DLN: 93493302013559 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization CENTER FOR RESPONSIBLE LENDING D Employer identification number B Check if applicable ☐ Address change 74-3043913 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 302 West MAIN STREET □ Application pending City or town, state or province, country, and ZIP or foreign postal code Durham, NC $\,$ 277013227 $\,$ G Gross receipts \$ 11,194,010 Name and address of principal officer H(a) Is this a group return for Michael Calhoun □Yes ☑No subordinates? 301 West Main Street H(b) Are all subordinates Durham, NC 27701 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)() **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www responsiblelending org L Year of formation 2002 M State of legal domicile NC Summary 1 Briefly describe the organization's mission or most significant activities Protect economic opportunity for low-income & minority families & communities by conducting research & providing education & technical assistance regarding predatory lending & other abusive financial practices Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b 38,627 **Current Year** 10,042,381 8 Contributions and grants (Part VIII, line 1h) . . 4,997,728 9 Program service revenue (Part VIII, line 2g) . . 112,578 929,333 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 65,805 115,042 99,848 107,254 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,194,010 5,275,959 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 246,116 388,213 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶350,736 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 6,239,442 6,602,895 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,485,558 6,991,108 19 Revenue less expenses Subtract line 18 from line 12 . -1,209,599 4,202,902 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 6,643,443 10,925,328 468,420 21 Total liabilities (Part X, line 26) . 389,437 6,254,006 10,456,908 22 Net assets or fund balances Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-10-18 Signature of officer Sign Here Debbie Goldstein Executive Vice Type or print name and title Date Print/Type preparer's name Preparer's signature Check | If Paid self-employed Firm's name Firm's EIN ▶ Preparer Use Only Firm's address ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page 2					
Pa	statement	of Program Service	e Accomplis	hments							
	Check if Sched	dule O contains a respo	onse or note to	any line in this Part III		🗆					
1	Briefly describe the o	rganization's mission									
	ect economic opportunit rding predatory lending			& communities by cond	ucting research & providing educat	cion & technical assistance					
2	-	• =		<u> </u>	hich were not listed on						
	•					☐ Yes 🗹 No					
	•	se new services on Sch									
3	Did the organization services?	<u>.</u>	nake significant	changes in how it cond	ucts, any program	☐ Yes ☑ No					
	If "Yes," describe these changes on Schedule O										
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the expenses, and revenue, if any, for each program service reported										
4a	(Code) (Expenses \$	3.197.839	including grants of \$	388,213) (Revenue \$	929,333)					
	See Additional Data	, (=,,,=,,,=,,=,,									
4b	(Code) (Expenses \$	1,885,312	including grants of \$) (Revenue \$)					
	See Additional Data										
4c	(Code) (Expenses \$	937,381	ıncludıng grants of \$) (Revenue \$)					
	See Additional Data										
4d	Other program service	ces (Describe in Schedi	ule O)								
	(Expenses \$	ıncl	uding grants of	\$) (Revenue \$)					
4e	Total program serv	/ice expenses ▶	6,020,5	32							
						Form 990 (2018)					

Pa	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's currer and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
ď	Did the organization act as an "on hehalf of" issuer for bonds outstanding at any time during the year?			
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Form	990 (2018) Page 5
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return
h	If his longs and to unmarked an line Sell and the connection file all progressed federal applications and the unbringed 2b.
1	
<u>177</u> 11 7	
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4	-
,	
i	. Purpose(s) of conservation easements held by the organization (check all that apply)
_	Preservation of land for public use (e g , recreation or education)
	Protection of natural habitat Preservation of a certified historic structure
	Preservation of open space
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year
а	Total number of conservation easements 2a
h	Intal acreane restricted by consensation easements
u <u>—</u>	
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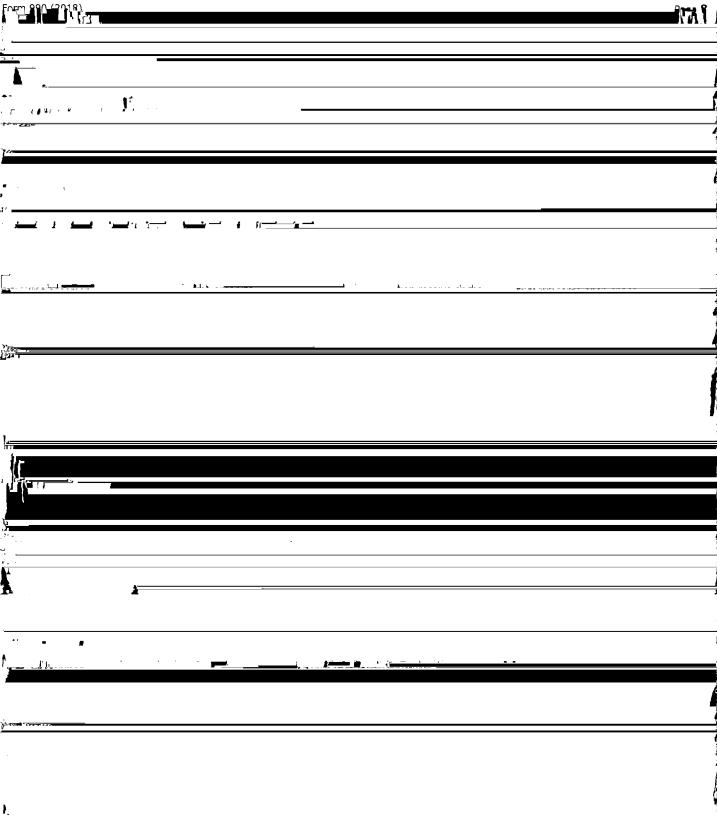
	Governance, Management, and Disclosure For each "Yes" response to lines 2 th		o response to) IIIIes
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Check if Schedule O contains a response or note to any line in this Part VI	O See Instructions		\checkmark
<u> Տբբ</u> յոո	A Governing Body and Management			
	We was a reconstruction of the second of the			
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t	,			
	cal treasures, or other similar assets held for public exhibition, education, or research	າ in furtherance of public ser	vice, provide t	:he
	ng amounts relating to these items			
	nue included on Form 990, Part VIII, line 1	▶ \$		
• •	s included in Form 990, Part X	▶ \$		
	organization received or held works of art, historical treasures, or other similar asset		he	
	ng amounts required to be reported under SFAS 116 (ASC 958) relating to these iter ue included on Form 990, Part VIII, line 1			
a Reven		▶ \$		
	ork Reduction Act Notice, see the Instructions for Form 990.	► \$ Cat No 52283D Schedu	le D (Form 9	

