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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

7	\ F	or the	2008 cal	endar ye	ar, or tax	year beginnir	ng				, and	ending						
8	Ch	eck if ap	plicable	Please use IRS	C Name	of organization	Center f	for Co	mmunity	Self-Hel	p		D Empl	oyer id	entıficati	ion numbe	Э Г	
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1 Briefly describe the organization's mission: The Center's mission is to create and protect ownership and economic opportunity for charitable beneficiaries, including individuals, organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990-E27. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990-E27. 3 If Yes, describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 4 If Yes, describe these changes on Schedule 0. 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501 (city) and 501 (city) organizations and section 4947(c)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4 Code: 4 (Code:	Pa	Statement	<u>ot Program Servi</u>	ce Accomplishment	s (see instructi	ons)	
Individuals, organizations and communities, traditionally underserved by conventional markets. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27. 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? If "Yes," describe these changes on Schedule O. 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 801(6)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,176,944 including grants of \$ 298,175) (Revenue \$ 0.) EDUCATIONAL AND TECHNICAL ASSISTANCE; Toarether with supporting organizations. Self-Help Ventures Fund and Self-Help Community Development Corporation, conducted general programs, selections and ble-saving activities, and development of support groups and community-based organizations that help fow-income ceople. Approximately 22,216 beneficiaries. 4b (Code:) (Expenses \$ 816,988 including grants of \$ 0.) (Revenue \$ 533,580.) COMMUNITY DEVELOPMENT LENDING: Through Self-Help Ventures Fund, created jeb cothors for low income, rural and minority communities by creating jobs, reabiling hore overeship and fostering small business development. Approximately 13,497, beneficiaries. 4c (Code:) (Expenses \$ 92,056 including grants of \$ 0.) (Revenue \$ 0.) COMMUNITY DEVELOPMENT SECONDARY MARKET PROGRAMS: Facilitation of a secondary market operated by Self-Help. Ventures Fund, created jeb cothors for low income, rural and minority communities by creating jobs, reading labe, normone buyers in distressed communities to make homeownership more widely available to these families. Approximately 57,881 beneficiaries.	1	Briefly describe the orga	anization's mission:				
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(Expenses \$ 28,015 including grants of \$ 0) (Revenue \$ 0)	4d	Other program services	CDescribe in Scher	dule O.)			
· 	74				0) (Rev	enue \$	0)
	4e						

Par	t 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)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	x	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice	_		
6	and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If</i> "Yes," <i>complete Schedule D</i> ,	. <u>. </u>		
•	Parts VI, VII, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If</i> "Yes," <i>complete Schedule F, Part I</i>	14h		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		_^_
13	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20 21	Х	
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If Yes, complete Schedule I, Parts I and III	22	^	Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Х
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			<u> </u>
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	<u> </u>		
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		×

Form 990 (2008) Center for Community Self-Help Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35_	Х	
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>	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		<u>x</u>

Form **990** (2008)

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		}	
·	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1	<u> </u>
20	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note . If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			ŀ
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a_		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1		
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	1	X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity		Ì	
	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	<u>6a</u>	1	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	ļ	-
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than		<u> </u>	X
	\$75?	7a 7b	├─	 ^
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	76		
С	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	10	 	 ^
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1	Ì	
6	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	t	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			<u> </u>
•••	required?	7h		<u> </u>
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	ļ		ļ
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter		1	
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
р	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		Ì
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
42-	against amounts due or received from them.)	12-	-	-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year 12b	12a	┼	+
U	ii ies, entertie amount oftax-exemplinterest received of accided dufind the year	1	1	1

Center for Community Self-Help 56-1271685

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code.)

	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions			1
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		_X_
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	_X_	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			- 1
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9a	Does the organization have local chapters, branches, or affiliates?	9a		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	Oh		
40	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	9b		
10	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	10		
••	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Х
Sect	tion B. Policies			
0000	TOTI D. I OTTOICO		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
4.0	describe in Schedule O how this is done	12c	х	
13		12c	X	
13 14	describe in Schedule O how this is done			
	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written whistleblower policy?	13 14 15a	X	
14 15	Does the organization have a written whistleblower policy?	13 14	X	
14 15 a b	Does the organization have a written whistleblower policy?	13 14 15a	X	
14 15 a	Does the organization have a written whistleblower policy?	13 14 15a 15b	X	
14 15 a b	Does the organization have a written whistleblower policy?	13 14 15a	X	X
14 15 a b	Does the organization have a written whistleblower policy?	13 14 15a 15b	X	X
14 15 a b	Does the organization have a written whistleblower policy?	13 14 15a 15b	X	X
14 15 a b 16a b	Does the organization have a written whistleblower policy?	13 14 15a 15b	X	X
14 15 a b 16a b	Does the organization have a written whistleblower policy?	13 14 15a 15b	X	X
14 15 a b 16a b <u>Sect</u>	Does the organization have a written whistleblower policy?	13 14 15a 15b 16a	X	X
14 15 a b 16a b	Does the organization have a written whistleblower policy?	13 14 15a 15b 16a	X	X
14 15 a b 16a b <u>Sect</u>	Does the organization have a written whistleblower policy?	13 14 15a 15b 16a	X	X
14 15 a b 16a b Sect 17	Does the organization have a written whistleblower policy?	13 14 15a 15b 16a 16b	X	X
14 15 a b 16a b Sect 17	Does the organization have a written whistleblower policy?	13 14 15a 15b 16a 16b	X	X
14 15 a b 16a b Sect 17 18	Does the organization have a written whistleblower policy?	13 14 15a 15b 16a 16b	X	X
14 15 a b 16a b Sect 17	Does the organization have a written whistleblower policy?	13 14 15a 15b 16a 16b	X	X

