

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

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018

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

C Name of organization
 Community Loan Fund of New Jersey inc

% NORMAN MELOFSKY
 Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
 108 CHURCH STREET 3RD FLOOR

City or town, state or province, country, and ZIP or foreign postal code
 NEW BRUNSWICK, NJ 08901

D Employer identification number
 22-2872262

E Telephone number
 (732) 640-2061

G Gross receipts \$ 24,122,856

F Name and address of principal officer
 WAYNE T MEYER PRESIDENT
 108 CHURCH STREET 3RD FLOOR
 NEW BRUNSWICK, NJ 08901

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.NEWJERSEYCOMMUNITYCAPITAL.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1987 **M** State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO TRANSFORM AT-RISK COMMUNITIES THROUGH STRATEGIC INVESTMENTS OF CAPITAL AND KNOWLEDGE

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	67
6 Total number of volunteers (estimate if necessary)	6	9
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	52,047

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	12,794,031	2,247,505
9 Program service revenue (Part VIII, line 2g)	5,667,399	9,424,396
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,438,806	757,985
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	112,929	36,958
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,013,165	12,466,844
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	784,118	493,871
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,321,702	2,860,697
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 486,242		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,461,600	6,981,940
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,567,420	10,336,508
19 Revenue less expenses Subtract line 18 from line 12	9,445,745	2,130,336

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	132,408,343	156,081,232
21 Total liabilities (Part X, line 26)	77,069,665	101,225,919
22 Net assets or fund balances Subtract line 21 from line 20	55,338,678	54,855,313

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 2019-08-07

JACQUELINE ROBINSON CFO
 Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name MARY-EVELYN ANTONETTI	Preparer's signature MARY-EVELYN ANTONETTI	Date	Check <input type="checkbox"/> if self-employed	PTIN P00431862
Firm's name ▶ KPMG LLP			Firm's EIN ▶	
Firm's address ▶ 345 Park Avenue New York, NY 101540102			Phone no (212) 758-9700	

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 TRANSFORM AT-RISK COMMUNITIES THROUGH STRATEGIC INVESTMENTS OF CAPITAL AND KNOWLEDGE

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 \$ 9,113,558 including grants of \$ 493,871) (Revenue \$ 9,424,396)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

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 ▶ 9,113,558

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f 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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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	
22 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	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 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
26 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>	Yes	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
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
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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>	Yes	
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 (10), 1b (9), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 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 (No), 10b, 11a (No), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (Yes), 16b (Yes).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (NJ), 18 (Own website, Upon request), 19, 20 (NORMAN MELOFSKY 108 CHURCH STREET 3RD FLOOR New Brunswick, NJ 08901 (732) 640-2061).

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(1) ELLEN BROWN DIRECTOR	1 0 2 0	X						0	0	0
(2) PILAR HOGAN CLOSKEY DIRECTOR	1 0 2 0	X						0	0	0
(3) WAYNE MEYER PRESIDENT	34 0 17 0	X		X				254,755	0	34,952
(4) PATRICK MORRISSY BOARD VICE CHAIR	1 0 2 0	X		X				0	0	0
(5) ALLE RIES BOARD CHAIR	1 0 2 0	X		X				0	0	0
(6) KENNETH ZIMMERMAN DIRECTOR	1 0 2 0	X						0	0	0
(7) GREGG GUNSELMAN BOARD TREASURER	1 0 2 0	X		X				0	0	0
(8) HANAA HAMDI PHD DIRECTOR	1 0 2 0	X						0	0	0
(9) MICHELLE RICHARDSON BOARD SECRETARY	1 0 2 0	X		X				0	0	0
(10) BRYAN LONG DIRECTOR AS OF 01/2018	1 0 2 0	X						0	0	0
(11) JACQUELINE ROBINSON CHIEF FINANCIAL OFFICER	34 0 17 0			X				176,347	0	28,539
(12) MARIE MASCHERIN CHIEF OPERATING OFFICER	30 0 20 0				X			187,127	0	5,792
(13) MARK MUNLEY DIR, SPEC PROJ & LOCAL GOV REL	20 0 30 0				X			163,922	0	41,643
(14) HOWARD BANKER DIRECTOR OF HOUSING FINANCE	50 0 0 0					X		137,950	0	4,699
(15) NORMAN MELOFSKY CONTROLLER	34 0 17 0					X		118,188	0	3,714
(16) PETER GROF DEPUTY TO THE PRESIDENT	34 0 17 0					X		109,413	0	29,341
(17) LEAH APGAR MANAGING DIRECTOR OF LENDING	30 0 20 0					X		108,718	0	3,270