Page **6**

Form 990 (2018)

(i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations	
(i) unrelated organizations	
(i) unrelated organizations	
(i) unrelated organizations	
(ii) related organizations	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	_ _ _ _ _
(
1a Land	
b Buildings c Leasehold improvements 21,665	
	,594
e Other	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 1, Schedule D (Form 990) 2	,594

Pane **7**



	VIII Statement of	Revenue						rage 3
			respoi	nse or note to any	line in this Part VIII			🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaig	ns	1a			revenue		312 - 314
nts ints	b Membership dues		1b					
ora nou	c Fundraising events		1c					
s, (An	d Related organizatio		1d					
iar Iar	e Government grants (co		1e					
S, Œ	£ All other contributions	· ·	1e					
ion S	f All other contributions and similar amounts n	ot included	1f	10,042,381				
Contributions, Gifts, Grants and Other Similar Amounts	above g Noncash contribution	ns included	<u> </u>					
a <u>=</u>	in lines 1a - 1f \$							
3 ಕ	h Total. Add lines 1a	-1f		•	10,042,381			
ı				Business	Code			
ખત	2a Litigation				541100 9:	29,333 929	,333	
₽.	h							
1C e	с —		_					
χĘτ	d		_					
E	е ———		_					
Program Service Revenue	f All other program se	rvice revenue						
Ĕ	g Total. Add lines 2a-2	.f		▶	929,333			
	3 Investment income (ii			nterest, and other	115.043	Ţ		115.043
	sımılar amounts)							115,042
	4 Income from investment 5 Royalties				-	+		
	5 Royaldes	(ı) Real		(II) Personal	<u> </u>			
	6a Gross rents				1			
	b Less rental expenses				_			
	D Less Tental expenses							
	c Rental income or (loss)				1			
	d Net rental income o	r (loss)			_			
	u Net Tental Income o	(ı) Securit		(II) Other				
	7a Gross amount	(i) Securit	103	(II) Other	-			
	from sales of assets other							
	than inventory							
	b Less cost or other basis and							
	sales expenses				-			
	C Gain or (loss)d Net gain or (loss)			•	_{1}			
	8a Gross income from fi	undraising eve	-					
ne	(not including \$ contributions reporte		of					
Other Revenue	See Part IV, line 18		a					
Re	b Less direct expense	s	ь					
er	c Net income or (loss)	from fundrais	ing eve	ents Þ	_			
Oth	9a Gross income from g See Part IV, line 19	amıng actıvıtı	es					
	,		a∫					
	b Less direct expense	s	ь					
	c Net income or (loss)		activitie	es >	-			
	10aGross sales of invent returns and allowand							
			a					
	b Less cost of goods s	sold	ь]			
	c Net income or (loss)		invento					
	Miscellaneous	Revenue		Business Code	3 000	2.000		
	11a Sales Tax			900099	2,086	2,086		
	L-			F0.101	2000	25.25		
	b Rental Income			531190	96,078	96,078		
				me.e	2.55	2 2 2 2		
	c Other			561000	9,090	9,090		
	d All other revenue		L	L.	1	-		
	e Total. Add lines 11a			•	107,254	1		
	12 Total revenue. See	Instructions		· · · · •	11,194,010	1,036,587		0 115,042
			_					Form 990 (2018)

Forn	1 990 (2018)				Page 10
	Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	388,213	388,213	3	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				_
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
ь	Legal	227	227		
	Accounting	10,000		10,000	
	Lobbying	123,498	123,498		
e	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	526,988	498,437	28,538	13
12	Advertising and promotion	44,986	44,766	220	
13	Office expenses	62,774	41,254	21,419	101
14	Information technology				
15	Royalties				
16	Occupancy	659,224	498,803	112,484	47,937
	Travel	499,916	450,691	42,204	7,021
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	102,831	101,526		1,305
20	Interest				_
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	2,125	1,574	391	160
23	Insurance	550		550	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a Staff Reimburse SHSC 56-1849	4,310,190	3,695,620	340,296	274,274
İ	b				
	С				
	d				
	e All other expenses	259,586	175,923	63,738	19,925
25	Total functional expenses. Add lines 1 through 24e	6,991,108	6,020,532	619,840	350,736
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

