

Form **990**  
Department of the Treasury  
Internal Revenue Service

# 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  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018**

- B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
COMMUNITY REINVESTMENT FUND INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
801 NICOLLET MALL 1700W

City or town, state or province, country, and ZIP or foreign postal code  
MINNEAPOLIS, MN 554022903

**D** Employer identification number  
41-1616861

**E** Telephone number  
(612) 338-3050

**G** Gross receipts \$ 21,550,757

**F** Name and address of principal officer  
FRANK ALTMAN  
801 NICOLLET MALL 1700W  
MINNEAPOLIS, MN 554022903

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ WWW.CRFUSA.COM

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1988 **M** State of legal domicile MN

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
TO EMPOWER PEOPLE TO IMPROVE THEIR LIVES AND STRENGTHEN THEIR COMMUNITIES THROUGH INNOVATIVE FINANCIAL SOLUTIONS

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	14
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	13
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	81
<b>6</b> Total number of volunteers (estimate if necessary)	13
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	112,000
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	-4,973

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	4,230,605	5,181,063
<b>9</b> Program service revenue (Part VIII, line 2g)	20,459,256	16,358,622
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	179,955	11,072
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,869,816	21,550,757
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	75,960	58,020
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,219,842	9,308,386
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,052,906		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,501,971	13,200,704
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	24,797,773	22,567,110
<b>19</b> Revenue less expenses Subtract line 18 from line 12	72,043	-1,016,353

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	159,193,943	150,933,655
<b>21</b> Total liabilities (Part X, line 26)	155,532,611	148,288,676
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	3,661,332	2,644,979

**Part II 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

**Sign Here**  
\*\*\*\*\*  
Signature of officer \_\_\_\_\_ Date 2019-02-28  
JENNIFER ANDERSON PRESIDENT & CFO  
Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**  
Print/Type preparer's name KAREN GRIES Preparer's signature KAREN GRIES Date \_\_\_\_\_  
Check  if self-employed PTIN P00078514  
Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749  
Firm's address ▶ 220 SOUTH SIXTH STREET SUITE 300 Phone no (612) 376-4500  
MINNEAPOLIS, MN 55402

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

TO EMPOWER PEOPLE TO IMPROVE THEIR LIVES AND STRENGTHEN THEIR COMMUNITIES THROUGH INNOVATIVE FINANCIAL SOLUTIONS

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  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 by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 16,019,715 including grants of \$ 58,020 ) (Revenue \$ 14,645,345 )  
See Additional Data

**4b** (Code ) (Expenses \$ 2,003,992 including grants of \$ 0 ) (Revenue \$ 1,601,277 )  
See Additional Data

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 18,023,707

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b> 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 "Yes," complete Schedule D, Part I		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b> 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 negotiation services? If "Yes," complete Schedule D, Part IV	Yes	
<b>10</b> 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		No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>b</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		No
<b>c</b> 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		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
<b>f</b> 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	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b> 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		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> 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 disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	



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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (13), 2, 3, 4, 5, 6, 7a (Yes), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a (Yes), 12a, 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (No), 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (List of states), 18 (Own website, Another's website, Upon request, Other), 19 (Describe in Schedule O), 20 (State the name, address, and telephone number).