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	590,496			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,657,009			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		2,247,505			
Program Service Revenue		Business Code				
	2a LOAN INTEREST	522310	3,804,983	3,804,983		
	b LOAN FEES	522310	5,619,413	5,619,413		
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		9,424,396				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		611,429		611,429	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real				
		137,272				
		b Less rental expenses	100,314			
		c Rental income or (loss)	36,958	0		
	d Net rental income or (loss)		36,958		36,958	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		11,702,254				
		b Less cost or other basis and sales expenses	11,555,698			
		c Gain or (loss)	146,556			
	d Net gain or (loss)		146,556		146,556	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		0		
		b Less direct expenses	b	0		
c Net income or (loss) from fundraising events			0			
9a Gross income from gaming activities See Part IV, line 19	a		0			
	b Less direct expenses	b	0			
	c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a		0			
	b Less cost of goods sold	b	0			
	c Net income or (loss) from sales of inventory		0			
11a Miscellaneous Revenue	Business Code					
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d		0			
12 Total revenue. See Instructions		12,466,844	9,424,396		794,943	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	461,371	461,371		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	32,500	32,500		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	1,952,384	1,464,288	292,858	195,238
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	603,691	452,768	90,554	60,369
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	62,029	46,522	9,304	6,203
9 Other employee benefits.	46,904	35,178	7,036	4,690
10 Payroll taxes.	195,689	146,767	29,353	19,569
11 Fees for services (non-employees)				
a Management.	1,290,679	1,213,877	53,106	23,696
b Legal.	80,445	80,445	0	0
c Accounting.	268,847	201,797	40,230	26,820
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	201,599	151,199	30,240	20,160
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,109,513	1,038,350	42,698	28,465
12 Advertising and promotion.	62,642	46,982	9,396	6,264
13 Office expenses.	312,427	234,320	46,864	31,243
14 Information technology.	185,998	139,498	27,900	18,600
15 Royalties.	0			
16 Occupancy.	177,664	133,248	26,650	17,766
17 Travel.	74,869	68,082	4,072	2,715
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	30,711	23,033	4,607	3,071
20 Interest.	2,477,071	2,477,071		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	47,352	35,514	7,103	4,735
23 Insurance.	73,640	55,230	11,046	7,364
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROVISION FOR LOAN LOSSES	477,331	477,331		
b DUES, MEMBERSHIPS & SUBSCRIPTIONS	23,138	17,353	3,471	2,314
c PRINTING AND PUBLICATIONS	15,093	7,913	220	6,960
d OREO HOLDING COSTS	72,921	72,921	0	0
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	10,336,508	9,113,558	736,708	486,242
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash—non-interest-bearing	15,051,460	1	12,997,351
	2 Savings and temporary cash investments	3,545,853	2	13,054,085
	3 Pledges and grants receivable, net	2,886,857	3	2,110,513
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	58,928,141	7	69,136,470
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	57,867	9	84,864
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	556,634		
	b Less accumulated depreciation	469,277		
		77,776	10c	87,357
	11 Investments—publicly traded securities	22,302,853	11	25,196,118
	12 Investments—other securities See Part IV, line 11	8,362,628	12	7,164,410
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	63,000	14	45,000
15 Other assets See Part IV, line 11	21,131,908	15	26,205,064	
16 Total assets. Add lines 1 through 15 (must equal line 34)	132,408,343	16	156,081,232	
Liabilities	17 Accounts payable and accrued expenses	905,934	17	629,053
	18 Grants payable	0	18	0
	19 Deferred revenue	599,753	19	770,039
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	6,507,348	21	8,184,541
	22 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	3,944	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	68,915,437	24	91,321,086
	25 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	137,249	25	321,200
26 Total liabilities. Add lines 17 through 25	77,069,665	26	101,225,919	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	25,019,576	27	26,999,523
	28 Temporarily restricted net assets	29,619,102	28	27,365,790
	29 Permanently restricted net assets	700,000	29	490,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	55,338,678	33	54,855,313	
34 Total liabilities and net assets/fund balances	132,408,343	34	156,081,232	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,466,844
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,336,508
3	Revenue less expenses Subtract line 2 from line 1	3	2,130,336
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	55,338,678
5	Net unrealized gains (losses) on investments	5	-1,126,835
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1,486,866
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	54,855,313