Form **990** (2018)

Forn	n 990	(2018)					Page 11
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		,		1	
	2	Savings and temporary cash investments .	6,438,550	2	9,047,481		
	3	Pledges and grants receivable, net			100,000	3	1,785,130
	4	Accounts receivable, net		[4	3,498
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ated em	ployees Complete		5	
s)	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organization voluntary employees beneficiary organizations Part II of Schedule L	(c)(3)(B), and f section 501(c)(9) structions) Complete		6		
ssets	8	Inventories for sale or use		_		8	
¥	9	Prepaid expenses and deferred charges		·	12.000	9	
	-	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	207,405	,		
	h	Less accumulated depreciation	10b	205.811	3,719	100	1,594
	11	Investments—publicly traded securities •	14.174		12,625		
	12	Investments—other securities See Part IV, line	,	12	1.2,525		
	13	Investments—program-related See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	75.000	15	75,000		
	16	Total assets.Add lines 1 through 15 (must equ	6,643,443	16	10,925,328		
	17	Accounts payable and accrued expenses	389,437	17	468,420		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
c۸	21	Escrow or custodial account liability Complete F	Part IV c	f Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
æ		persons Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela	ited thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	to related third parties,		25		
	26	Total liabilities. Add lines 17 through 25			389,437	26	468,420
- \$8		Organizations that follow SFAS 117 (ASC 9	58), ch	eck here 🕨 🗹 and			
Fund Balance	27	complete lines 27 through 29, and lines 33 Unrestricted net assets	and 34	i.	6,220,672	27	10,340,241
Ba	28	Temporarily restricted net assets		[33,334	28	116,667
Þ	29	Permanently restricted net assets				29	
Ē		Organizations that do not follow SFAS 117	(ASC 9	58),			
Assets or	30	check here ▶ ☐ and complete lines 30 th Capital stock or trust principal, or current funds		34.		30	
ets	31	Paid-in or capital surplus, or land, building or ed		it fund		31	
Ass	32	Retained earnings, endowment, accumulated in		⊢		32	
_	ı	= -					

Audit Act and OMB Circular A-133? 3a No b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b

Form 990 (2018)

Additional Data

Software ID:

Software Version:

EIN: 74-3043913

Name: CENTER FOR RESPONSIBLE LENDING

Form 990 (2018)

Form 990, Part III, Line 4a:

Technical Assistance Provided legal analysis and market insight on debt collection and abusive lending practices in the areas of mortgage, small loans, and student and auto loans Proposed policy solutions to consumer and community groups and policymakers in the states and at the federal level Primary focus was on policies and market changes that would stop lending abuses that prevent low-and moderate-income families and communities of color from building wealth

Outreach/Communications Raised visibility of abusive small dollar loan predatory lending issues among national, statewide, and local groups, e.g. civil rights, faith-based, and other grassroots organizations. Similarly brought attention to need for increasing access to responsible mortgage credit, and disparities in mortgage lending by race,

ethnicity and income. Highlighted impact of unfair debt collection practices, weakness of for-profit college programs and other needed reforms for student lending practices at origination and student loan servicing. Presented at over 150 workshops and conferences, educating thousands of individuals about abusive financial service.

Communications resulted in thousands of citations by the media covering financial abuses that impact borrowers and mentioning CRLs research and policy work

Form 990, Part III, Line 4b:

Research Services Published research reports and analysis describing how much consumers save in states that do not allow payday lending, outline abuses by for-profit colleges in Colorado, Maine and Connecticut, and looking at public perspectives on regularing debt buyers in Colorado. Other research described abusive practices related to checking accounts, auto lending, and debt collection, updated new data on banks and engage in payday lending through their deposits, describing payday lending in

Form 990, Part III, Line 4c:

Colorado, and published national analysis of Home Mortgage Disclosure Act data

efil	e GR/	APHIC prii	nt - DO NOT PROCESS	As Filed Data -		DLN:	93493302013559
SCHEDULE A (Form 990 or 990EZ)			Complete if the org	janization is a secti 4947(a)(1) nonexe	s and Public Suppo on 501(c)(3) organization or mpt charitable trust. 190 or Form 990-EZ.		2018
•		the Treasury	▶ Go to <u>v</u>	ww.irs.gov/Form9	<u>90</u> for the latest information.	i	Open to Public Inspection
Nam	e of th	ne service ne organiza RESPONSIBLE	tion LENDING			Employer identif	ication number
	rt I				must complete this part.) S		
_	rganız		a private foundation because i	•			
1		,	•		lescribed in section 170(b)(1)	(A)(I).	
2					edule E (Form 990 or 990-EZ))		
3		·		_	ibed in section 170(b)(1)(A)(i	-	
4		A medical r name, city,		d in conjunction with a	a hospital described in section 1	.70(b)(1)(A)(iii).	Enter the hospital's
5		_	ation operated for the benefit (iv). (Complete Part II)	of a college or univer	sity owned or operated by a gov	ernmental unit desc	ribed in section 170
6		A federal, s	state, or local government or g	governmental unit des	scribed in section 170(b)(1)(A)(v).	
7			ation that normally receives a 70(b)(1)(A)(vi). (Complete I		support from a governmental u	nit or from the gen	eral public described in
8		A communi	ity trust described in section	170(b)(1)(A)(vi)(Complete Part II)		
9					(A)(ix) operated in conjunction he name, city, and state of the c		
10		from activit	ties related to its exempt fund	tions—subject to cert ss taxable income (le	of its support from contribution ain exceptions, and (2) no more ss section 511 tax) from busines	than 331/3% of its	support from gross
11		An organiza	ation organized and operated	exclusively to test for	public safety See section 509	(a)(4).	
12	\checkmark	more public	cly supported organizations de	escribed in section 50	nefit of, to perform the functions 09(a)(1) or section 509(a)(2) organization and complete lines	. See section 509	
a	✓	Type I. A s	supporting organization opera n(s) the ηρωεί το regularly ar	ted, supervised, or co point or elect a maio	ntrolled by its supported organiz rity of the directors or trustees o	ation(s), typically be the supporting or	y giving the supported ganization You must
<u>1</u>							
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7							
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A-					Ā 		