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average	Positi	on (c	hec	k all	that ap		Reportable	Reportable	Estimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
Lew H. Myers Chair	_1	X		х				0	0	(
Martin Eakes Director/CEO	1	. x		×				0	60,850	25,921	
Charles Daye Director	1	. x						0	0	(
David Stein Director	1	. x						0	0	(
John Horton Director	1	X						0	0	(
Beyond Joy Director/Staff	1	<u> x</u>						0	33,228	9,76	
Farad Ali Director	1	. x						0	0	(
Linda Shaw Director	1	. x	L					0	0		
Lynne Walker Director	1	. x						0	0		
Romallus O. Murphy Director	1	. x						0	0		
Julia Borbely-Brown Director/Staff	1	. x						0	60,077	13,534	
Katherine Stern Weaver Secretary/Treasurer	1	. x		x				0	0	(
Eric Stein President	40			x				0	60,850	25,92	
	0							. 0	0		
See explanation on Schedule O	0							0	0	(
	0							0	0	(
	0							0	0		

T all	t VII Section A. Officers, Directors, Tru (A)	(B)			(0	C)	hat ap		(D)	(E)	1000	(F)	
	Name and title	Average hours per week	or director	Institutional trustee	Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)		Estima amoun othe compens from ti organiza and rela organiza	it of er sation he ation ated
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		0.					_		0		0		0
		0		<u></u>				<u> </u>	0		0		0
<u>1b</u>	Total					•		. •	0				<u>75,141</u>
2	Total number of individuals (including those organization ► 0	in 1a) who rec	eived	mor	e tha	an \$	100,0	J00 i	n reportable cor	npensation fro	m th	, .	,
3	Did the organization list any former officer,	director or trust	ee k	ev e	mpla	vee	. or h	iiahe	st compensated	ı F		Yes	No
	employee on line 1a? If "Yes," complete Sc	hedule J for suc	ch ind	divid	ual .						3		X
4	For any individual listed on line 1a, is the su the organization and related organizations	greater than \$15	50,00	07 //	f "Ye	s," c	omp	lete :	Schedule J for s	uch			
5	individual	accrue compens	satio	n froi	m an	y un	relat	ed o	rganization for		4		X
Sec	services rendered to the organization? If "Y tion B. Independent Contractors	es," complete S	Sched	lule .	J for	suci	h per	son	<u> </u>		5_	L	<u> </u>
1	Complete this table for your five highest con	npensated inde	pend	lent	contr	racto	ors th	at re	ceived more tha	an \$100,000 of			
	compensation from the organization. (A)							Τ	(B)			(C)	
	Name and business a	address							Description of ser	vices	Con	pensation	on 0
													0
								├-					0
					-			├-	 .				0 0
2	Total number of independent contractors (in compensation from the organization		n 1) \	who	rece	ved	more	e tha	n \$100,000 in				

9c, 10c, and 11e

2,705,220

644,797

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 not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		,		
	organizations in the U.S. See Part IV, line 21	298,175	298,175		<u> </u>
2	Grants and other assistance to individuals in		1		
	the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	0	0	0	0
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	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	.0	0	0	0
· 10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):				
а	Management	0	0	0	0
b	Legal	0	0	0	0
С	Accounting	11,000	0	11,000	0
d	Lobbying	15,383	15,383	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees [0	0	0	0
g	Other	270,990	212,906	55,337	2,747
12	Advertising and promotion [0	_0	0	0
13	Office expenses	226,661	178,147	44,873	3,641
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	62,733	49,288	12,810	635
17	Travel	224,418	177,060	45,120	2,238
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o	ol	0	0
19	Conferences, conventions, and meetings	96,193	75,576	19,643	974
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	39,773	31,248	8,122	403
23	Insurance	500	393	102	5
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	Printing & Publication	12,648	9,952	2,569	127
b	Hiring and Recruiting	112,816	88,684	22,992	1,140
c	Marketing	79,434	62,408	16,221	805
d	Association Dues & Sponsorship	49,103	40,260	8,425	418
e	Accrued Staffing Reimbursement to SHSC EIN 56-18	1,175,768	874,523	290,692	10,553
f		0	0	0	0
25	Total functional expenses. Add lines 1 through 24f	2,675,595	2,114,003	537,906	23,686
	Joint Costs. Check here ▶ if following	2,010,000		007,000	
26	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				Farr 990 (2000)