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	Yes	
<p>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</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 22-2872262

Name: Community Loan Fund of New Jersey inc

Form 990 (2017)

Form 990, Part III, Line 4a:

Community Loan Fund of New Jersey (CLFNJ) transforms at-risk communities through strategic investments of capital and knowledge (See SCHEDULE O)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

Community Loan Fund of New Jersey Inc

22-2872262

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 **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
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(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		
Total						

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
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	4,363,217	10,012,779	12,429,844	12,794,031	2,247,505	41,847,376
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	4,363,217	10,012,779	12,429,844	12,794,031	2,247,505	41,847,376
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12,180,930
6	Public support. Subtract line 5 from line 4						29,666,446

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	4,363,217	10,012,779	12,429,844	12,794,031	2,247,505	41,847,376
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,183,850	486,886	839,906	1,041,916	748,701	4,301,259
9	Net income from unrelated business activities, whether or not the business is regularly carried on	51,139	49,220				100,359
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						46,248,994
12	Gross receipts from related activities, etc (see instructions)					12	29,441,875

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

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	64.145 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	65.810 %

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
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
8	Public support. (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
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is 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

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

Section D. Computation of Investment Income Percentage

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

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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	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>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the 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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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>		
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>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	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	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>		

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)

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

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

Additional Data

Software ID:

Software Version:

EIN: 22-2872262

Name: Community Loan Fund of New Jersey inc

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)

Facts And Circumstances Test

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.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
Community Loan Fund of New Jersey inc

Employer identification number
22-2872262

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and 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	
6 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	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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 |
|--|------------|
| c Beginning balance | 25,875,159 |
| d Additions during the year | 6,214,146 |
| e Distributions during the year | |
| f Ending balance | 32,089,305 |
- 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | | |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 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
1a Land				
b Buildings				
c Leasehold improvements		96,578	43,435	53,143
d Equipment		460,056	425,842	34,214
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				87,357

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)		
Total. (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)		
Total. (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) RELATED PARTY RECEIVABLES	21,727,242
(2) MORTGAGE RECEIVABLES	2,808,803
(3) PROPERTY HELD FOR SALE	776,895
(4) CDFI BOND RISK SHARE POOL	882,035
(5) OTHER ASSETS	10,089
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	26,205,064

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
(1) Federal income taxes	0
ACCRUED INTEREST PAYABLE	321,200
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	321,200

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.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

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: 22-2872262

Name: Community Loan Fund of New Jersey inc

Supplemental Information

Return Reference	Explanation
ESCROW AND CUSTODIAL ARRANGEMENTS	SCHEDULE D, PART IV LINE 1B THE ORGANIZATION ADMINISTERS VARIOUS LOAN POOLS ON BEHALF OF T HIRD PARTIES THE ORGANIZATION DOES NOT RECORD THE LOANS RECEIVABLE ASSOCIATED WITH THESE PROGRAMS IN ITS FINANCIAL STATEMENTS AS ITS RESPONSIBILITY IS LIMITED TO SERVICING AND/ARE LOANS AMOUNTS INCLUDED ON FORM 990, PART X, LINE 21 ARE FUNDS HELD IN TRUST RESULTING FR OM THE LOAN POOLS IT ADMINISTERS ON BEHALF OF THIRD PARTIES AND ESCROWS FOR FUTURE FEES AN D EXPENSES THAT WILL BE INCURRED BY ITS BORROWERS AND OTHER PARTICIPANTS BORROWERS AND OT HER PARTICIPANTS THE ORGANIZATION ALSO HOLDS ESCROWS FOR FUTURE FEES AND EXPENSES THAT WI LL BE INCURRED BY ITS BORROWERS AND OTHER PARTICIPANTS