instructions

	(Complete only if you che III. If the organization fai						fy under Part
S	ection A. Public Support	is to quality ui	ider the tests his	ted below, pleas	se complete rai	C 111.)	
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2013	(0) 2010	(d) 2017	(e) 2010	(I) Iotai
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
	Public support. Subtract line 5 from						
	line 4						
S	ection B. Total Support		•		•		
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(4)2011	(5)2013	(6)2010	(4)2017	(6)2010	(1) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
11	Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	c (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anızatıon,
	check this box and stop here					▶ [
S	ection C. Computation of Public						
	Public support percentage for 2018 (line			column (f))		14	
	Public support percentage for 2017 Sch			(1)		15	
	33 1/3% support test—2018. If the			on line 13, and lin	ne 14 is 33 1/2% o		hov
тоа					ie 14 is 33 1/3 /0 0	i illore, check this	▶□
L	and stop here. The organization qualifi 33 1/3% support test—2017. If the				and line 15 is 33 t	/3% or more chec	k this
U	• •	_			and mic 15 i5 55 1	, s to or more, enec	
	box and stop here. The organization of	qualifies as a pub	nicly supported or	ganization	- 12 16 16		▶□
17a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						ightharpoons
h	10%-facts-and-circumstances test	—2017. If the o	rganization did no	t check a box on li	ine 13, 16a. 16b. o	or 17a, and line	· -
ט	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	· -					F/	▶ □
	supported organization						

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		
	(Complete only if you c	hecked the box	on line 10 of Pa	art I or if the or	ganization failed		er Part II. If
	the organization fails to	qualify under	the tests listed b	pelow, please co	omplete Part II.))	
Se	ection A. Public Support		T	Г			1
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grants ")						
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						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
•	the organization without charge						
6 72	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
/ a	3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
0	(or fiscal year beginning in) ► Amounts from line 6			. ,			
L0a	Gross income from interest,						
LUa	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı ı's fırst, second. th	urd, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	rganization.
	check this box and stop here	.	,	,,,	,		▶ □
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15	
16	Public support percentage from 2017 S	ichedule A, Part I	II, line 15			16	
Se	ection D. Computation of Investi	ment Income	Percentage				
17	Investment income percentage for 201			lıne 13, column (f))	17	
18	Investment income percentage from 2	017 Schedule A,	Part III, line 17			18	
	331/3% support tests—2018. If the		•	on line 14, and lir	ne 15 is more than		e 17 ıs not
	more than 33 1/3%, check this box and						▶□
	33 1/3% support tests—2017. If the						
J	not more than 33 1/3%, check this box	-			•		▶ □
20	Private foundation. If the organization	-	-				▶□

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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)

Schedule A (Form 990 or 990-EZ) 2018

1

7

answer line 10b below

the organization had excess business holdings)

Section A. All Supporting Organizations Yes No

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

1

Page 4

No

No

No

No

No

No

No

No

No

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Yes

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) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3a 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 3b 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 3с 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 4a

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 4b supervised by or in connection with its supported organizations 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 4c 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 5a amendment to the organizing document) 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? 5b

No 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 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. 6 No

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) 7

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)

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

8

provide detail in Part VI.

9a

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 1r Yes," provide detail in Part VI.	9b
:	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.	

```
C
                                                                                                                                 9с
     Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding
10a
```

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Schedule A (Form 990 or 990-FZ) 2018

	Talle A (101111 330 01 330 LZ) 2010			Page (
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income	acions	(A) Prior Year	(B) Current Year (optional)
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		
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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other 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		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater

than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. **b** Excess from 2015. c Excess from 2016. d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

Additional Data

Software ID: Software Version:

EIN: 74-3043913

Name: CENTER FOR RESPONSIBLE LENDING

Schedule A (Form 990 or 990-EZ) 2018

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

instructions)

Facts And Circumstances Test

SCHEDULE C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493302013559

Open to Public

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

(Form 990 or 990-

▶ 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.