56-1271685

Center for Community Self-Help

_ Pa	irt X	Balance Sneet								
					(A) Beginning of year		 	(B End of		
	1	Cash-non-interest-bearing			879,266	1			31	8,445
	2	Savings and temporary cash investments			0	2	1			0
	3	Pledges and grants receivable, net			198,062	3			36	0,000
	4	Accounts receivable, net			278,534	4	 			9,510
	5	Receivables from current and former officers,			,		 			
		employees, or other related parties. Complete			0	5	· ·			0
	6	Receivables from other disqualified persons (
	•	4958(f)(1)) and persons described in section					1			
		Part II of Schedule L			0	6				0
ts	7	Notes and loans receivable, net			0	7				0
Assets	8	Inventories for sale or use		<u> </u>		8				
As	9	Prepaid expenses and deferred charges		<u></u>	25,000	9			6	5,000
	10a		10a	_						1
		Less: accumulated depreciation. Complete		320,000						
	_	· · · · · · · · · · · · · · · · · · ·	10b	568,907	69,019	10c			5	1,431
	11	Investments-publicly traded securities			0	11				3,702
	12	Investments-other securities. See Part IV, lin			0	12				0
	13	Investments-program-related. See Part IV, III		18,158,753	_			18,58	5.057	
	14	Intangible assets				14			,	
	15	Other assets. See Part IV, line 11		1	0		1			
	16	Total assets. Add lines 1 through 15 (must e			19,608,634	$\overline{}$	 		19,61	3.145
	17	Accounts payable and accrued expenses			315,897		<u> </u>	-		0,783
	18	Grants payable			18					
	19	Deferred revenue				19				
Liabilities	20	Tax-exempt bond liabilities			0	20				0
	21	Escrow account liability. Complete Part IV of		F	· · ·	21				-
	22	Payables to current and former officers, direct		_						
		employees, highest compensated employees								
Ę		persons. Complete Part II of Schedule L .	· · · · · · · · · · · · · · · · · · ·	0	22	·				
	23	Secured mortgages and notes payable to uni			0	23				0
	24	Unsecured notes and loans payable		· · · · · · · · · · · · · · · · · · ·	3,888,413			_	3.88	8,413
	25	Other liabilities. Complete Part X of Schedule			0	25			-,	0
	26	Total liabilities. Add lines 17 through 25.		_	4,204,310				4,17	9,196
		Organizations that follow SFAS 117, check								,
Se		complete lines 27 through 29, and lines 33								
Š	07			-	5,204,324	27	 		E 22	 3,949
ag	27	Unrestricted net assets			10,200,000	28	+			0,000
B	28	Temporarily restricted net assets			10,200,000	29	 		10,20	0,000
Ĕ	29	Permanently restricted net assets				25	 			<u>-</u>
Net Assets or Fund Balances		Organizations that do not follow SFAS 117	7, chec	k here ▶						
0		and complete lines 30 through 34.		_			<u> </u>			
šė	30	Capital stock or trust principal, or current fund	ds			30				
Ş	31	Paid-in or capital surplus, or land, building, or	r equip	ment fund L		31				
et/	32	Retained earnings, endowment, accumulated				32				
Ž	33	Total net assets or fund balances			15,404,324		<u> </u>		15,43	<u>3,949</u>
	34_	Total liabilities and net assets/fund balances		<u> </u>	19,608,634	_ 34	<u> </u>		19,61	<u>3,145</u>
Рa	rt XI	Financial Statements and Reporting	9		······································					
				1	. 🗖		_		Yes	No
1		ccounting method used to prepare the Form 99		Cash X Accrua						
2		ere the organization's financial statements con						2a		<u> X</u>
١		/ere the organization's financial statements aud		•			_	2b	X	
•		"Yes" to lines 2a or 2b, does the organization h			•	-				
		udit, review, or compilation of its financial stater					· ·	2c	X	
3		s a result of a federal award, was the organizat						_		
		e Single Audit Act and OMB Circular A-133? .					_	3a	_X	
<u> </u>	b If	"Yes," did the organization undergo the require	ed audit	t or audits?		<u></u>		3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection

		organization			Employer identification							er	
		Community							56-12716				
Pa				narity Status (All org					t.) (see i	nstructio	ons)		
ine 1	orgar		•	ation because it is: (Pl rches, or association o		•	-		h\/4\/A\/;	`			
2	H			on 170(b)(1)(A)(ii). (At			eu III sec	יייייייייייייייייייייייייייייייייייייי		<i>j</i> .			
3	Ħ			nospital service organi		-	section	170(b)(1)	(A)(iii). (A	Attach Sc	hedule H	4.)	
4	Ħ	•	•	ation operated in conju								-	
•	_		me, city, and sta	•						·····			
5		_	•	r the benefit of a collect (Complete Part II.)	ge or univ	ersity owr	ned or ope	erated by	a governi	mental ui	nit descr	ribed	
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit d	lescribed	in sectio i	n 170(b)(1	I)(A)(v).				
7	X	_		y receives a substanti (1)(A)(vi). (Complete I	-	its suppoi	rt from a g	governme	ntal unit c	or from th	e gener	al publ	ic
8		A community	trust described	l in section 170(b)(1)((A)(vi) . (C	complete f	Part II.)						
9	\Box	An organizat	ion that normall	y receives: (1) more th	nan 33 1/3	3% of its s	support fro	om contrit	outions, m	nembersh	nip fees,	and gi	ross
		•		ed to its exempt function	-								;
			_	ent income and unrelate after June 30, 1975.				•		tax) from	busines	ses	
10		· ·	_	nd operated exclusive						4) . (see i	nstructio	ns)	
11	Ħ	_	-	nd operated exclusive	-	-						-	
		_	_	olicly supported organ	•						-		on
				at describes the type of					te lines 1	1e throug	jh 11h.		
		a Type	1 b	Type II c	Туре	III-Fund	tionally in	ntegrated		d [] 1	Type III-	-Other	
6				y that the organization			-	-	-		•		
		•	er than foundation section 509(a)(2	on managers and othe 2).	er than on	e or more	publicly s	supported	organiza	tions des	cribed II	n secti	on
f		-	zation received a , check this box	a written determınatior			it is a Typ	e I, Type	II, or Typ	e III supp	orting		
g		•		the organization acce			tribution	from any	of the				ш
		following per											
			•	or indirectly controls,		_		•				Yes	No
		-		erning body of the su person described in (i		-					11g(i) 11g(ii)		X
			•	y of a person describe	•						11g(iii)		X
h				ation about the organia	zations th	e organiz							
(i)	Name	of supported	(ii) EIN	(III) Type of organization (described on lines 1–9		organization sted in your		ou notify		is the tion in col		Amount support	of
	orga	anization		above or IRC section		document?	col.(i)	of your	(i) organı	zed in the			
				(see instructions))	Yes	No	Yes	No No	Yes	S ? No	-		
					1.00		100						
				*									0
													_0
			_						ļ. 		†		0
			<u>.</u>	·	 -	<u> </u>							0
													0
Tota	ı												0