Supplemental Information

Return Reference	Explanation
FIN 48 (ASC 740) UNCERTAIN TAX POSITION	SCHEDULE D, PART X, LINE 2 NEW JERSEY COMMUNITY CAPITAL ("NJCC") IS THE REGISTERED TRADE NAME UTILIZED BY COMMUNITY LOAN FUND OF NEW JERSEY, INC AND ITS SUBSIDIARIES THE FILING ORGANIZATION, COMMUNITY LOAN FUND OF NEW JERSEY, INC IS INCLUDED IN THE NJCC CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THE FOLLOWING FIN 48 (ASC 740) FOOTNOTE CLFNJ, LENDING PARTNERS, AND CAPC ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE CODE AS NONPROFIT ENTITIES, THEY ARE ALSO EXEMPT FROM NEW JERSEY CORPORATE INCOME TAXES NJCC RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS TO BE REALIZED UPON SETTLEMENT CHANGES IN MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS NJCC DID NOT RECOGNIZE THE EFFECT OF ANY INCOME TAX POSITIONS IN EITHER 2018 OR 2017 EFFECT OF ANY INCOME TAX POSITIONS IN EITHER 2018 OR 2017

Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization: Community Loan Fund of New Jersey Inc

Employer identification number: 22-2872262

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 12
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) HOMEBUYER DOWNPAYMENT ASSISTANCE	7	30,000			
(2) STOREFRONT REHABILITATION ASSISTANCE	1	2,500			
(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
PROCEDURE FOR MONITORING USE OF GRANT FUNDS	THE GRANT RECIPIENT SUBMITS MONTHLY A REPORT CONTAINING THE PROGRAM DELIVERABLES THAT WERE MET AND THE AMOUNT OF THE GRANT SPENT THE ORGANIZATION REVIEWS THIS REPORT BEFORE REIMBURSING THE GRANT RECIPIENT FOR THE EXPENSES INCURRED

Additional Data

Software ID:
Software Version:
EIN: 22-2872262
Name: Community Loan Fund of New Jersey inc

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISLES INC 10 WOOD STREET TRENTON, NJ 08618	22-2350832	501(C)(3)	142,525				COMMUNITY OUTREACH
URBAN PROMISE TRENTON 801 WEST STATE STREET TRENTON, NJ 08618	81-1548363	501(C)(3)	99,011				SUMMER CAMP & YOUTH EMPLOYMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMEFRONT INC 1880 PRINCETON AVENUE LAWRENCEVILLE, NJ 08648	22-3165145	501(C)(3)	70,000				Workforce development
COMMUNITY ASSET PRESERVATION CORPORATION 108 CHURCH ST 3 FL NEW BRUNSWICK, NJ 08901	26-4008074	501(C)(3)	35,835				REHABILITATION OF HOMES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A BETTER WAY INC 416 BELLEVUE AVE TRENTON, NJ 08618	71-1031143	501(C)(3)	28,999				REHABILITATION OF HOMES & JOB PLACEMENT PROGRAMS
HOLLY CITY DEVELOPMENT CORPORATION 22 N HIGH STREET PO BOX 476 MILLVILLE, NJ 08332	22-3614788	501(C)(3)	15,000				REHABILITATION OF PROPERTY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FAF COALITION 49 DELAWARE STREET WOODBURY, NJ 08096	46-5618311	501(C)(3)	15,000				PURCHASE OF MUSICAL PIECES
HAMMONTON REVITALIZATION CORPORATION PO BOX 1147 HAMMONTON, NJ 08037	22-2583099	501(C)(3)	15,000				FAADE IMPROVEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATHSTONE CORPORATION 400 EAST AVENUE ROCHESTER, NY 14607	16-0984913	501(C)(3)	10,000				PUERTO RICO RECOVERY PROGRAM
SOUTH JERSEY CULTURAL ALLIANCE 30 FRONT STREET KRAMER HALL HAMMONTON, NJ 08037	22-3144933	501(C)(3)	10,000				Workforce development

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIES IN CARING INC 425 N THIRD STREET HAMMONTON, NJ 08037	46-4084227	501(C)(3)	10,000				BEHAVIORAL HEALTH SERVICES
STAND UP FOR SALEM INC FENWICK PLAZA SUITE 7 453 SALEM, NJ 08079	22-2908783	501(C)(3)	10,000				INTERN STIPENDS

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.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Community Loan Fund of New Jersey inc

Employer identification number
22-2872262

Part I Questions Regarding Compensation

	Yes	No								
<p>1a 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</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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 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	1b									
2 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?	2									
<p>3 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</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input 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				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input 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									
4 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										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No								
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 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										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No								
6 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										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No								
7 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	7	No								
8 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	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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
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Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Community Loan Fund of New Jersey inc

Employer identification number
22-2872262

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Carl Malmstrom	FORMER DIRECTOR	GENERAL OPER EXPENSE	X		1,219	1,219		No	Yes		Yes	
Total						▶ \$	1,219					