Inspection

• :	Section 501(c) (other than section 5 Section 527 organizations. Complet	nplete Parts I-A and B Do not comple 01(c)(3)) organizations Complete Par e Part I-A only n Form 990, Part IV, Line 4, or Form	ts I-A and C below	·		than	
• : • : If the (Pro	Section 501(c)(3) organizations that Section 501(c)(3) organizations that	have filed Form 5768 (election under have NOT filed Form 5768 (election to Form 990, Part IV, Line 5 (Proxy Tas), then	section 501(h)) Co under section 501(h	omplete Part II-A Do not)) Complete Part II-B D	com o not	plete Part II-l t complete Pa	art II-A
Naı	me of the organization			Employer id	lentif	fication nun	ber
CEN	ITER FOR RESPONSIBLE LENDING			74-3043913			
Par	t I-A Complete if the organ	nization is exempt under secti	on 501(c) or is		niza	tion	
1		ızatıon's dırect and ındırect political ca					
2	Political campaign activity expend	itures (see instructions)		>	\$		
3	Volunteer hours for political camp	aign activities (see instructions)					
Par	t I-B Complete if the organ	nization is exempt under secti	on 501(c)(3).				
1	Enter the amount of any excise ta	x incurred by the organization under	section 4955	>	\$		
2	Enter the amount of any excise ta	x incurred by organization managers	under section 4955	>	\$ _		
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for	this year?			☐ Yes	□ No
4a	Was a correction made?					☐ Yes	□ No
b	If "Yes," describe in Part IV					163	
		nization is exempt under secti	on 501(c), exce	ept section 501(c)(3).		
1	Enter the amount directly expend	ed by the filing organization for sectio	n 527 exempt funct	ion activities	\$		
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other	organizations for se	ection 527 exempt	\$ _		
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and	on Form 1120-POL,	line 17b ►	\$		
4	Did the filing organization file For	m 1120-POL for this year?			Ψ.	☐ Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the an that were promptly and directly delive see (PAC) If additional space is needed	nount paid from the ered to a separate p	filing organization's fun olitical organization, suc	ds A	the filing Iso enter the	amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fron filing organization's funds If none, enter -0-		(e) Amount contributions and promp directly deliv separate p organization enter	received otly and rered to a political If none,
1							
2							
3							
4						_	
5							
6							
For P	aperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ	· Cat	No 50084S Schedule	C (Fo	rm 990 or 990)-EZ) 2018

247,136

250,000

18,898

239,563

250,000

14,402

192,097

250,000

24,329

342,527

250,000

32,767

Schedule C (Form 990 or 990-EZ) 2018

1,021,323

1,000,000

1,500,000

90,396

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Sche	dule C (Form 990 or 990-EZ) 2018			F	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fill Form 5768 (election under section 501(h)).	ed			
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b)
	ctivity			Amo	unt
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)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r sectio		
1	Were substantially all (90% or more) dues received nondeductible by members?		_	Yes L	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5) 0			1/6)
Т	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				.,(0)
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).				
a b	Current year Carryover from last year	2a 2b			
c	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	F-			
	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			
P	Supplemental Information	•			
	vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), tructions), and Part II-B, line 1 Also, complete this part for any additional information	Part II-	A, lines 1	and 2 (s	ee

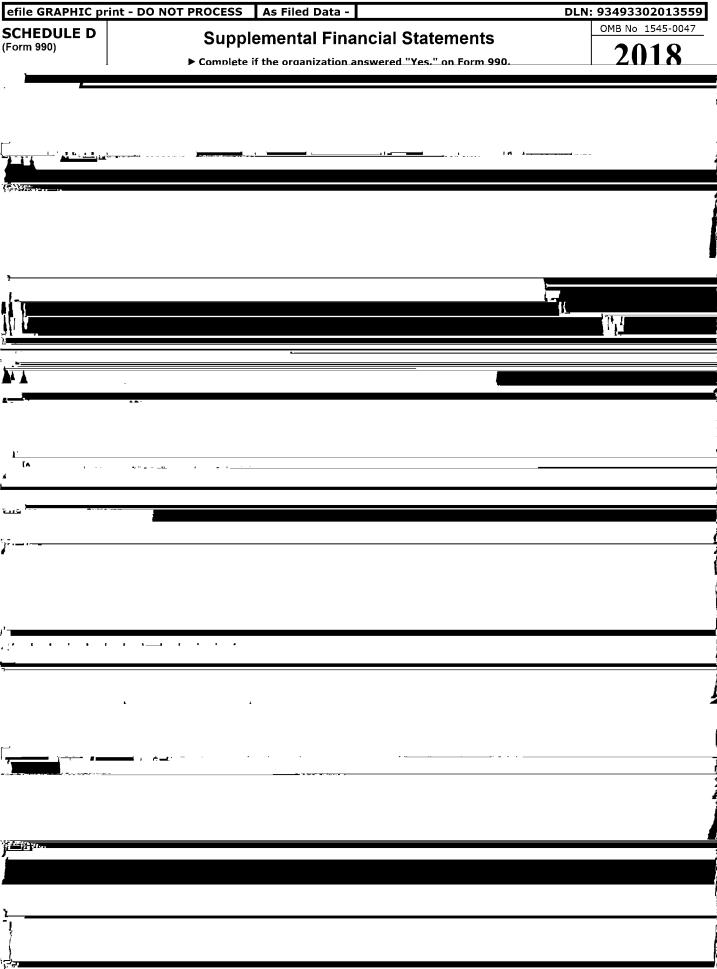
Return Reference

Explanation

II-A Line 2 Self-Help Services Corporation, 301 W Main Street, Durham, NC 27701, EIN 56-1849615, Direct