18

Schedule A (Form 990 or 990-EZ) 2008 Center for Community Self-Help Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (d) 2007 (e) 2008 Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 13,723,158 2.060.423 2.317.825 2,603,031 3,402,101 24.106.538 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge 3.402,101 13,723,158 2,317,825 2,060,423 24,106,538 2,603,031 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 7,226,500 amount shown on line 11, column (f). . 16,880,038 Public support. Subtract line 5 from line 4. Section B. Total Support (b) 2005 (d) 2007 Calendar year (or fiscal year beginning in) ▶ (a) 2004 (c) 2006 (e) 2008 (f) Total 2,603,031 3,402,101 2,060,423 24,106,538 Amounts from line 4 13,723,158 2,317,825 7 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 196,404 189,559 46,758 45,935 83,549 562,205 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0 24.668,743 11 Total support. Add lines 7 through 10. 2,646,920 12 Gross receipts from related activities, etc. (see instructions.) 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 10%-facts-and-circumstances-test-2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test-2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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

Schedule A (Fo	om 990 or 990-EZ) 2008	Center for Community Self-Help	50-12/1005	<u> </u>
Part III	Support Sched	fule for Organizations Described in Section 509(a)(2)		
	(Complete only	if you checked the box on line 9 of Part I.)		

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organization's tax-exempt purpose .				_		0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf				_		0
5	The value of services or facilities						
	furnished by a governmental unit to the						_
	organization without charge			-			0
6	Total. Add lines 1-5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of 1%						
	of the total of lines 9, 10c, 11, and 12 for						0
	the year or \$5,000	0	0	0	0	0	0
С 8	Public support (Subtract line 7c from	<u>_</u>	0				U
0	• • •			<u> </u>			0
Sac	line 6.)			L			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	0	0		0		
-	Gross income from interest, dividends,		·	<u>_</u>	-		
104	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				:		
	acquired after June 30, 1975						0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business			1			
	activities not included in line 10b,					ļ	
	whether or not the business is regularly	Ì					
	carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets			ł			ا
40	(Explain in Part IV.)						0
13	Total support. (Add lines 9, 10c, 11,						0
	and 12.) First five years. If the Form 990 is for the org	conization's fire	t second thir	d fourth or fift!	h toy your on a	section 501/c	
14	organization, check this box and stop here.	_					
					<u> </u>	<u> </u>	
	tion C. Computation of Public Support		15 15 40 -	-1 (0)		45	0.000/
15	Public support percentage for 2008 (line 8, co					15	0.00%
<u>16</u>	Public support percentage from 2007 Schedu					16	0 00%
	tion D. Computation of Investment Inc			- 42 - alumn (<u> </u>	47	0.000/
17	Investment income percentage for 2008 (line					17	0.00%
18	Investment income percentage from 2007 Sc						
19a							
L	not more than 33 1/3%, check this box and s 33 1/3% support tests-2007. If the organization d						
D	line 18 is not more than 33 1/3%, check this box a						▶ [
00	Private foundation. If the organization did n		_				<u> </u>
20	- Private toungation, it the organization did h	от спеск а пох	on line 14, 19	a. OL 190. CRAC	k inis box and	SEE INSTRUCTION	ა ₽ I

Schedule A (For	m 990 or 990-EZ) 2008	Center for Co	ommunity Self-l	Help			56-1271685	Page 4
Part IV	Supplemental	Information.	Complete this	s part to prov	ide the expla	nation require	ed by Part II, line 1	0;
	Part II, line 17a	or 17b; or Pa	rt III, line 12. I	Provide any o	other addition	al information	n. (see instructions	s)
,								
			• • • • • • • • • • • • • • • • • • • •					
			••••					
					,			
								•
			••••					
				••••				

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- To be completed by organizations described below.
 - ▶ Attach to Form 990 or Form 990-EZ.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• S	ection 501(c)(4), (5), or (6) or	ganizations Complete Part III.	,		
Na	ame of organization			Employe	r identification number
Cent	er for Community Self-He	lp		56-12716	
Pa		eted by all organizations exempuctions for Schedule C for details.	t under section	on 501(c) and section (527 organizations.
1	Provide a description of	the organization's direct and indirect	political campaig	n activities in Part IV.	-
2	Political expenditures .			• \$ _.	
3	Volunteer hours				
Pa		eted by all organizations exemp	t under section	on 501(c)(3).	
		uctions for Schedule C for details.			
1		excise tax incurred by the organization			
2	•	excise tax incurred by organization m	_		
3	•	red a section 4955 tax, did it file Form	•		
4a		?			Yes No
b Ba	If "Yes," describe in Par	tiv. leted by all organizations exemp	t under coctic	on 501/c) except secti	on 501(c)(3)
Га		uctions for Schedule C for details.	it under Section	on sor(c), except secu	on 301(c)(3).
1		y expended by the filing organization	for section 527	exempt function	
•					
2	Enter the amount of the	filing organization's funds contributed	to other organiz	zations	1.3.100° A
		function activities			
3		ect exempt function expenditures. Add			
		on file Form 1120-POL for this year?.		•	
4 5		sses and employer identification number			
3	payments were made. E	Enter the amount paid and indicate if the	he amount was	paid from the filing organiz	ation's funds or
	were political contribution	ons received and promptly and directly	delivered to a s	separate political organizat	ion, such as a
	separate segregated fur	nd or a political action committee (PAC	C). If additional s	space is needed, provide in	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
				0	
				0	
				0	(
				0	(
				0	(