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation

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.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Community Loan Fund of New Jersey inc

Employer identification number
22-2872262

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	<p>FORM 990, PART III, LINE 4A COMMUNITY LOAN FUND OF NEW JERSEY (CLFNJ) TRANSFORMS AT-RISK COMMUNITIES THROUGH STRATEGIC INVESTMENTS OF CAPITAL AND KNOWLEDGE IN ADDITION TO ITS FINANCING, SERVICING AND REAL ESTATE ACTIVITIES. CLFNJ PROVIDES TECHNICAL ASSISTANCE, POLICY ADVOCACY AND TRAINING, AND IMPACT ASSESSMENT RESEARCH AND STUDIES, IN ORDER TO LEVERAGE POSITIVE COMMUNITY IMPACTS IN UNDERSERVED NEIGHBORHOODS SINCE ITS INCEPTION IN 1987, CLFNJ HAS GROWN FROM A SMALL VOLUNTEER-BASED LOAN FUND OF \$125,000 TO A HIGH-CAPACITY COMMUNITY DEVELOPMENT LEADER WITH OVER \$861 MILLION IN CAPITAL UNDER MANAGEMENT FOR FY18 CLFNJ HAS CLOSED 636 LOANS TOTALING \$294 MILLION, WHICH HAS LEVERAGED OVER \$757 MILLION IN PUBLIC AND PRIVATE CAPITAL FOR HOUSING, ECONOMIC DEVELOPMENT AND COMMUNITY FACILITY PROJECTS THAT BENEFIT LOW INCOME INDIVIDUALS AND COMMUNITIES THESE INVESTMENTS HAVE CREATED OR PRESERVED 6,856 HOUSING UNITS, 3,686 JOBS, 16,062 EDUCATION SEATS, 4,707 CHILDCARE SLOTS, AND JUST OVER 2.8 MILLION SQUARE FEET OF COMMUNITY AND COMMERCIAL FACILITIES IN FY2018, CLFNJ CLOSED 39 LOANS AND INVESTMENTS TOTALING \$33.2 MILLION FORM 990 REVIEW FORM 990, PART VI, SECTION B, LINE 11B THE DRAFT FORM 990 IS PREPARED BY A TAX PREPARER AND APPROVED BY SENIOR MANAGEMENT PRIOR TO FILING WITH THE IRS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST	FORM 990, PART VI, SECTION B, LINE 12C THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY COVERING BOARD MEMBERS AND STAFF STAFF AND BOARD MEMBERS ARE PROVIDED WITH A CONFLICT OF INTEREST POLICY STATEMENT PROVIDING GENERAL DIRECTION AS TO THE ORGANIZATION'S EXPECTATIONS OF APPROPRIATE BEHAVIOR BOARD DIRECTORS AND STAFF ARE REQUIRED TO CONSULT WITH THEIR SUPERIORS WHENEVER THEY HAVE ANY QUESTION AS TO WHETHER A PARTICULAR CIRCUMSTANCE MAY PLACE THEM IN A CONFLICT OF INTEREST IF A CONFLICT OF INTEREST EXISTS, THE INTERESTED PERSON WILL BE GIVEN THE OPPORTUNITY TO DISCLOSE THE MATERIAL FACTS TO HIS SUPERIORS ON THE PROPOSED TRANSACTION OR ARRANGEMENT AFTER EXERCISING DUE DILIGENCE, THE ORGANIZATION SHALL DETERMINE WHETHER IT CAN DETERMINE WITH REASONABLE EFFORT A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT THAT WILL NOT PRODUCE A CONFLICT OF INTEREST THE INTERESTED PERSON SHALL NOT BE PRESENT IN THE ROOM DURING THE DETERMINATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
APPROVAL OF COMPENSATION	FORM 990, PART VI, SECTION B, LINE 15A INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS USE COMPARABLE, OBJECTIVE DATA TO DETERMINE THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT AND EXECUTIVE DIRECTOR INCLUDING BUT NOT LIMITED TO, SECTOR SURVEYS, GEOGRAPHIC SALARY SURVEYS AND OTHER BENCHMARKS AND THE BOARD'S DETERMINATION IS MEMORIALIZED CONTEMPORANEOUSLY IN A COMMUNICATION MAINTAINED BY THE BOARD VICE CHAIR

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER TOTAL FEES 1109513

**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.

Department of the Treasury
Internal Revenue Service

Name of the organization
Community Loan Fund of New Jersey inc

Employer identification number

22-2872262

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.