Part II-A Line 2 Center for Community Self-Help, 301 W Main Street, Durham, NC 27701, EIN 56-1271685, General Explanation Attachment Direct Lobbying expense \$9,050, Grassroots Lobbying expense \$0 Part II-A line 2 Self-Help Ventures Fund, 301 W Main Street, Durham, NC 27701, EIN 58-1562750, Direct Lobbying expenses \$0, Grassroots Lobbying expenses \$0 Part II-A Line 2 Self-Help Community Development Corporation, 301 W Main Street, Durham, NC 27701, EIN 56-1975829, Direct Lobbying expenses \$0, Grassroots Lobbying expenses \$0 Part

Lobbying expenses \$0, Grassroots Lobbying expenses \$0 Part II-A Line 2 Self-Help Assistance Corporation, 301 W Main Street, Durham, NC 27701, EIN 56-1923620, Direct Lobbying expenses \$0, Grassroots Lobbying expenses \$0 Part II-A Line 2 of these group members, Center for Community Self-Help and the filing organization, Center for Responsible Lending have made the election under section 501(h) Schedule C (Form 990 or 990EZ) 2018



Schedule D (ganızat	ion ansv		age 3
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value	(c) Method of valuation Cost or end-of-year market value	
/1\ <u>Eup>><2</u>	demontrace		value		
Part VII	Compensation of Officers, Directors, Trustees, Ke and Independent Contractors		-		<u>-</u>
Section	Check if Schedule O contains a response or note to any line in A. Officers, Directors, Trustees, Key Employees, a	ntnis Pa ind Hig	ghest Co		<u>~</u>
year	e this table for all persons required to be listed Report compen				ax
	of the organization's current officers, directors, trustees (whet	her ind	ıvıduals oı	r organizations), regardless of amount	
	•				
i nert					
	•				
U (7) Other					
-					
w . 1					
(B)					
(B)					
(C) (D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form		art IV lu	no 11c Soo Form 990 Part V June 13	
	(a) Description of investment		ook value	(c) Method of valuation	
(1)				Cost or end-of-year market value	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>	222.5		
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on For	m 990, Pa	art IV, line 11d See Form 990, Part X, line 15 (b) Book value	e
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part XI

2

b

c d

e

d

3 4

5

Schedule D (Form 990) 2018

Page 4

11,194,010

11,194,010

6,991,108

6,991,108

3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b 4c

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Add lines **4a** and **4b** Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5

c 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . . 2a 2b b 2c c

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information

Other (Describe in Part XIII)

Add lines 2a through 2d

Return Reference

See Additional Data Table

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

4a 4b

Explanation

2d

2a

2b

2c

2d

4c 5

2e

3

2e

Schedule D (Form 990) 2018

6,991,108

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID:

Software Version:

EIN: 74-3043913

Name: CENTER FOR RESPONSIBLE LENDING

Supplemental Information

Return Reference	Explanation
Footnote for uncertain tax position under FIN 48 (Part X)	CRL has determined that all tax positions taken for the current year ended December 31, 20 18 and all years open under the statute of limitation are highly certain Therefore, CRL h as determined that no unrecognized tax liability exists

DLN: 93493302013559 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasurv Internal Revenue Service Name of the organization Employer identification number CENTER FOR RESPONSIBLE LENDING 74-3043913 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018		Daniel de Tarabada	and Complete Athenne		U are Farme 2002 Bart IV June 22	Page 2
Part III Grants and Other As Part III can be duplica				janization answered Yes	on Form 990, Part IV, line 22	
(a) Type of grant or assista	ance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)	(5)					
(6)						
(7)						
Part IV Supplemental	Informati	on. Provide the in	formation required in	Part I, line 2; Part III	, column (b); and any other a	dditional information.
Return Reference	eturn Reference Explanation					
onitoring procedures (Part I, line 2 The organization makes grants only under very limited circumstances where it maintains close supervision of the manner in which grant funds are expended or contracts with an ally organization that supervises the use of the grant funds. Grantees are requited to provide documentations demonstrating that funds have been expended consistent with the purpose of the grant agreements. If grant funds are not expended or used by Grantees in accordance with grant terms, fund may be returned to Center for Responsible Lending and recorded as a reduction of current period grant expenses.						

Schedule I (Form 990) 2018

Additional Data

San Francisco, CA 94103

1118 S Washington Street

Community Economics

Lansing, MI 48911

Software ID: **Software Version:**

38-3445097

EIN: 74-3043913

501c3

Name: CENTER FOR RESPONSIBLE LENDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
California Reinvestment Coalition 474 Valencia Street 230	94-3153815	501c3	8,500				Assistance to combat predatory lending		

Assistance to combat

predatory lending

35,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance stance to combat datory lending

Assistance to combat

predatory lending

Cooperative Baptist Fellowship	58-1960860	501c3	17,500		Assist
160 Clairemont Ave Suite 500					preda
Decatur, GA 30030					

10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Ecumenical Poverty Initiative

5 Thomas Circle NW

Washington, DC 20005

53-0229983

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 16-1639971 501c3 17.724 Georgia Watch Assistance to combat

55 Marietta St NW Suite 903 Atlanta, GA 30303

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Portland, OR 97218

predatory lending Hacienda Community Dev Corp 93-0979064 501c3 8,291 Assistance to combat 6700 NE Kılınasworth St predatory lending

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance Heartland Alliance for Human 36-1877640 501c3 7.500 Assistance to combat Needs predatory lending 33 West Grand Avenue FL 5

