Form 990, Part X, col (B) lin	o 15 l	<u> </u>	0
Part X	Other Liabilities.	e 13 j		,
FartA	Complete if the organization answer line 25.	ered "Yes" on Form 99	00, Part IV, line 11e or 11f. So	ee Form 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federa	Income taxes			
(2)				
(3)				
(4)	·			
(5)		>		
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 25 ) 🕨		TARES AND ASSESSMENT OF THE SECOND SE	

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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

Pan	t XI	Complete if the organization answered "Yes" on Form 990, Part			Return.	•	
1	Total r	evenue, gains, and other support per audited financial statements			1	5.2	75,959
2		nts included on line 1 but not on Form 990, Part VIII, line 12	•	•			
a		realized gains (losses) on investments	2a	•			
b		ed services and use of facilities '	2b				
c		eries of prior year grants	2c				_
d		(Describe in Part XIII.)	2d				•
e		les 2a through 2d			2e	1	n
3		ct line 2e from line 1		,	3	5.2	75,959
4		nts included on Form 990, Part VIII, line 12, but not on line 1	i	 I	W.M.	<u>∵</u>	.70,000
			4	•		,	
a		nent expenses not included on Form 990, Part VIII, line 7b	4a			,	-
b		`	_4b		4 -	, \	
_ C		nes 4a and 4b			4c	F 0	75.050
5		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					75,959
Par	t XII	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part			er Retui	rn.	
1	Total	expenses and losses per audited financial statements		10 120.	1	6.4	85,558
2		nts included on line 1 but not on Form 990, Part IX, line 25			更奖	<u> </u>	00,000
		ed services and use of facilities	2a	٠, ،			
a		ear adjustments	2b	<u> </u>			
b	-	losses	2c				
C					一基基		
d		(Describe in Part XIII.)	2d			,	0
е		nes 2a through 2d			2e		05 550
3		ct line 2e from line 1			3	0,4	85,558
4		nts included on Form 990, Part IX, line 25, but not on line 1	١.				
а		ment expenses not included on Form 990, Part VIII, line 7b	4a				
b		(Describe in Part XIII.)				•	•
C		nes 4a and 4b		,	4c		0
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	· ·		5	• 6,4	85,558
		Supplemental Information.		· ·			
		lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pies 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro				e 4, Part X,	line
		Center for Responsible Lending has determined that all tax positions take		, additional inform			
for th	e currer	nt year ended December 31, 2017 and all years open under the statute of					
limita	itions ar	e highly certain. Therefore, Center for Responsibile Lending has determin	ned		`	```	
			144				
that r	no unrec	ognized tax liability exists.					
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·		·					
	<b></b>		<b></b>			<b></b>	

Schedule DYForm	1 990) 2017 Ce	enter for Responsib	ole Lending			74-304391	3 Pa	ge <b>5</b>
		tal Information						
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# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Partl

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Employer identification number

ş X Yes 74-3043913 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. General Information on Grants and Assistance the selection criteria used to award the grants or assistance?. Center for Responsible Lending

Part II	Grants and Other Assistance to Domestic Organ	Assistance to	o Domestic Organ	nizations and Dom	anizations and Domestic Governments. Complete if the organization answered "Yes" on Form	. Complete if the org	ganization answered	J "Yes" on Form
	990, Part IV, line 21, for any recipient that received	l, for any recip	pient that received	I more than \$5,000.	d more than \$5,000. Part II can be duplicated if additional space is needed.	ated if additional spa	ce is needed.	
4 (-) 1	4 (-) 10	44.616.	Odl (-)			(f) Method of valuation	be continued (m)	tanger to constitute (4)