Su	ledule C (Form 990 of 990-EZ) 2006					
P	art II-A To be completed by org	anizations e	xempt under sec	tion 501(c)(3) th	at filed Form 576	8
	(election under section	501(h)). See	the instructions for	r Schedule C for	details.	
<u>—</u>	Check ► X if the filing organization	n belongs to a	an affiliated group			
В	Check ▶ if the filing organization	•	• ,		apply.	
	Limits on Lo	bbying Expen	ditures		(a) Filing	(b) Affiliated
	(The term "expenditures"			d.)	organization's totals	group totals
1a	Total lobbying expenditures to influence	e public opinio	n (grass roots lobb	ying)	0	27,160
b	Total lobbying expenditures to influence	e a legislative	body (direct lobbying	ng)	27,315	856,985
C	Total lobbying expenditures (add lines	1a and 1b) .			27,315	884,145
d	Other exempt purpose expenditures .				2,648,280	86,754,405
е	Total exempt purpose expenditures (a	dd lines 1c and	l 1d)		2,675,595	87,638,550
f	Lobbying nontaxable amount. Enter th	e amount from	the following table	in both		
	columns.				283,780	1,000,000
	If the amount on line 1e, column (a) or (b) is:	The lobbyin	g nontaxable amou	nt is:		
	Not over \$500,000	20% of the a	mount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 pli	us 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	us 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	us 5% of the excess of	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter	25% of line 1f)			70,945	250,000
h	Subtract line 1g from line 1a. Enter -0-	if line g is mor	e than line a		0	0
i	Subtract line 1f from line 1c. Enter -0-	if line f is more	than line c		0	0
j	If there is an amount other than zero of section 4911 tax for this year?					Yes No
	(Some organizations that columns below. S	made a section		do not have to co		re
_	Lobby	ing Expendit	ures During 4-Yea	Averaging Perio	d	
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_						

		bying Expenditure.	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total					
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000					
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000					
	Total lobbying expenditures	473,955	443,706	579,211	884,145	2,381,017					
d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000					
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000					
f	Grassroots lobbying expenditures	45,289	16,804	23,150	27,160	112,403					

Schedule C (Form 990 or 990-EZ) 2008

Par	To be completed by organizations exempt under section 501(c)(3) that have 5768 (election under section 501(h)). See the instructions for Schedule C for			ed For	m	
	or so (electrical and electrical		(a) (b			
		Yes	No	A	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a	Volunteers?					
D C	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	 				
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? Other activities? If "Yes," describe in Part IV					
	Total lines 1c through 1i					0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					<u>~</u>
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6). See the instructions for Schedule C for details.	ion 5	01(c)	(5), or		
	Section 30 (C)(0). See the instructions for Schedule C for details.				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	100	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? .					
Par	To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" question 3 is answered "Yes." See Schedule C instructions for details.	OR if	Part			
1	Dues, assessments and similar amounts from members	•	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a	Current year		2a			
b	Carryover from last year	•	2b			
с 3	Total		2c 3			0
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		<u> </u>			-
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5			0
Part	IV Supplemental Information					
Also,	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line complete this part for any additional information. II-A Affiliated group members: (1) Center for Responsible Lending, 302 W. Main Street, Durham, N					ect
loppy	ring expenses \$856,830, Grassroots lobbying expenses \$27,160; (2) Self-Help Ventures Fund, 30	1 W. N	<u>/ain S</u>	treet, C	<u>)urhar</u>	<u>n, </u>
NC, I	EIN 58-1562750, Direct lobbying expenses \$0, Grassroots lobbying expenses \$0; (3) Self-Help Co	mmur	ity De	Svejobů	<u>ient</u>	
Çorp	oration, 301 W. Main Street, Durham, NC EIN 56-1975829, Direct lobbying expenses \$0, Grassro	ots lob	bying	expen	ses \$0	!i
<u>(4) S</u>	elf-Help Services Corporation, 301 W. Main Street, Durham, NC 27701, EIN 56-1849615, Direct Ic	bbyin	g_exp	enses \$	0,	
Gras	sroots lobbying expenses \$0; (5) Self-Help Assistance Corporation, 301 W. Main Street, Durham,	NC 27	701,	EIN 56-	19236	320,

Direct lobbying expenses \$0, Grassroots lobbying expenses \$0. Of these group members, Center for Responsible Lending and the

Page 4

Part IV Supplemental Information (continued)	
filing organization, Center for Community Self-Help, have made the e	lection under section 501(h).
	·

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization 56-1271685 Center for Community Self-Heln