**Part VIII Statement of Revenue**

Check if Schedule O contains a response 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>			
	<b>b</b> Membership dues . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . .	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>	686,500		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,494,563		
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____				
	<b>h Total.</b> Add lines 1a-1f . . . . .		5,181,063		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> LOAN SERVICING INTEREST INCOME		525990	8,793,572	8,793,572		
<b>b</b> LOAN SERVICING TRANSACTION FEES		525990	5,851,773	5,851,773			
<b>c</b> OTHER LENDING INCOME		525990	1,459,877	1,459,877			
<b>d</b> SPARK SOFTWARE SALES		900099	253,400	141,400	112,000		
<b>e</b> _____							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f . . . . .			16,358,622				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .					
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real	(ii) Personal			
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
		<b>d</b> Net rental income or (loss) . . . . .				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		<b>b</b> Less cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
		<b>d</b> Net gain or (loss) . . . . .				
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
		<b>b</b> Less direct expenses . . . . .	<b>b</b>			
		<b>c</b> Net income or (loss) from fundraising events . . . . .				
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . .		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue	Business Code					
<b>11a</b> MISCELLANEOUS INCOME	900099	11,072			11,072	
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		11,072				
<b>12 Total revenue.</b> See Instructions . . . . .		21,550,757	16,246,622	112,000	11,072	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	50,100	50,100		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	7,920	7,920		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,534,022	2,729,575	534,439	270,008
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	4,045,112	2,339,321	1,286,178	419,613
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	273,000	187,633	62,440	22,927
<b>9</b> Other employee benefits	878,224	603,605	200,864	73,755
<b>10</b> Payroll taxes	578,028	411,837	133,711	32,480
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	116,567	116,567		
<b>b</b> Legal	369,400	174,672	194,728	
<b>c</b> Accounting	452,328		452,328	
<b>d</b> Lobbying	81,708		81,708	
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,022,176	1,828,244	162,361	31,571
<b>12</b> Advertising and promotion	417,751	349,008	52,530	16,213
<b>13</b> Office expenses				
<b>14</b> Information technology	185,394	65,618	119,776	
<b>15</b> Royalties				
<b>16</b> Occupancy	560,989	400,786	113,692	46,511
<b>17</b> Travel	313,287	175,041	18,633	119,613
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	7,464,475	7,464,475		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	499,723	406,522	74,561	18,640
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> REFERRAL FEES	289,502	289,502		
<b>b</b> PROVISION FOR LOAN LOSS	149,721	149,721		
<b>c</b> ALLOWANCE FOR BAD RECEI	110,512	110,512		
<b>d</b> COMMUNICATION	63,572	59,449	2,548	1,575
<b>e</b> All other expenses	103,599	103,599		
<b>25</b> Total functional expenses. Add lines 1 through 24e	22,567,110	18,023,707	3,490,497	1,052,906
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	28,016,959	<b>2</b>	28,957,244
	<b>3</b> Pledges and grants receivable, net . . . . .	839,042	<b>3</b>	928,917
	<b>4</b> Accounts receivable, net . . . . .	683,705	<b>4</b>	577,759
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	122,043,471	<b>7</b>	111,171,238
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	7,020,311		
	<b>b</b> Less accumulated depreciation	5,841,344		
		714,292	<b>10c</b>	1,178,967
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	1,406,196	<b>14</b>	1,406,196
<b>15</b> Other assets See Part IV, line 11 . . . . .	5,490,278	<b>15</b>	6,713,334	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	159,193,943	<b>16</b>	150,933,655	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	9,880,053	<b>17</b>	9,444,148
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	8,609,779	<b>21</b>	12,110,042
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	500,000	<b>23</b>	500,000
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	136,542,779	<b>24</b>	126,234,486
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	155,532,611	<b>26</b>	148,288,676
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	253,921	<b>27</b>	270,573
	<b>28</b> Temporarily restricted net assets . . . . .	3,407,411	<b>28</b>	2,374,406
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	3,661,332	<b>33</b>	2,644,979
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	159,193,943	<b>34</b>	150,933,655

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	21,550,757
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	22,567,110
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-1,016,353
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,661,332
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,644,979

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	Yes	
<b>c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	<b>2c</b>	Yes	
<b>3a</b> 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?	<b>3a</b>	Yes	
<b>b</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	<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-1616861

**Name:** COMMUNITY REINVESTMENT FUND INC

Form 990 (2017)

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### Form 990, Part III, Line 4a:

LENDING - AS A NONPROFIT, MISSION DRIVEN ORGANIZATION, COMMUNITY REINVESTMENT FUND (CRF) PROVIDES OTHERWISE UNAVAILABLE LOAN CAPITAL TO COMMUNITIES, SMALL BUSINESSES, ENTREPRENEURS, NONPROFIT ORGANIZATIONS AND HOUSING ORGANIZATIONS DURING THE FISCAL YEAR 2018, CRF PROVIDED FINANCING TOTALING \$191 MILLION IN 19 STATES THE LOANS PROVIDED BY CRF RESULTING IN THE CREATION OR RETENTION OF MORE THAN 7,400 JOBS

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**Form 990, Part III, Line 4b:**

LOAN SERVICING - CRF IS AN ACTIVE FANNIE MAE SERVICER AND IS RATED BY STANDARD AND POOR'S AS AN EXPERIENCED, MISSION-DRIVEN ORGANIZATION. CRF SPECIALIZES IN CUSTOMIZED PROJECTS FOR NON-TRADITIONAL PORTFOLIOS AND ORGANIZATIONS. DURING THE FISCAL YEAR 2018, CRF PROVIDED CONTRACT LOAN SERVICING FOR 56 COMMUNITY DEVELOPMENT LENDERS OF A VOLUME OF APPROXIMATELY 5,800 LOANS AMOUNTING TO \$323 MILLION. ADDITIONALLY, WE SERVICED 67 AFFORDABLE HOUSING LOANS FOR \$82 MILLION.