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 noncash assistance	(h) Purpose of grant or assistance
(1) California Reinvestment 474 Valencia street, Suite 230 San Fra	94-3153815	501(c)(3)	8,000				Assistance to combat predatory lending
(2) Cooperative Baptist Fellowship 160 Clairemont Ave, Suite 230 Decati	58-1960860	501(c)(3)	15,000				Assistance to combat predatory lending
(3) Ecumenical Poverty Initative 5 Thomas Circle, NW Washington, DC	53-0229983	501(c)(3)	10,000				Assistance to combat predatory lending
(4) Georgia Watch 55 Marietta St NW, Suite 903 Atlanta,	16-1639971	501(c)(3)	005'2				Assistance to combat predatory lending
(5) Hacienda Community Dev Corp 6700 NE Killingsworth ST Portland, OF	93-0979064	501(c)(3)	005'2				Assistance to combat predatory lending
(6) Maryland Consumer Rights Coalitic 2209 Maryland Ave Baltimore, MD 212	52-2266235	501(c)(3)	19,500				Assistance to combat predatory lending
(7) National Council of the US confere 58 Progress Pwy Maryland Heights, M	13-5562362	501(c)(3)	10,000				Assistance to combat predatory lending
(8) Samuel Dewitt Proctor Conference 4533 S Lake Park Ave Chicago, IL 60	06-1707903	501(c)(3)	5,500				Assistance to combat predatory lending
(9) Texas Appleseed 1609 Shoal Creek Blvd , Ste 201 Austi	74-2804268	501(c)(3)	000'8				Assistance to combat predatory lending
(10) The Leadership Conference Civil a 1620 L Street, NW, Ste 1100 Washing	52-0789800	501(c)(4)	002'2				Assistance to combat predatory lending
(11) Wisdom, Inc 2821 N 4th St , 537 Miwaukee, WI 53	39-1985101	501(c)(3)	10,000				Assistance to combat predatory lending
(12)				,			

Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) (2017)

Páge 2

Center for Responsible Lending

Schedule I (Form 990) (2017)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part I Line 2 The organization makes grants only under very limited circumstances where it maintains close supervision of the manner in (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 which grant funds are expended or contracts with an ally organization that supervises the use of grant funds. Grantees are reguired to are not expended or used by Grantees in accordance with grant terms, funds may be returned to Center for Responsible Lending and (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients recorded as a reduction of current period grant expenses. (a) Type of grant or assistance Part III Part IV S 9 ~ က 4

#### SCHEDULE O (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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

Center for Responsible Lending	[74-3043913
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	
organizations, 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 2017. 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 the filing organization's	
workers	

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
Center for Responsible Lending	74-3043913
Octive for Responsible Lending	
Program service expenses, (C) Management and general expenses, (D) f	undraising expenses was
corrected.	
Form 990, Part III, Line 4a4c Amended returnAllocation of grant dollar	ars was corrected
Tom obe, Tarkit, Line 42 - 40 Fine race Total F - Fine called to grant cone	10 Hd 601 Cdd
Allowahous of Occasion and advantage of the last of th	
Allocations of Revenue was corrected not to include line one dollars	
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# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Center for Responsible Lending

Part I

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

Open to Public

OMB No 1545-0047

**Employer identification number** 

74-3043913

(a) Name, address, and EIN (if applicable) of disregarded entity	(t	(b) Primary activity Legal or fo	(c) Legal domicile (state or foreign country)	(d) Total income En	(e) End-of-year assets	(f) Direct controlling entity	ۇر
(1)							
(2)							
(5)							
(4)	,						
(5)							
(9)							
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	tions. Complete if the	ne organization a	nswered "Yes" or	Form 990, Par	t IV, line 34 bec	ause it ha	, n
(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) g Section 512(b)(13) controlled entity?	2(b)(13) lled /?
						Yes	å
(1) Center for Community Self-Help 56-1271685	Economic Development	S Z	501(c)(3)	7	Ø/Z		×
t Corporation 56-1975829	Affordable Housing	S	501(c)(3)	11-1	CCSH (Org #1)		×
	Economic Development	+	501(c)(14)	V/N	Α'Z		×
1849615	Staffing Services	S	501(c)(3)	11-1	CCSH (Org. #1)		×
) 09	Charitable Lending						:

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

Schedule R (Form 990) 2017

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501(c)(1)

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**Economic Development** 

CCSH (Org. #1)

CCSH (Org. #1)

11-1

501(c)(3)