Assistance to combat

predatory lending

34.950

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

33 West Grand Avenue FL 5 Chicago, IL 60654 Maine Center for Economic Policy

PO Box 437 Augusta, ME 04332 22-3317572

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 46-3872778 501c3 7.500 Louisiana Budget Project Assistance to combat 619 Jefferson Highway Suite predatory lending

D Baton Rouge, LA 70805

Maryland Consumer Rights
Coalition

Assistance to combat predatory lending

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2209 Maryland Ave Baltimore, MD 21218

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 31-1127123 501c3 15.000 National Baptist Convention Assistance to combat predatory lending

predatory lending

USA
1214 S Robertson St
New Orleans, LA 70113

National CAPACD 91-2121566 501c3 12.500

Assistance to combat

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1825 San Pablo Ave Suite 2

Oakland, CA 94612

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance National Federation of Comm 11-2421972 501c3 7.500 Assistance to combat Dev C predatory lending

39 Broadway Suite 2140
New York, NY 10006

NC State Conference of NAACP 1001 Wade Ave Ste 15 Mailbox 56-6061662

Assistance to combat predatory lending

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Raleigh, NC 27605

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance tance to combat atory lending

Assistance to combat

predatory lending

8,000

New Economy Project	13-3842270	501c3	15,000		Assista
121 W 27th St Ste 804					predate
New York, NY 10001					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Policy Matters - Ohio

Cleveland, OH 44114

3631 Perkins Ave Ste 4-C

34-1921881

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Project Green 82-4954804 501c3 7.500 Assistance to combat itory lending

PO Box 68582 Grand Rapids, MI 49516			.,		predatory lending
Statewide Poverty Action Network	23-7442189	501c3	10,000		Assistance to combat predatory lending

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1501 N 45th Street

Seattle, WA 98103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance tance to combat itory lending

predatory lending

Texas Appleseed 1609 Shoal Creek Blvd Ste 201 Austin, TX 78701	74-2804268	501c3	8,000		Assistance to combat predatory lending
The Leadership Conference	52-0789800	501c3	6,000		Assistance to combat

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1620 L Street NW Ste 1100 Washington, DC 20036

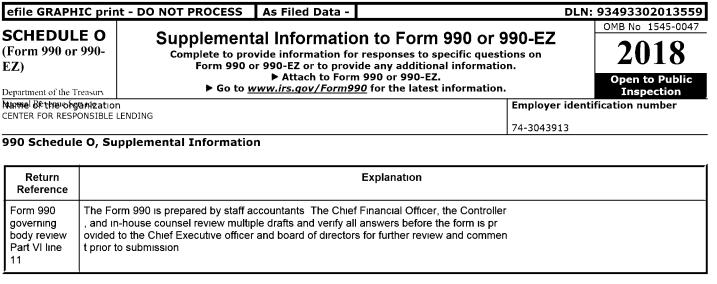
(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Veterans Education Success 46-2070195 501c3 10.000 Assistance to combat

4708 Essex Ave Chevy Chase, MD 20815					predatory lending
Virginia Poverty Law Center Inc	54-1093402	501c3	10,000		Assistance to combat predatory lending

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

919 E Main Street Suite 610

Richmond, VA 23219



990 Schedule O, Supplemental Information

Return Reference	Explanation
Conflict of interest policy compliance Part VI line 12c	The organizations Conflict of Interest Policy covers its officers, directors or trustees, all employees of the organization or any related organizations, and family members of pers ons in these categories. All covered persons are required under the policy to disclose act ual 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 Boar d, as appropriate

990 Schedule O, Supplemental Information Return

CEO

Explanation Reference 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

executive board, and was last confirmed in May 2018. This ceiling is subject to adjustment for incr director top eased cost of living associated with the geographical areas in which workers are working. management but is well below the average market salary for workers with comparable levels of expertis comp Part VI line 15a e and experience

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Other officer	No director or officer receives compensation for his or her work as a director, office, or
or key	trustee, instead the amounts listed in column (D) and (F) are compensation paid to employ
employee	ees of the filing organization who work 30-40 hours per week No compensation is for hours
compensation	devoted to related organizations
Part VI line	
15h	

Return Explanation
Reference

990 Schedule O, Supplemental Information

Governing documents etc available to public Part VI, Section C, Line 19 No documents available to public Part VI line 19

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII	Form 990, Part VII, Section A, Line 1a No director or officer receives compensation for h
response or	is or her work as a director, officer or trustee, instead, the amounts listed in columns (
note to any	E) & (F) are compensation paid to employees of the related organization who work 30-40 hou
other line in	rs per week Self-Help Services Corporation serves as the employer for all the filing orga
Part VII	nizations workers

efile GRAPHIC print - Do	NOT PROCESS	As Filed Data -										DLN: 93493	302013	559		
SCHEDULE R (Form 990)	> (Related C	_					-		37.		OMB No 20	1545-004	17		
Department of the Treasury Internal Revenue Service		► Go to <u>www</u>	v.irs.gov/	► Attach to Form990 for			e latest info	ormation.				Open to Public Inspection				
Name of the organization CENTER FOR RESPONSIBLE LENDING	3								Emp	loyer identif	icatior	number				
-1 .:6: .:					1.1157	–	000 5 :	T) (043913						
Part I Identification	of Disregarded E	intities Complete if t	ne organ	ization answ	rerea "Yes	on Form	990, Part	IV, line 3	J.							
Name, address, and	(a) EIN (if applicable) of disr	egarded entity		(b) Primary a			c) nicile (state n country)	(d) Total inc	ome	(e) End-of-year as	ssets	(f Direct co ent	ntrolling			
Part II Identification	of Related Tax-Ex		s Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I\	/, line 34 be	cause	ıt had one or	more			
See Additional Data Table			1	41.5	1 .		1 (1)	. 1			ı		1 ,			
Name, address, an	(a) d EIN of related organızat	ion	Prim	(b) ary activity	Legal dom	(c) (d micile (state gn country) (d				(e) Public charity status (if section 501(c)(3))		(f) rect controlling entity	Section (13) coi enti	512(b) ntrolled ty?		
													Yes	No		
For Paperwork Reduction Ac	t Notice, see the In:	structions for Form 9	90.		Ca	t No 5013	35Y				Sche	edule R (Form	990) 20	18		