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KIMBERLY LATTIMER-NELLIGAN CHAIR	1 00	X		X				0	0	0
REZA AGHAMIRZADEH VICE CHAIR	1 00	X		X				0	0	0
SALLI MARTYNYIAK SECRETARY	1 00	X		X				0	0	0
EILEEN FITZGERALD TREASURER	1 00	X		X				0	0	0
ALTON BATHRICK PREVIOUS TREASURER	1 00	X						0	0	0
MICHAEL BANNER TRUSTEE	1 00	X						0	0	0
JANIE BARRERA TRUSTEE	1 00	X						0	0	0
TONY BROWN TRUSTEE	1 00	X						0	0	0
KARL EGGE TRUSTEE	1 00	X						0	0	0
DON GRAVES TRUSTEE	1 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CALVIN HOLMES ..... TRUSTEE	1 00 .....	X						0	0	0
LUTHER RAGIN JR ..... TRUSTEE	1 00 .....	X						0	0	0
DANIEL SPILLER ..... TRUSTEE	1 00 .....	X						0	0	0
GERALD THOLE ..... TRUSTEE	1 00 .....	X						0	0	0
LAURA TRUDEAU ..... TRUSTEE	1 00 .....	X						0	0	0
FRANK ALTMAN ..... CEO	40 00 .....	X		X				596,240	0	21,370
JENNIFER ANDERSON ..... PRESIDENT AND CFO	40 00 .....			X				395,596	0	25,369
DANIEL KOMAREK ..... SVP AND CRO	40 00 .....			X				311,154	0	26,463
KEITH RACHEY ..... SVP AND CHIEF IMPACT OFFICER	40 00 .....			X				319,092	0	23,868
JENNIFER NOVAK ..... SVP CAPITAL MARKETS	40 00 .....			X				290,123	0	31,263



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAWN JOHNSON ..... VP AND CPO	40 00 .....			X				264,662	0	18,975
MICHELLE PAGE ..... VP LOAN SERVICING	40 00 .....			X				228,955	0	20,264
COLLEEN SCHWARZ ..... VP OF AFFORDABLE HOUSING LENDING	40 00 .....				X			180,123	0	28,386
NICHOLAS ELDERS ..... VP TECHNOLOGY SOLUTIONS	40 00 .....				X			208,314	0	28,612
ROBERT TREADWAY ..... SBLC COO	40 00 .....				X			218,085	0	29,428
ERIC CHAPIN ..... VP OF LEGAL AFFAIRS, COMPLIANCE & AUDIT	40 00 .....				X			202,128	0	28,288
PETER BERNACIAK ..... DIRECTOR OF STRUCTURED FINANCE	40 00 .....					X		168,661	0	24,158
GARY HOLMQUIST ..... REGIONAL DIRECTOR OF BUSINESS DEVELOPMENT	40 00 .....					X		199,459	0	30,090
ERIC MAU ..... PRINCIPAL ARCHITECT	40 00 .....					X		193,650	0	30,028
HYEOK JAE KANG ..... CONTROLLER OF CAPITAL MARKETS	40 00 .....					X		163,009	0	28,199

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JENNIFER ERICSON ..... REGIONAL DIRECTOR OF BUSINESS DEVELOPMENT	40 00 .....					X		181,589	0	22,152

**SCHEDULE A**  
**(Form 990 or 990EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMUNITY REINVESTMENT FUND INC

Employer identification number

41-1616861

**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)**.
- 4  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 )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  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 university \_\_\_\_\_
- 10  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)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 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
  - a  **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.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having 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.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) 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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

9 Provide the following information about the supported organization(s)

9

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
<b>Total</b>	9				0	0

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	

**16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 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

**b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**20 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 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.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		No
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		No
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		No
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b>	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.		No
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b>	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 <b>Part VI</b> 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.		
<b>5a</b>	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 <b>Part VI</b> , 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).	Yes	
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		No
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	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 <b>Part VI</b> .		No
<b>7</b>	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).		No
<b>8</b>	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).		No
<b>9a</b>	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 <b>Part VI</b> .		No
<b>b</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 <b>Part VI</b> .		No
<b>c</b>	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 <b>Part VI</b> .		No
<b>10a</b>	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 line 10b below.		No
<b>b</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.)		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
		<b>11a</b>	No
		<b>11b</b>	No
		<b>11c</b>	No

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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 tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
		<b>1</b>	
<b>2</b>	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
		<b>2</b>	

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
		<b>1</b>	No

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
		<b>1</b>	
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		<b>2</b>	
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
		<b>2a</b>	
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
		<b>2b</b>	
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
		<b>3a</b>	
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		<b>3b</b>	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