(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
(1) COMMUNITY LENDING PARTNERS OF NJ INC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 03-0472940	FINANCING	NJ	501(c)(3)	12 I	CLFNJ INC	Yes	
(2) COMMUNITY ASSET PRESERVATION CORPORATION 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 26-4008074	HOUSING	NJ	501(c)(3)	7	CLFNJ INC	Yes	

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
(1) UNIVERSITY VENTURES INC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 22-1916445	INVESTMENT	NJ	CLFNJ INC	C CORP	-5,825	1,030,522	82 000 %	Yes	

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

See Additional Data Table

(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:** 22-2872262**Name:** Community Loan Fund of New Jersey 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
NATIONAL COMMUNITY CAPITAL LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 46-0733644	MORTGAGE LOAN	DE	-2,259	-49,515	CLFJ INC
NATIONAL COMMUNITY CAPITAL II LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 46-2715212	MORTGAGE LOAN	DE	-18,807	-39,876	CLFJ INC
NATIONAL COMMUNITY CAPITAL HOLDINGS LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 46-2602101	MORTGAGE LOAN	DE	-139,305	2,064,387	CLFJ INC
NJCC MORTGAGE HOLDINGS LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 81-2814555	MORTGAGE LOAN	NJ	124,299	2,104,046	CLFJ INC
NJCC 151 MLK Boulevard LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 45-4443914	REAL ESTATE	NJ	-157,673	-1,036,056	CLFJ INC
Millville High Street LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 45-4433835	REAL ESTATE	NJ	-33,341	72,366	CLFJ INC
National Community Capital III LLC 108 Church Street 3rd Floor New Brunswick, NJ 08901 82-1406833	mortgage loan	NJ	84,115	161,695	CLFJ INC
North Bay Avenue NJCC LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 46-0983529	REAL ESTATE	NJ	0	0	CLFJ INC
NJCC LMI MORTGAGE PLATFORM LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 47-5393969	MORTGAGE LOAN	NJ	-303,611	1,336,010	CLFJ INC
NJCC SUPPORTIVE HOUSING FUND LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 82-3229423	LENDING	NJ	-321,845	8,422,674	CLFJ INC

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	
NJCC CDE IRVINGTON AVE LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 27-1192544	INVESTMENT	NJ	CLFNJ INC	RELATED	0	0		No		Yes		0 010 %
NJCC CDE MERCER LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 27-3298763	INVESTMENT	NJ	CLFNJ INC	RELATED	-214	0		No		Yes		0 010 %
NJCC CDE NEWARK LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 27-3304589	INVESTMENT	NJ	CLFNJ INC	RELATED	7	550		No		Yes		0 010 %
NJCC CDE WASHINGTON PLACE LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 27-1235947	INVESTMENT	NJ	CLFNJ INC	RELATED	9	409		No		Yes		0 010 %
NJCC CDE ESSEX LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 45-1054536	INVESTMENT	NJ	CLFNJ INC	RELATED	21	996		No		Yes		0 010 %
NJCC CDE TRENTON LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 27-5431949	INVESTMENT	NJ	CLFNJ INC	RELATED	11	627		No		Yes		0 010 %
NJCC CDE UNION LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 45-1054712	INVESTMENT	NJ	CLFNJ INC	RELATED	8	764		No		Yes		0 010 %
NJCC CDE BERGEN LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 46-3519285	INVESTMENT	NJ	CLFNJ INC	RELATED	28	745		No		Yes		0 010 %
NJCC FUND I LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 46-1683506	MORTGAGE LOAN	NJ	NA	N/A	177,006	1,384,644		No		Yes		25 900 %
NJCC Fund 4 LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 82-1527980	MORTGAGE LOAN	DE	CLFNJ INC	RELATED	-50,641	529,076		No		Yes		10 000 %
OPERATION NEIGHBORHOOD RECOVERY LLC 439 MAIN STREET ORANGE, NJ 07050 80-0334220	INVESTMENT	NJ	CLFNJ INC	RELATED	9,603	119,253		No			No	51 720 %
NJCC CDE CAMDEN LLC 108 Church Street 3rd Floor New Brunswick, NJ 08901 46-3533613	INVESTMENT	NJ	CLFNJ INC	RELATED	11	503		No		Yes		0 010 %
NJCC CDE MIDDLESEX LLC 108 Church Street 3rd Floor New Brunswick, NJ 08901 27-3298625	Investment	NJ	CLFNJ INC	RELATED	4	675		No		Yes		0 010 %
NJCC CDE OCEAN LLC 108 Church Street 3rd Floor New Brunswick, NJ 08901 46-3507600	INVESTMENT	NJ	CLFNJ INC	RELATED	20	701		No		Yes		0 010 %
NJCC CDE HUDSON LLC 108 Church Street 3rd Floor New Brunswick, NJ 08901 46-3496372	INVESTMENT	NJ	CLFNJ INC	RELATED	32	930		No		Yes		0 010 %