Part	Organizations Maintaining Donor	Advised Funds or Othe	r Similar Fu	nds or Accounts. Complete if
· are	the organization answered "Yes" to F			
	and organization and the vertical	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year	· · · · · · · · · · · · · · · · · · ·	ĺ	
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)	<u> </u>		
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	or advisors in writing that the	ne assets held	in donor advised
_	funds are the organization's property, subject to			
6	Did the organization inform all grantees, donors			
	used only for charitable purposes and not for the			
	impermissible private benefit?			Yes No
Part	II Conservation Easements. Complete	e if the organization ans	wered "Yes" f	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by			
•	Preservation of land for public use (e.g., re			of an historically important land area
		Discreasion of pleasure)		• •
	Protection of natural habitat	لسا	Preservation	of certified historic structure
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a	a qualified conservation co	ntribution in the	e form of a conservation easement
	on the last day of the tax year.			U I I I I I I I I I I I I I I I I I I I
	Total words of a constant and a constant			Held at the End of the Year
a	Total number of conservation easements			
b	Total acreage restricted by conservation easer			
C	Number of conservation easements on a certification of conservation easements included in			
d	Number of conservation easements included in Number of conservation easements modified, to			
3	during the taxable year	ilalisielleu, leleaseu, exili	guisned, or ter	minated by the organization
4	Number of states where property subject to co	nservation easement is loc	ated ▶	
5	Does the organization have a written policy reg	arding the periodic monito	ring, inspectio	n. violations. and
•	enforcement of the conservation easements it			
6	Staff or volunteer hours devoted to monitoring,			
7	Amount of expenses incurred in monitoring, ins			
8	Does each conservation easement reported or	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 XIV, describe how the organization repo	orts conservation easemen	its in its revenu	ue and expense statement, and
	balance sheet, and include, if applicable, the te	ext of the footnote to the or	ganization's fir	nancial statements that describes
	the organization's accounting for conservation			
Par				Similar Assets.
	Complete if the organization answered "	Yes" to Form 990, Part IV,	line 8.	
1a	If the organization elected, as permitted under	SFAS 116, not to report in	its revenue sta	atement and balance sheet works of
	art, historical treasures, or other similar assets	held for public exhibition,	education, or r	esearch in furtherance of public
	service, provide, in Part XIV, the text of the foo			
b	If the organization elected, as permitted under	SFAS 116, to report in its	revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held		cation, or resea	arch in furtherance of public
	service, provide the following amounts relating			
	(i) Revenues included in Form 990, Part VIII, I	ine 1		• \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of ar	•		sets for financial gain, provide the
	following amounts required to be reported und			
а	Revenues included in Form 990, Part VIII, line	1		· · · · · • • • • • · · · · • • • · · · · · · • • • · · · · · · • • • ·
b	Assets included in Form 990, Part X			> \$

Part	III Organizations Maintainin	g Collections of	Art, F	listo	orical T	reasures,	or Ot	<u>her Similar As</u>	sets (c	<u>ontinu</u>	ued)
3	Using the organization's accession items (check all that apply):										
а	Public exhibition		d ĺ	\neg	Loan	or exchange	e proar	ams			
_	=		- L	=	Other	_	-				
b	Scholarly research		е [Other						
С	Preservation for future generation	ations									
4	Provide a description of the organiz Part XIV.	ation's collections	and e	xplai	n how t	hey further t	the org	anızation's exei	npt purp	ose in	1
5	During the year, did the organizatio assets to be sold to raise funds rath									es 🗌] No
Part	Part IV, line 9, or reported						on ans	swered "Yes" t	o Form	990,	
1a	Is the organization an agent, trusted included on Form 990, Part X?				-					es 🗀	No
b	If "Yes," explain the arrangement in						• •		Ш.		,
	ii 100, Oxplain are arrangement in	Tarry and con	ipioto t		5 5 9	,			Amount		
С	Beginning balance						. 10				
d	Additions during the year										
e	Distributions during the year										
f	Ending balance										0
_										es	No
2a	Did the organization include an amount in		Part	ζ, ιπι	e 217.				Ш"	<i>1</i> 5	JINO
b	If "Yes," explain the arrangement in					as" to Form	~ 000	Dort IV line 1			-
Part	V Endowment Funds. Com										
		(a) Current year	(0)	Рпог	year	(c) Two year	s pack	(d) Three years ba	:x (e) FC	our year	S Dack
1a	Beginning of year balance										
b	Contributions		<u> </u>								
С	Investment earnings or losses.	·	ļ								
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses							·			
g	End of year balance	0									
2	Provide the estimated percentage of	of the year end bal	ance h	ield a	as:						
а	Board designated or quasi-endown			%							
b	Permanent endowment	%									
С	Term endowment ▶	%									
3a	Are there endowment funds not in t	he possession of	he org	aniz	ation th	at are held	and ac	lministered for t	he		
	organization by:	·								Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related org								3b		
4	Describe in Part XIV the intended u		-								
Part							rt X. li	ne 10.			
	Description of investment	(a) Cost or of	her basi		(b) Co:	st or other s (other)		Depreciation	(d) Bo	ook valu	ie
	Land			0		0					0
b	Buildings			0	_	0		0			0
	9			히		42,089	<u>, </u>	42,089			0
C	Leasehold improvements			0				386,906			
d	Equipment	(431,516				4	14,610
Tota	Other) Po-		olumn 1	146,733	-1.1	139,912			6,821
ıyta	i. Auu iiries Ta-Te. (Colullill (a) SNOL	nu equal FUIII 990	ı, rail	л, С	Julilli (ال عالما ,رت	11.1	· · · · -			51,431

Part VII	Investments—Other Securities	s. See Form 990, Part X,	line 12.	
c	(a) Description of security or ategory (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial deriv	atives and other financial products	0		
	d equity interests	0		
-··		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
Total (Column (b) should equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Relate	d. See Form 990, Part X,	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year m	
Charter Sch	ool Loan Fund	1,932	End-of -year market value	
NC Childcar	re Revolving Loan Fund	2,532,761	End-of -year market value	
	Childcare Revolving Loan Fund	1,355,652	End-of -year market value	
	oan Guaranty I		End-of -year market value	
Charitable L	oan Guaranty II	1,000,000	End-of -year market value	•
	ool Enhancement Grant Fund	11,694,712	End-of -year market value	
		0		
		0		
		0		
		0		
Total (Column (b	o) should equal Form 990, Part X, ∞l (B) line 13) ►	18,585,057		
Part IX	Other Assets. See Form 990, P	art X, line 15.		
	(;	a) Description		(b) Book value
				0
		 		0
				0
				0
			****	0
				0
				0
				0
			·····	0
				0
	ımn (b) should equal Form 990, Part X		<u> </u>	0
Part X_	Other Liabilities. See Form 990	T******	· · · · · · · · · · · · · · · · · · ·	······································
	(a) Description of liability	(b) Amount		
Federal inco	ome taxes		_0	
			_0	
			<u>0</u>	
	· · · · · · · · · · · · · · · · · · ·		0	
			_0	
			_0	
			_0	
			0	
			0	
			0	
			0	
i otai (Column (b	o) should equal Form 990, Part X, col (B) line 25)	I	UI	

In Part XIV, 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.