**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 1c, 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)

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART IV, SECTION A, LINE 1	<p>ORGANIZATIONS LISTED IN GOVERNING DOCUMENTS CRF IS A NOT-FOR-PROFIT FINANCIAL SERVICES CORPORATION THAT PROVIDES SERVICES AND NEW LOAN CAPITAL FOR COMMUNITY BASED DEVELOPMENT ORGANIZATIONS, INCLUDING 501(C)3 ENTITIES AND GOVERNMENTAL ENTITIES CRF SUPPORTS A CLASS OF BENEFICIARY ORGANIZATIONS THAT INCLUDE SECTION 501(C)(3) LOCAL ECONOMIC DEVELOPMENT ORGANIZATIONS AND UNITS OF FEDERAL, STATE, COUNTY OR MUNICIPAL GOVERNMENT, OR DULY CONSTITUTED AGENCIES THEREOF THAT FOCUS THEIR LENDING ACTIVITIES AT ECONOMICALLY DISTRESSED OR DECLINING AREAS, DISADVANTAGED PERSONS, NEIGHBORHOOD OR COMMUNITY REVITALIZATION, OR OTHER SECTION 501(C)(3) CHARITABLE PURPOSES AND THAT ARE CLASSIFIED AS SECTION 509(A)(1) OR (2) ORGANIZATIONS UNDER THE INTERNAL REVENUE CODE THE GOVERNING INSTRUMENTS OF THE ORGANIZATION PROVIDE THAT ITS SUPPORTED ORGANIZATIONS INCLUDE LOCAL ECONOMIC DEVELOPMENT ORGANIZATIONS THAT ARE CLASSIFIED AS PUBLIC CHARITIES AND GOVERNMENTAL UNITS</p>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART IV, SECTION A, LINE 5A	SUPPORTED ORGANIZATIONS LISTING THE FOLLOWING ORGANIZATION WAS REMOVED FROM THE REPORTABLE LIST OF SUPPORTED ORGANIZATIONS FOR PURPOSES OF SCHEDULE A GREATER MINNESOTA HOUSING FUND 41-1836919, BOARD MEMBER NO LONGER AFFILIATED WITH THIS SUPPORTED ORGANIZATION RIVIERA BEACH CDC, INC 45-5191643, BOARD MEMBER NO LONGER AFFILIATED WITH THIS SUPPORTED ORGANIZATION BUILD WITH A PURPOSE 14-1882064, BOARD MEMBER NO LONGER AFFILIATED WITH THIS SUPPORTED ORGANIZATION

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART IV, SECTION C, LINE 1	ORGANIZATIONS LISTED IN GOVERNING DOCUMENTS THE GOVERNING INSTRUMENTS OF THE ORGANIZATION REQUIRE THAT A MAJORITY OF ITS TRUSTEES SHALL BE REPRESENTATIVES OF SUPPORTED ORGANIZATIONS THE ORGANIZATION SERVES A CLASS OF SUPPORTED ORGANIZATIONS AS DESCRIBED ABOVE THE ORGANIZATION IS CONTROLLED BY THE ORGANIZATIONS IT SUPPORTS SINCE THE MAJORITY OF THE ORGANIZATION'S TRUSTEES ARE REPRESENTATIVES OF ITS SUPPORTED ORGANIZATIONS

**Additional Data****Software ID:****Software Version:****EIN:** 41-1616861**Name:** COMMUNITY REINVESTMENT FUND INC**Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) LOW INCOME INVESTMENT FUND	942952578	7		No	0	0
(A) LOS ANGELES LDC INC	953532380	10		No	0	0
(B) FORWARD COMMUNITY INVESTMENTS INC	391815578	7		No	0	0
(C) GREATER METROPOLITAN HOUSING CORPORATION	410968007	7		No	0	0
(D) CHICAGO COMMUNITY LOAN FUND	363762123	7		No	0	0
(E) WAR ON POVERTY - FLORIDA INC	208631269	7		No	0	0
(F) STEWARD OF AFFORDABLE HOUSING FOR THE FUTURE	061697213	7		No	0	0
(G) LITFUND INC	742712770	7		No	0	0
(H) INVEST DETROIT FOUNDATION	271927369	7		No	0	0

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
  
**2017**  
**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization COMMUNITY REINVESTMENT FUND INC	Employer identification number 41-1616861
---	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_ 0

**3** Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_ 0

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_ 0

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_ 0

**3** If the organization incurred a section 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

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year?  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(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				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?


Yes  No

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		81,708
<b>j</b> Total Add lines 1c through 1i			81,708
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> 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?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**Part IV Supplemental Information**

Provide 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), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	DESCRIPTION OF LOBBYING ACTIVITIES CRF HAS PAID A CONSULTING FIRM TO ASSIST WITH WORK IN CONGRESS FOR THE CONTINUED ADVOCACY FOR THE NEW MARKETS TAX CREDIT AND BOND GUARANTEE GOVERNMENT PROGRAMS, WHICH BENEFIT THE CDFI INDUSTRY



**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**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.**  
**Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Name of the organization**  
COMMUNITY REINVESTMENT FUND INC

**Employer identification number**  
41-1616861

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)       Preservation of an historically important land area

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	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "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 revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . .   | <b>Yes</b> | <b>No</b> |
| <b>3a(i)</b>   |            |           |
| <b>(ii)</b> related organizations . . . . .  |            |           |
| <b>3a(ii)</b>  |            |           |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |            |           |
| <b>3b</b>  |            |           |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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 (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		625,452	38,957	586,495
<b>d</b> Equipment . . . . .		1,995,731	1,563,598	432,133
<b>e</b> Other . . . . .		4,399,128	4,238,789	160,339
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . .				1,178,967

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	▶	

**Part VIII Investments—Program Related.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )	▶	

**Part IX Other Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	▶

**Part X Other Liabilities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
<b>1.</b> (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	▶

**2.** 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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

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

Return Reference	Explanation
See Additional Data Table	



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-1616861

**Name:** COMMUNITY REINVESTMENT FUND INC

## Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	THE ESCROW LIABILITY ON BALANCE SHEET REPRESENTS FUNDS HELD IN TRUST FOR BORROWERS