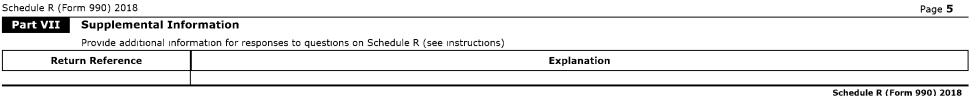
(a) Name, address, and EIN of related organization		(b) Primary activity activity (c) Legal domicile (state or foreign country)			f) (g) re of ncome end-of-year assets		rtionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		ownersh	
							Yes	No		Yes	No	
ations Taxable as a Coorganizations treated as	Corporation a corporation	or Trus on or tru	t Complete st during th	 If the orga ne tax year.	nization ans	 swered "Yes	" on F	l orm 99	l 90, Part IV,	line	34	
(b) Primary activity	L do (state	.egal mıcıle or foreıgn			(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		year	of- Perce	ntage	(13	(i) ection ! 3) con entit
												Yes
												\perp
												\dashv
	organizations treated as	(b) Primary activity (state	zations Taxable as a Corporation or Trus organizations treated as a corporation or tru	rations Taxable as a Corporation or Trust Complete organizations treated as a corporation or trust during the legal domicile (state or foreign	country) sections 51 514) rations Taxable as a Corporation or Trust Complete If the orga organizations treated as a corporation or trust during the tax year. (b) Primary activity (c) Legal domicile (state or foreign Direct controlling entity (d)	country) sections 512- 514) Eations Taxable as a Corporation or Trust Complete If the organization ansorganizations treated as a corporation or trust during the tax year. (b) Primary activity (c) Legal domicile (state or foreign (d) Direct controlling entity (C corp, S corp, or trust)	country) sections 512- 514) Eations Taxable as a Corporation or Trust Complete if the organization answered "Yes organizations treated as a corporation or trust during the tax year. (b) Primary activity (c) Legal domicile (state or foreign Direct controlling entity (C corp, S corp, or trust) (Type of entity (C corp, S corp, or trust) (state or foreign	rations Taxable as a Corporation or Trust Complete If the organization answered "Yes" on Forganizations treated as a corporation or trust during the tax year. Corporation Corporat	country) sections 512- 514) Yes No Yes No Rations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 9 organizations treated as a corporation or trust during the tax year. (b) Primary activity (c) Legal domicile (state or foreign Direct controlling entity (Corp., S corp., or trust) organizations (g) Share of total income year assets	country) sections 512- 514) Yes No Yes No Rations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, organizations treated as a corporation or trust during the tax year. (b) Primary activity (c) Legal domicile (state or foreign Direct controlling entity (C) Type of entity Type of entity (C) Share of total income year assests assests assests assests	country) Sections 512- Yes No Yes Yes No Yes Yes No Yes Yes	country) sections 512- 514) Yes No

Schedule R (Form 990) 2018	Page 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Yes No
5 Ås, 1 L	
co nd	
a list all of the organization's current key employees if any. See instructions for definition of "key employee."	
<u> </u>	
• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received renortable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the	
<u>'</u>	
	i

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

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

(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	Ar or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or ig ?	(k) Percentage ownership
İ			514)	Yes	No	ļ ,		Yes	No		Yes	No	
									_	Schedul	e R (Form	1 990)) 2018



301 West Main Street Durham, NC 27701

301 West Main Street Durham, NC 27701 56-1923620

301 West Main Street Durham, NC 27701 26-3016612

Oakland, CA 94612 20-5330006

1330 Broadway Street Suite 604

Software ID: Software Version:

EIN: 74-3043913

Economic Development

Economic Development

Financial Capability

Name: CENTER FOR RESPONSIBLE LENDING

Form 990, Schedule R, Part II - Identification of Related T	Tax-Exempt Organiza	itions					
(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	Section (b)(i contro entit	on 512 (13) rolled
					<u> </u>	Yes	No
	Economic Development	NC	501c3	7	N/A		No
301 West Main Street Durham, NC 27701 56-1271685							
	Affordable Housing	NC	501c3	12a	CCSH Org 1	7	No
301 West Main Street Durham, NC 27701 56-1975829							
	Economic Development	NC	501c14		N/A	1	No
301 West Main Street Durham, NC 27701 56-1382971							
	Staffing Services	NC	501c3	12a	CCSH Org 1		No
301 West Main Street Durham, NC 27701 56-1849615							
	Charitable Lending	NC	501c3	12a	CCSH Org 1		No

501c3

501c1

501c3

NC

NC

CA

12a

CCSH Org 1

CCSH Org 1

N/A

No

No

No