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	
,	_
	-

	Center for Community Self-Help	56-1271685	
Schedule D (Form 9	990) 2008		Page_ 5
Part XIV	Supplemental Information (continued)		

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047

Open to Public

Name of the organization						Employer identification number	sation number
Center for Community Self-Help						56-1271685	
Part I General Information on Grants and Assistanc	on on Grants	and Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	itain records to so award the gran	ubstantiate the arr its or assistance? . dures for monitorin	nount of the grants or a	ssistance, the grantee	ss' eligibility for the grants	nts or assistance, and	X Yes No
T	Assistance to	Governments a	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on	n the United States	s. Complete if the orgin on the orgin of the	janization answered	1 "Yes" on
Part IV and Schedule I-1 (Form 990) if additional	illie z I, 10I aliy ile I-1 (Form 99		space is needed.				•
1 (a) Name and address of organization or government	(p) 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
Self-Help Community Dev Corp. 301 W Main Durham, NC 27701	56-1975829	501(c)(3)	235,675	0			Affordable Housing
Self-Help Housing, Inc. 301 W Main Durham, NC 27701	26-1274201		28,000	0			Affordable Housing
Emergency Interiors Inc. 2425 Springfield Pk Raleigh, NC 2	2 87-0769045	501(c)(3)	20,000	0			See Part IV
University of North Carolina 108 Battle Ln CB 3410 Chapel Hill	56-6001393	501(c)(3)	14,500	0			Research Study
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
2 Enter total number of section 501(c)(3) and government org	on 501(c)(3) and	government orgar	anizations			•	
3 Enter total number of other organizations.	organizations .	, .				• • • • • • • •	1

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

Schedule I (Form 990) 2008

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2008

Part III Grants a

(f) Description of non-cash assistance								onal information.	h grant funds are expended or	that funds have been expended	Hurricane Katrina disaster victims.			
(e) Method of valuation (book, FMV, appraisal, other)								to provide the information required in Part I, line 2, and any other additional information.	sion of the manner in which	de periodic documentation	by providing furniture for			
(d) Amount of non-cash assistance	0	0	0	0	0	0	0	equired in Part I, line	aintains close supervis	are required to provice	eriors: Disaster Relief		1	
(c) Amount of cash grant	0	0	0	0	0	0	0	ide the information r	imstances where it ma	grant funds. Grantees	rant to Emergency In			
(b) Number of recipients	0	0	0	0	0	0	0	ete this part to prov	der very limited circu	pervises the use of	Line1: Purpose of G		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(a) Type of grant or assistance recipient recipient								Part IV Supplemental Information. Complete this part	Part I Line 2 The organization makes grants only under very limited circumstances where it maintains close supervision of the manner in which grant funds are expended or	works in partnership with an ally organization that supervises the use of grant funds. Grantees are required to provide periodic documentation that funds have been expended	in accordance with any grant agreements. Part II, Line 1: Purpose of Grant to Emergency Interiors: Disaster Relief by providing furniture for Hurricane Katrina disaster victims.			

SCHEDULE O (Form 990)

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Center for Community Self-Help	56-1271685
Form 990, Part III, Section Other Program Services, Line 4d: RESPONSIBLE LENDING POLICE	Y AND RESEARCH: Together with
supporting organization Center for Responsible Lending, engaged in education & technical ass	sistance on abusive financial
practices that deplete the wealth of low-income & minority families & communities. Provided tea	chnical assistance in approximately
30 states. Published 5 major research studies. Presented at over a hundred workshops & confe	erences, reaching thousands of
individuals. Taken together, the activities noted above had approximately 6280 beneficiaries.	
Form 990, Part VI, Section Governing Body and Management, Line 10: The Form 990 is prepa	red by staff accountants. The Chief
Financial Officer and in-house counsel review multiple drafts and verify all answers before the	form is provided to the Chief
Executive Officer and board of directors for further review and comment prior to submission.	
Form 990, Part VI, Section B-Policies, Line 12c: The organization's Conflict of Interest Policy of	overs its officers, directors or
trustees, all employees of the organization or any related organization, and family members of	persons in these categories. All
covered persons are required under the policy to disclose actual or potential conflicts as soon a	as they arise and to confirm on an
annual basis that there are no existing conflicts of interest. Persons with actual conflicts are pro	phibited from participating in any
decisions relevant to the situation where the conflict exists. Most conflicts are clearly delineated	by the policy; situations that are not
so clear-cut are reviewed by in-house counsel, CEO or the board for determination as to wheth	er a conflict exists.
	•
Form 990, Part VI, Section B-Policies, Line 15b: The organization pays highest paid workers in	cluding the CEO, top management
officials and other officers, in accordance with a salary ceiling that is confirmed annually by the	board, and was last confirmed in
August 2008. This ceiling is subject to adjustment for increased costs of living associated with	the geographical areas in which
workers are working, but is well below the average market salary for workers with comparable	levels of expertise and experience.
Form 990, Part VI, Section C-Disclosure, Line 19: The organization does not make its governing	ng documents, conflict of interest
policy and financial statements available to the public.	
Form 990, Part VII, Section A-Officers, Directors, etc. Line 1a: No director or officer receives co	ompensation for his or her work as a