2

Economic Development

(6) Self-Help Assistance Corporation 56-1923620

301 W. Main Street Durham, NC 27701

(5) Self-Help Ventures Fund 58-1562750 301 W. Main Street Durham, NC 27701 (7) Self-Help Federal Credit Union 26-3016612

301 W. Main Street Durham, NC 27701

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3913	ırt IV, line 34		(9)
74-3043913	. Form 990, Pa		ε
	d "Yes" on		(H)
	ition answere		(6)
	f the organiza	the tax year.	<b>(</b> )
	axable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34	itions treated as a partnership during the tax year.	(ə)
	as a Partners	treated as a pa	(P)
e Lending	s Taxable	nizations	(၁)
Center for Responsible Lei	lentification of Related Organizations Tar	secause it had one or more related organizati	(q)
orm 990) 2017	Identification of	because it had on	(a)

Name, : relai	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, exclude from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportonate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(i) General or managing partner?	(k) Percentage ownership
								Yes No		Yes No	
(1)											
(2)											
(3)											
(4)											
(5)											
(9)											
(£)											
Part IV	Identification of I	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization ansity, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	s Taxable	as a Corpora	as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part nizations treated as a corporation or trust during the tax year.	omplete if the ion or trust d	organization	answe	ed "Yes" on For	m 990, P	art

(b) Name, address, and EIN of related organization Primary activity	(b) Primary activity	(c) (d) (e) Share Legal domicile Direct controlling Type of entity Share (state or foreign country) entity (C corp., S corp., or frust) ind	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h Percer owner	(1) htage Section 512(b)(13) ship controlled entity?	(b)(13)
								Yes	N <sub>o</sub>
(1)									
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Schedule R (Form 990) 2017

Center for Responsible Lending

Schedule R (Form 990) 2017

Part V

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Page 3

74-3043913

Yes If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Ξ 9 19 4 9 4 Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Loans or loan guarantees to or for related organization(s)................ Transaction type (a-s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Purchase of assets from related organization(s) . . . . . . . . . . . . . . . . . Sharing of paid employees with related organization(s)....... Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. Gift, grant, or capital contribution from related organization(s)....... Lease of facilities, equipment, or other assets from related organization(s). Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Gift, grant, or capital contribution to related organization(s) . . . . . Reimbursement paid by related organization(s) for expenses . . . . Reimbursement paid to related organization(s) for expenses . . . . Other transfer of cash or property to related organization(s). Other transfer of cash or property from related organization(s) Name of related organization Exchange of assets with related organization(s) . . . Dividends from related organization(s) . . . . . . Loans or loan guarantees by related organization(s) Sale of assets to related organization(s) Eco ס **6** × ~ (1) 2

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(6)

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.

of gloss reveiled) that was not a related of gamzanon.	Jugar II Kanoni.			; ;		3				-			
(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant	(e) Are all pa	artners	(f) Share of	(g) Share of	(h) Disproportionate			(j) General	(k) or Percentage	c) intage
		(state or foreign country)	income (related, unrelated, excluded from tax under sections 512-514)	section 501(c)(3) organizations?	on (3) tions?	total income	end-or-year assets	ما المحمد	of Schedule K-1 (Form 1065)		managing partner?		dius
				Yes	Š			Yes	No	Ľ	Yes	No	
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Schedule R (Forr	n 990) 2017	Center for Responsible	Lending		74-3043913	Page 5
	Suppleme	ental Information.	<del> </del>			
Part VII	Provide ac	dutional information fo	r responses to questions on Schedule R.	See Instructio	ns.	
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Center for Responsible Lending

74-3043913

Continuation of Identification of Related Tax-Exempt Organizations Part II

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Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section 512(b)(13) controlled entity?	(b)(13) ed
						Yes	ŝ
(8) Self-Help Economic Development, Inc. 20-5330006 1330 Broadway Street, Surte 604 Oakland, CA 94612	Financial Capability	. ₹	501(c)(3)	2	CCSH (Org. #1)		′ <b>×</b>
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(10)							
(11)			,	-			
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