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	
NJCC CDE MONMOUTH LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 47-4572260	INVESTMENT	NJ	CLFNJ INC	RELATED	6	604		No		Yes		0 010 %
NJCC CDE CUMBERLAND LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 47-4582611	INVESTMENT	NJ	CLFNJ INC	RELATED	6	600		No		Yes		0 010 %
NJCC CDE PASSAIC LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 47-4594865	INVESTMENT	NJ	CLFNJ INC	RELATED	3	502		No		Yes		0 010 %
NJCC CDE BARTON LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 81-3416207	INVESTMENT	NJ	CLFNJ INC	RELATED	2	202		No		Yes		0 010 %
NJCC CDE EDISON LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 81-3422118	INVESTMENT	NJ	CLFNJ INC	RELATED	27	806		No		Yes		0 010 %
NJCC CDE HAMILTON LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 81-3454201	INVESTMENT	NJ	CLFNJ INC	RELATED	6	1,053		No				0 010 %
NJCC MM Invest LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 82-1485159	INVESTMENT	NJ	CLFNJ INC	RELATED	-55	432,489		No		Yes		5 000 %
NJCC CDE Stockton LLC 108 Church Street 3rd Floor NEW BRUNSWICK, NJ 08901 82-1034055	INVESTMENT	NJ	CLFNJ INC	RELATED	1	401		No		Yes		0 010 %
NJCC CDE Whitman LLC 108 Church Street 3rd Floor New Brunswick, NJ 08901 82-1086529	INVESTMENT	NJ	CLFNJ INC	RELATED	3	880		No		Yes		0 010 %
NJCC CDE Kilmer LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 82-0990643	INVESTMENT	NJ	CLFNJ INC	RELATED	6	501		No		Yes		0 010 %
NJCC CDE Livingston LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 82-1002236	INVESTMENT	NJ	CLFNJ INC	RELATED	7	1,002		No		Yes		0 010 %
NJCC CDE Morris LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 82-1023362	INVESTMENT	NJ	CLFNJ INC	RELATED	27	705		No		Yes		0 010 %
NJCC CDE Campbell LLC 108 Church Street 3rd Floor New Brunswick, NJ 08901 61-1884773	INVESTMENT	NJ	CLFNJ INC	RELATED	0	0		No		Yes		0 010 %
NJCC CDE Eagleton LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 30-1064037	INVESTMENT	NJ	CLFNJ INC	RELATED	0	0		No		Yes		0 010 %
NJCC CDE WILSON LLC 108 CHURCH STREET 3RD FLOOR NEW BRUNSWICK, NJ 08901 82-1069866	INVESTMENT	NJ	CLFNJ INC	RELATED	0	0		No		Yes		0 010 %