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT CRF IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. SIMILAR EXEMPTIONS EXIST UNDER MINNESOTA STATUTES. NNMTCF, A FOR-PROFIT SUBSIDIARY OF CRF, FILES TAX RETURNS AS A FOR-PROFIT ENTITY, HOWEVER, ITS CURRENT ACTIVITIES HAVE NOT GENERATED TAXABLE INCOME. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

**Schedule I  
(Form 990)**  
  
Department of the  
Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2017**  
**Open to Public  
Inspection**

Name of the organization  
COMMUNITY REINVESTMENT FUND INC

Employer identification number  
41-1616861

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II 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 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) FRIENDSHIP ACADEMY OF THE ARTS 2600 EAST 38TH STREET MINNEAPOLIS, MN 55406	31-1756049	501(C)(3)	0	18,000	FAIR MARKET VALUE	TABLETS	DONATION FOR USE AT SCHOOL
(2) TWIN CITIES INNOVATION ALLIANCE 1041 JAMES AVE N MINNEAPOLIS, MN 55441	82-1701598	501(C)(3)	0	21,600	FAIR MARKET VALUE	TABLETS	DONATION FOR USE AT SCHOOL

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . **2**

**3** Enter total number of other organizations listed in the line 1 table . . . . . **0**



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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(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) DONATION	22	0	7,920	FAIR MARKET VALUE	TABLETS
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference

Explanation

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**▶ Attach to Form 990.**  
**▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY REINVESTMENT FUND INC

Employer identification number  
41-1616861

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel	<input type="checkbox"/>	Housing allowance or residence for personal use
<input type="checkbox"/>	Travel for companions	<input type="checkbox"/>	Payments for business use of personal residence
<input type="checkbox"/>	Tax indemnification and gross-up payments	<input type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/>	Discretionary spending account	<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)
<b>b</b>	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>	
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b>	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/>	Compensation committee	<input type="checkbox"/>	Written employment contract
<input checked="" type="checkbox"/>	Independent compensation consultant	<input checked="" type="checkbox"/>	Compensation survey or study
<input type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee
<b>4</b>	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b>	Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b>	The organization?	<b>5a</b>	No
<b>b</b>	Any related organization?	<b>5b</b>	No
	If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b>	The organization?	<b>6a</b>	No
<b>b</b>	Any related organization?	<b>6b</b>	No
	If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	Yes
<b>8</b>	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 7	CRF PAYS COMMISSIONS TO CERTAIN EMPLOYEES, WHICH MAY INCLUDE SOME HIGHLY COMPENSATED INDIVIDUALS LISTED ON FORM 990, PART VII. ADDITIONALLY, CRF PAYS INCENTIVE COMPENSATION TO MANAGEMENT AND STAFF IN ACCORDANCE WITH ITS COMPENSATION PLAN, WHICH MAY INCLUDE SOME HIGHLY COMPENSATED INDIVIDUALS LISTED ON FOR 990, PART VII.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 41-1616861  
**Name:** COMMUNITY REINVESTMENT FUND INC

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1FRANK ALTMAN CEO	(i)	324,510	271,130	600	13,557	7,813	617,610	0
	(ii)	0	0	0	0	0	0	0
1JENNIFER ANDERSON PRESIDENT AND CFO	(i)	272,596	123,000	0	7,788	17,581	420,965	0
	(ii)	0	0	0	0	0	0	0
2DANIEL KOMAREK SVP AND CRO	(i)	247,154	64,000	0	6,120	20,343	337,617	0
	(ii)	0	0	0	0	0	0	0
3KEITH RACHEY SVP AND CHIEF IMPACT OFFICER	(i)	245,492	73,000	600	3,450	20,418	342,960	0
	(ii)	0	0	0	0	0	0	0
4JENNIFER NOVAK SVP CAPITAL MARKETS	(i)	215,948	74,175	0	10,920	20,343	321,386	0
	(ii)	0	0	0	0	0	0	0
5DAWN JOHNSON VP AND CPO	(i)	205,962	58,700	0	11,162	7,813	283,637	0
	(ii)	0	0	0	0	0	0	0
6MICHELLE PAGE VP LOAN SERVICING	(i)	181,092	47,400	463	0	20,264	249,219	0
	(ii)	0	0	0	0	0	0	0
7COLLEEN SCHWARZ VP OF AFFORDABLE HOUSING LENDING	(i)	160,123	20,000	0	8,043	20,343	208,509	0
	(ii)	0	0	0	0	0	0	0
8NICHOLAS ELDERS VP TECHNOLOGY SOLUTIONS	(i)	168,064	40,250	0	8,403	20,209	236,926	0
	(ii)	0	0	0	0	0	0	0
9ROBERT TREADWAY SBLC COO	(i)	171,635	45,850	600	9,204	20,224	247,513	0
	(ii)	0	0	0	0	0	0	0
10ERIC CHAPIN VP OF LEGAL AFFAIRS, COMPLIANCE & AU	(i)	161,538	40,000	590	8,106	20,182	230,416	0
	(ii)	0	0	0	0	0	0	0
11PETER BERNACIAK DIRECTOR OF STRUCTURED FINANCE	(i)	140,661	28,000	0	3,815	20,343	192,819	0
	(ii)	0	0	0	0	0	0	0
12GARY HOLMQUIST REGIONAL DIRECTOR OF BUSINESS DEVELO	(i)	121,154	78,305	0	9,749	20,341	229,549	0
	(ii)	0	0	0	0	0	0	0
13ERIC MAU PRINCIPAL ARCHITECT	(i)	161,150	32,500	0	9,766	20,262	223,678	0
	(ii)	0	0	0	0	0	0	0
14HYEOK JAE KANG CONTROLLER OF CAPITAL MARKETS	(i)	130,000	31,875	1,134	8,150	20,049	191,208	0
	(ii)	0	0	0	0	0	0	0
15JENNIFER ERICSON REGIONAL DIRECTOR OF BUSINESS DEVELO	(i)	116,106	65,483	0	9,389	12,763	203,741	0
	(ii)	0	0	0	0	0	0	0