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
Center for Community Self-Help	56-1271685
week) employees of the related organization, Self-Help Services Corporation, which serves as	the employer for all of the
filing organization's workers.	
Amendments:	
(1) On Schedule B, the amount of the contribution from contributor #4 was reduced to reflect the	ne amount actually received in 2008,
instead of the amount accrued as revenue under GAAP.	
(2) On Schedule C, Part IV, affiliated group members for lobbying purposes were added. The	names of these group members
were inadvertently omitted in the original filing.	
(3) On Schedule C, Part II-A, lobbying expenses were increased on lines 1a, 1b, & 1c. These i	ncreases led to a reallocation
of certain functional expenses in Part IC of Form 990 and adjustments to allocations to progra	m service areas in Part III
(4) On Schedule C, Part II-A, Line 1d and 1e, exempt purpose expenditures were adjusted to r	reflect expenditures by all
members of the affiliated group and to deduct payments between the members.	
(5) On Schedule C, Part II-A, Lines 2c and 2f, Columns (c) and (d). The 2007 total lobbying an	d grassroots expenditures
were increased to reflect amendments to that return. The 2008 expenditures were adjusted to	reflect the above changes.
,	
	•••••

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

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

OMB No 1545-0047

Open to Public

(F) Direct controlling

entity

Employer identification number (E) End-of-year assets 56-1271685 (D) Total income Legal domicile (state or foreign country) Primary activity <u>@</u> (A)Name, address, and EIN of disregarded entity Identification of Disregarded Entities Center for Community Self-Help Name of the organization Part I

(A) Name, address, and EIN of related organization	(B) Pnmary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	(F) Direct controlling entity
Self-Help Assistance Corporation 56-1923620 301 W. Main Street, Durham, NC 27701	Economic Development NC	NC	501(c)(3)	11-1	N/A
Self-Help Community Development Corporation 56-1975829 301 w. Main Street, Durham, NC 27701	Affordable Housing	NC	501(c)(3)	11-1	N/A
Self-Help Credit Union 56-1382971 301 W. Main Street Durham NC 27701	Economic Development NC	Ş	501(c)(14)	A/A	N/A
Self-Help Services Corporation 56-1849615 301 W. Main Street, Durham, NC 27701	Staffing Services	NC	501(c)(3)	11-1	N/A
Self-Help Ventures Fund 58-1562750 301 W. Main Street, Durham, NC 27701	Charitable Lending	NC	501(c)(3)	11-1	N/A
Center for Responsible Lending 74-3043913 301 W. Main Street, Durham, NC 27701	Research & Policy	NC	501(c)(3)	11-1	N/A
Self-Help Federal Credit Union 26-3016612 301 W. Main Street, Durham, NC 27701	Economic Development NC	O _Z	501(c)(1)	N/A	N/A

Identification of Related Tax-Exempt Organizations

Part II

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	and EiN of nization	(B) Pnmary activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income		(G) Share of end-of-year assets	(H) Disproportionate allocations?	intionate	(I) ate Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(J) General or managing partner?
									Yes	٥		Yes	No
							0	0			0	_	
							0	0			0		
							0	0			0		
							0	0			0		
							0	0			0		
							0	0			0		
							0	0			0		
Part IV Ide	utification	Identification of Related Organizations Taxable	anizatior	ıs Taxable as	as a Corporation or Trust	Trust							
	*			Ę	Ç	٤	ý		ú		9	17	_

Trust
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Taxable
Organizations
Related (
Identification of
r IV

(A) Name, address, and EIN of related organization	(B) Pnmary 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
					0	0	%
					0	0	%
					0	0	%
	•				0	0	%
					0	0	%
			į		0	0	%
					0	0	%

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Part V

Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		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 (iv) rent from a controlled entity.	in Parts II–IV?	, ×
Gift, grant, or capital contribution to other organization(s).		╂╌╂
c Giff, grant, or capital contribution from other organization(s)		1c ×
d Loans or loan guarantees to or for other organization(s).		×
e Loans or loan guarantees by other organization(s)		1e ×
Totale of assets to ourer organization(s).		< >
		1
n Exchange of assets		× >
I Lease of facilities, equipment, or other assets to other organization(s)		×
i lease of facilities equipment or other assets from other organization(s)		×
k Performance of services or membership or fundraising solicitations for other organization(s)	· . · . · . · .	+
l Performance of services or membership or fundraising solicitations by other organization(s)		×
m Sharing of facilities, equipment, mailing lists, or other assets		1m ×
n Sharing of paid employees		1n ×
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
p remindusement paid by other digamization expenses.		\ d
a Other transfer of cash or property to other organization(s)		×
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.	elationships and transac	tion thresholds.
(A)	(B)	(5)
Name of other organization(s)	Transaction type (a-r)	Amount involved
	•	4
(1) Seil-helb Creat Onion		113,000
(2)		0 .
(3)		0
		· ·
(5)		0
(9)	_	C
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Unrelated Organizations Taxable as a Partnership Part VI

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

(A) (C) (D) (E) (E) (D) (E) (D) (D) (E) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(8)	(c)	9	-	(E)	(F)	(G)	_	(H)
Name, address, and Env or enmy	ביייים אַ פּכּינאני	(state or foreign country)	partners 501(c)(3) organizations?	ers (3)	end-of-year assets	allocations?			managing partner?
			Yes	N _O		Yes No		Yes	No
					0)	0	
					0)	0	
					0)	0	
					0)	0	
				-	0)	0	
					0)	0	
					0)	0	
					0			0	
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					0			0	
					0			- 0	
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					0			0	

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