(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	
NJCC FUND 5 LLC 108 Church Street 3rd Floor NEW BRUNSWICK, NJ 08901 82-4119712	INVESTMENT	NJ	CLFNJ INC	RELATED	-157,859	1,382,260		No		Yes		2 000 %
Parramore Asset Stabilization Fund LLC 108 Church Street 3rd Floor New Brunswick, NJ 08901 83-2006910	INVESTING	NJ	CLFNJ INC	RELATED	0	0		No		Yes		0 010 %
CAPC Asset Stabilization Fund 2 LLC 108 Church Street 3rd Floor New Brunswick, NJ 08901 82-4978746	INVESTING	NJ	NA	N/A				No			No	
NJCC CDE Parker LLC 108 Church Street 3rd Floor New Brunswick, NJ 08901 32-0564938	Investment	NJ	CLFNJ INC	RELATED	0	0		No		Yes		0 010 %
NJCC CDE Robeson LLC 108 Church Street 3rd Floor New Brunswick, NJ 08901 36-4896478	Investment	NJ	CLFNJ INC	RELATED	0	0		No		Yes		0 010 %
NJCC CDE Salem LLC 108 Church Street 3rd Floor New Brunswick, NJ 08901 35-2625520	Investment	NJ	CLFNJ INC	RELATED	0	0		No		Yes		0 010 %
Teen Street Preservation LLC 108 Church Street 3rd Floor New Brunswick, NJ 08901 27-2550557	REAL ESTATE	NJ	CLFNJ INC	RELATED	0	0		No			No	0 010 %
306 MLK Blvd Urban Renewal Company LLC 108 Church Street 3rd Floor New Brunswick, NJ 08901 27-2550557	REAL ESTATE	NJ	NA	N/A	-3,000	1,151,338		No			No	40 000 %
National Community Capital LLC 108 Church Street 3rd Floor NEW BRUNSWICK, NJ 08901 46-0733644	MORTGAGE LOANS	DE	CLFNJ INC	RELATED	0	0		No			No	0 %
National Community Capital II LLC 108 Church Street 3rd Floor New Brunswick, NJ 08901 46-2715212	MORTGAGE LOANS	DE	CLFNJ INC	RELATED	0	0		No			No	0 %
National Community Capital III LLC 108 Church Street 3rd Floor New Brunswick, NJ 08901 82-1406833	MORTGAGE LOANS	NJ	CLFNJ INC	RELATED	0	0		No			No	0 %
National Community Capital Holdings LLC 108 Church Street 3rd Floor New Brunswick, NJ 08901 46-2602101	MORTGAGE LOANS	DE	CLFNJ INC	RELATED	0	0		No			No	0 %
NJCC Mortgage Holdings LLC 108 Church Street 3rd Floor New Brunswick, NJ 08901 81-2814555	MORTGAGE LOANS	NJ	CLFNJ INC	RELATED	0	0		No			No	0 %
308 Whiton Street LLC 108 Church Street 3rd Floor NEW BRUNSWICK, NJ 08901	REAL ESTATE	NJ	CLFNJ INC	RELATED	26,080	257,048		No		Yes		52 500 %
NJCC 151 MLK Boulevard LLC 108 Church Street 3rd Floor NEW BRUNSWICK, NJ 08910 45-4443914	REAL ESTATE	NJ	CLFNJ INC	RELATED	0	0		No			No	0 %

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) Disproprtionate 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	
Milville High Street LLC 108 Church Street 3rd Floor New Brunswick, NJ 08910 45-4433835	REAL ESTATE	NJ	CLFNJ INC	RELATED	0	0		No			No	0 %
North Bay Avenue NJCC LLC 108 Church Street 3rd Floor NEW BRUNSWICK, NJ 08910 46-0983529	REAL ESTATE	NJ	CLFNJ INC	RELATED	0	0		No			No	0 %
NJCC Supportive Housing Fund LLC 108 Church Street 3rd Floor NEW BRUNSWICK, NJ 08910 46-0983529	LENDING	NJ	CLFNJ INC	RELATED	0	0		No			No	0 %
CAPC NJ Asset Stabilization Fund #1 LLC 108 Church Street 3rd Floor NEW BRUNSWICK, NJ 08910 36-4812430	REAL ESTATE	NJ	NA	N/A				No		Yes		

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
COMMUNITY LENDING PARTNERS OF NEW JERSEY INC	A	75,917	FMV
COMMUNITY LENDING PARTNERS OF NEW JERSEY INC	N,O	196,897	FMV
COMMUNITY LENDING PARTNERS OF NEW JERSEY INC	D	14,975	FMV
COMMUNITY ASSET PRESERVATION CORPORATION	B	35,835	FMV
COMMUNITY ASSET PRESERVATION CORPORATION	D	1,433,532	FMV
COMMUNITY ASSET PRESERVATION CORPORATION	D	413,927	FMV
COMMUNITY ASSET PRESERVATION CORPORATION	A	65,634	FMV
COMMUNITY ASSET PRESERVATION CORPORATION	N,O	1,415,348	FMV
CAPC Asset Stabilization Fund 2 LLC	B	504,517	FMV
NJCC Fund 5 LLC	B	346,592	FMV
New Jersey Community Capital Fund 1	A	148,682	FMV
NJCC MM Invest LLC	B	92,520	FMV
NCC Holdings LLC	A	112,503	FMV