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY REINVESTMENT FUND INC

Employer identification number

41-1616861

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	SUBSEQUENT TO THE INITIAL BOARD OF TRUSTEES, A MAJORITY OF THE BOARD SHALL CONSIST OF INDIVIDUALS APPOINTED OR ELECTED BY BENEFICIARY ORGANIZATIONS AS PROVIDED IN THE ARTICLES OF INCORPORATION, THE CLASS OF BENEFICIARY ORGANIZATION SUPPORTED BY THE CORPORATION IS LIMITED TO LOCAL ECONOMIC DEVELOPMENT ORGANIZATIONS AND UNITS OF FEDERAL, STATE, COUNTY OR MUNICIPAL GOVERNMENT, OR DULY CONSTITUTED AGENCIES THEREOF, THAT FOCUS THEIR LENDING ACTIVITIES AT ECONOMICALLY DISTRESSED OR DECLINING AREAS, DISADVANTAGED PERSONS, NEIGHBORHOOD OR COMMUNITY REVITALIZATION, OR OTHER SECTION 501(C)(3) CHARITABLE PURPOSES AND THAT ARE CLASSIFIED AS SECTION 509(A)(1) OR (2) ORGANIZATIONS UNDER THE INTERNAL REVENUE CODE

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED IN DETAIL BY SENIOR MANAGEMENT BEFORE FILING WITH THE IRS A FINAL COPY OF THE RETURN IS SENT TO THE BOARD FOR A HIGH LEVEL REVIEW PRIOR TO FILING

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BECAUSE CRF IS A 509(A)(3) SUPPORTING ORGANIZATION, A MAJORITY OF THE GOVERNING BOARD COULD QUALIFY AS POTENTIAL CLIENTS THE BOARD HAS CHOSEN NOT TO REVIEW INDIVIDUAL LOANS AS A RESULT, THERE IS NO LONGER A POTENTIAL CONFLICT ISSUE IN THAT AREA CERTAIN TRUSTEES ARE AFFILIATED WITH FINANCIAL INSTITUTIONS THAT MAY BE INVOLVED WITH A CRF TRANSACTION, AND IN THOSE CASES, THE TRUSTEE ABSTAINS FROM ANY RELATED VOTE ALL TRUSTEES ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY ALL EMPLOYEES ARE ALSO COVERED UNDER THE CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AS SOON AS POSSIBLE TRUSTEE ANNUALLY AFFIRM CONFLICT OF INTEREST POLICY AND DUTY TO DISCLOSE AT EACH BOARD MEETING IF SUBJECT OF DISCUSSION OR DECISION IS POTENTIAL CONFLICT



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD HAS APPROVED A COMPENSATION POLICY TO SET THE FRAMEWORK FOR EXECUTIVE AND STAFF COMPENSATION BASED ON A STUDY PERFORMED BY AN INDEPENDENT COMPENSATION CONSULTANT THE EXECUTIVE COMMITTEE OF BOARD APPROVES COMPENSATION FOR THE CEO BASED ON A COMPENSATION STUDY THE EXECUTIVE COMMITTEE REVIEWS A COMPENSATION STUDY FOR SENIOR EXECUTIVES THE MOST RECENT EXECUTIVE COMPENSATION STUDY WAS COMPLETED DURING FISCAL YEAR 2017 THE CEO APPROVES COMPENSATION FOR OTHER EXECUTIVE OFFICERS IN ACCORDANCE WITH THE COMPENSATION POLICY COMPENSATION DECISIONS ARE DOCUMENTED WITH THE HUMAN RESOURCES DEPARTMENT HUMAN RESOURCES WORKED WITH THE CEO, PRESIDENT AND A THIRD PARTY CONSULTANT TO BENCHMARK EMPLOYEE COMPENSATION TO INDUSTRY STANDARDS DURING FISCAL YEAR 2018

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY REINVESTMENT FUND INC

**Employer identification number**

41-1616861

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

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**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.

See Additional Data Table

(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) Section 512(b)(13) controlled entity?	
						Yes	No

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

See Additional Data Table

(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, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> THE NATIONAL NEW MARKET TAX CREDIT FUND INC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 75-3013049	URBAN DEVELOPMENT	DE	CRF INC	C		100	100 000 %		No

**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 41-1616861  
**Name:** COMMUNITY REINVESTMENT FUND INC

**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
CRF AFFORDABLE HOUSING NO 1 LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	10,470	5,784,169	CRF INC
CRF AFFORDABLE HOUSING NO 2 LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	126,682	15,513,493	CRF INC
CRF AFFORDABLE HOUSING NO 3 LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	428,699	44,213,184	CRF INC
CRF 18 LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	-41,364	1,689,444	CRF INC
CRF 19 LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	-479,993	3,241,601	CRF INC
CRF CHARTER SCHOOL INVESTOR LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	0	0	CRF INC
CRF FUND MANAGEMENT SERVICES LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	0	0	CRF INC
CRF HOLDINGS LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	0	0	CRF INC
CRF AFFORDABLE HOUSING NO 3 GUARANTOR LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	0	0	CRF INC
CRF SMALL BUSINESS LOAN COMPANY LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 47-5318624	COMMUNITY DEVELOPMENT	DE	-865,157	38,992,772	CRF INC
CRF QI LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	0	0	CRF INC
CRF DETROIT HOME MORTGAGE FUND (2016) LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	-6,672	1,170,221	CRF INC
ML BUSINESS LOAN CONDUIT LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	162,730	0	CRF INC
CRF NNMTCF I GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	0	0	CRF INC
CRF NNMTCF II GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	0	0	CRF INC
CRF NNMTCF III GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	222	0	CRF INC
CRF NNMTCF IV GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	-121	0	CRF INC
CRF NNMTCF V GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	580	0	CRF INC
CRF NNMTCF VI GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	106	0	CRF INC
CRF NNMTCF VII GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	-169	0	CRF INC



**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
CRF NNMTCF VIII GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	405	0	CRF INC
CRF NNMTCF IX GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	44	0	CRF INC
CRF NNMTCF X GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	-1,624	0	CRF INC
CRF NNMTCF XI GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	0	0	CRF INC
CRF NNMTCF XII GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	-716	0	CRF INC
CRF NNMTCF XIII GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	27	3,612	CRF INC
CRF NNMTCF XIV GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	11	2,026	CRF INC
CRF NNMTCF XV GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	11	2,034	CRF INC
CRF NNMTCF XVI GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	13	2,054	CRF INC
CRF NNMTCF XVII GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	46	2,416	CRF INC
CRF NNMTCF XVIII GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	0	2,534	CRF INC
CRF NNMTCF XIX GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	15	10,950	CRF INC
CRF NNMTCF XX GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	12	1,027	CRF INC
CRF NNMTCF XXI GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	16	4,210	CRF INC
CRF NNMTCF XXII GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	5	8,401	CRF INC
CRF NNMTCF XXIII GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	5	1	CRF INC
CRF NNMTCF XXIV GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	45	0	CRF INC
CRF NNMTCF XXV GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	17	0	CRF INC
CRF NNMTCF XXVI GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	13	0	CRF INC
CRF NNMTCF XXVII GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	4	0	CRF INC

**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
CRF NNMTCF XXVIII GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	7	0	CRF INC
CRF NNMTCF XXIX GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	6	0	CRF INC
CRF NNMTCF XXX GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	0	0	CRF INC
CRF NNMTCF XXXI GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	4	4	CRF INC
CRF NNMTCF XXXII GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	2	2	CRF INC
CRF NNMTCF XXXIII GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	0	0	CRF INC
CRF NNMTCF XXXIV GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	0	0	CRF INC
CRF NNMTCF XXXV GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	0	0	CRF INC
CRF NNMTCF XXXVI GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	0	0	CRF INC
CRF NNMTCF XXXVII GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	0	0	CRF INC
CRF NNMTCF XXXVIII GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	0	0	CRF INC
CRF NNMTCF XXXIX GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	0	0	CRF INC
CRF NNMTCF XLGP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	0	0	CRF INC
CRF BLC BETA GP LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	0	0	CRF INC
CRF DHM DEVELOPER PROGRAM LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	0	1,200	CRF INC
CRF COMMUNITY COMEBACK PROGRAM FUND I LLC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 41-1616861	COMMUNITY DEVELOPMENT	DE	0	0	CRF INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
100 PINE STREET SUITE 1800 SAN FRANCISCO, CA 94111 94-2952578	COMMUNITY DEVELOPMENT	CA	501(C)(3)	LINE 7			No
120 WILSHIREBLVD SUITE 404 LOS ANGELES, CA 90017 95-3532380	COMMUNITY DEVELOPMENT	CA	501(C)(3)	LINE 10			No
211 S PATTERSON STREET N MADISON, WI 53703 39-1815578	COMMUNITY DEVELOPMENT	WI	501(C)(3)	LINE 7			No
29 E MADISON SUITE 1700 CHICAGO, IL 60602 36-3762123	COMMUNITY DEVELOPMENT	IL	501(C)(3)	LINE 7			No
15 SOUTH FIFTH STREET 710 MINNEAPOLIS, MN 55402 41-0968007	COMMUNITY DEVELOPMENT	MN	501(C)(3)	LINE 7			No
5196-A NORWOOD AVENUE JACKSONVILLE, FL 32208 20-8631269	COMMUNITY DEVELOPMENT	FL	501(C)(3)	LINE 7			No
10 G STREET NE NO 580 WASHINGTON, DC 20002 06-1697213	COMMUNITY DEVELOPMENT	DC	501(C)(3)	LINE 7			No
2007 WEST MARTIN ST SAN ANTONIO, TX 78207 74-2712770	COMMUNITY DEVELOPMENT	TX	501(C)(3)	LINE 7			No
600 RENAISSANCE CENTER NO 1710 DETROIT, MI 48243 27-1927369	COMMUNITY DEVELOPMENT	MI	501(C)(3)	LINE 7			No

**Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership**

(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, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BUSINESS LOAN CONDUIT NO 3 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 20-3925664	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	222			No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 4 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 26-4102477	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	-121			No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 5 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 26-4102588	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	580			No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 6 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 27-0313044	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	106			No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 7 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 27-0313117	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	-169			No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 8 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 27-0313223	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	405			No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 9 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 27-0313426	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	44			No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 10 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 27-0313484	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	-1,624			No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 11 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 27-1656386	COMMUNITY DEVELOPMENT	DE	N/A	RELATED				No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 12 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 27-1656430	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	-716			No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 13 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 27-1656519	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	27	3,612		No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 14 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 27-1656570	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	11	2,026		No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 15 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 27-1656714	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	11	2,034		No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 16 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 27-1656769	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	13	2,054		No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 17 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 27-1656826	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	46	2,416		No		Yes		1 000 %

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							Yes	No		Yes	No	
BUSINESS LOAN CONDUIT NO 18 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 45-2934614	COMMUNITY DEVELOPMENT	DE	N/A	RELATED		2,534		No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 19 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 45-2934736	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	15	10,950		No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 20 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 45-2934835	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	12	1,027		No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 21 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 45-2934956	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	16	4,210		No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 22 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 45-2935036	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	5	8,401		No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 23 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 46-1414743	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	5	1		No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 24 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 46-1420143	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	45			No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 25 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 46-1440227	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	17			No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 26 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 46-1450685	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	13			No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 27 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 46-1458369	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	4			No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 28 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 46-1467262	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	7			No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 29 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 46-1477071	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	6			No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 30 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 46-1486451	COMMUNITY DEVELOPMENT	DE	N/A	RELATED				No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 31 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 81-3617299	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	4	4		No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 32 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 81-3634010	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	2	2		No		Yes		1 000 %

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							Yes	No		Yes	No	
BUSINESS LOAN CONDUIT NO 33 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 81-3647185	COMMUNITY DEVELOPMENT	DE	N/A	RELATED				No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 34 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 81-3661131	COMMUNITY DEVELOPMENT	DE	N/A	RELATED				No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 35 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 81-3674447	COMMUNITY DEVELOPMENT	DE	N/A	RELATED				No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 36 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 81-3686854	COMMUNITY DEVELOPMENT	DE	N/A	RELATED				No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 37 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 81-3703301	COMMUNITY DEVELOPMENT	DE	N/A	RELATED				No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 38 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 81-3725330	COMMUNITY DEVELOPMENT	DE	N/A	RELATED				No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 39 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 81-3749405	COMMUNITY DEVELOPMENT	DE	N/A	RELATED				No		Yes		1 000 %
BUSINESS LOAN CONDUIT NO 40 LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 81-3765932	COMMUNITY DEVELOPMENT	DE	N/A	RELATED				No		Yes		1 000 %
MIDTOWN EXCHANGE INVESTOR II LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 20-5785200	COMMUNITY DEVELOPMENT	DE	N/A	RELATED				No		Yes		
CHASE NMTC RESURRECTION UNIVERSITY INVESTMENT FUND LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 45-3420587	COMMUNITY DEVELOPMENT	DE	N/A	RELATED				No		Yes		
CHASE NMTC PAVE INVESTMENT FUND LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 80-0809242	COMMUNITY DEVELOPMENT	DE	N/A	RELATED				No		Yes		
CHASE NMTC HONEYWELL INVESTMENT FUND LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 45-5306999	COMMUNITY DEVELOPMENT	DE	N/A	RELATED				No		Yes		
GDP-NNMTC INVESTMENT FUND LLC  801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402 46-1401855	COMMUNITY DEVELOPMENT	DE	N/A	RELATED				No		Yes		