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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)

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning **OCT 1, 2008** and ending **SEP 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization CENTER FOR COMMUNITY CHANGE Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1536 U STREET, NW City or town, state or country, and ZIP + 4 WASHINGTON, DC 20009 F Name and address of principal officer DEEPAK BHARGAVA SAME AS C ABOVE	D Employer identification number 52-0888113 E Telephone number 202-342-0519 G Gross receipts \$ 15,139,684. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ►
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ► WWW.COMMUNITYCHANGE.ORG	
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1968 M State of legal domicile DC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets 3 Number of voting members of the governing body (Part VI, line 1a) 3 20 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 20 5 Total number of employees (Part V, line 2a) 5 101 6 Total number of volunteers (estimate if necessary) 6 20 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																											
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>16,726,591.</td> <td>13,859,432.</td> </tr> <tr> <td>967,199.</td> <td>1,248,632.</td> </tr> <tr> <td>34,745.</td> <td>20,602.</td> </tr> <tr> <td></td> <td>11,018.</td> </tr> <tr> <td>17,728,535.</td> <td>15,139,684.</td> </tr> <tr> <td>2,800,384.</td> <td>693,830.</td> </tr> <tr> <td>0.</td> <td></td> </tr> <tr> <td>6,661,522.</td> <td>7,511,720.</td> </tr> <tr> <td>0.</td> <td></td> </tr> <tr> <td>6,161,565.</td> <td>4,886,677.</td> </tr> <tr> <td>15,623,471.</td> <td>13,092,227.</td> </tr> <tr> <td>2,105,064.</td> <td>2,047,457.</td> </tr> </tbody> </table>	Prior Year	Current Year	16,726,591.	13,859,432.	967,199.	1,248,632.	34,745.	20,602.		11,018.	17,728,535.	15,139,684.	2,800,384.	693,830.	0.		6,661,522.	7,511,720.	0.		6,161,565.	4,886,677.	15,623,471.	13,092,227.	2,105,064.	2,047,457.
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Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► 321,487. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12																											
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Beginning of Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>15,401,579.</td> <td>16,895,380.</td> </tr> <tr> <td>5,111,852.</td> <td>4,558,196.</td> </tr> <tr> <td>10,289,727.</td> <td>12,337,184.</td> </tr> </tbody> </table>	Beginning of Year	End of Year	15,401,579.	16,895,380.	5,111,852.	4,558,196.	10,289,727.	12,337,184.																		
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Part II Signature Block

Sign Here	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. Signature of officer: Date: 8-13-10 DEEPAK BHARGAVA, EXECUTIVE DIRECTOR Type or print name and title	
Preparer's Use Only	Preparer's signature: Date: 8-13-10 Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) Firm's name (or yours if self-employed), address, and ZIP + 4: GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE., SUITE 650 NORTH BETHESDA, MARYLAND 20814-2930 EIN ► Phone no ► (301) 951-9090	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

23 JAS

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

THE MISSION OF THE CENTER FOR COMMUNITY CHANGE IS TO BUILD THE POWER AND CAPACITY OF LOW-INCOME PEOPLE, ESPECIALLY LOW-INCOME PEOPLE OF COLOR, TO CHANGE THEIR COMMUNITIES AND PUBLIC POLICIES FOR THE BETTER.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(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.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 3,655,302. including grants of \$ 408,250.) (Revenue \$ 100,868.)

COMMUNITY ORGANIZING - FIELD ORGANIZERS, POLICY RESEARCHERS/ANALYSTS AND ADMINISTRATIVE SUPPORT. RESPONSIBLE FOR DEVISING STRATEGIES AND IMPLEMENTING TECHNICAL ASSISTANCE PROVIDED TO GROUPS WORKING ON ISSUES THAT AFFECT LOW-INCOME PEOPLE AND MINORITY COMMUNITIES. PROVIDES TECHNICAL ASSISTANCE ON ORGANIZATIONAL DEVELOPMENT INCLUDING BOARD AND LEADERSHIP DEVELOPMENT, STRATEGIC PLANNING, COMMUNICATIONS TRAINING AND IMPLEMENTATION OF STRATEGIC ISSUE CAMPAIGNS. INCLUDES THE CAMPAIGN FOR COMMUNITY VALUES (CCV), WHICH IS A NATIONAL INITIATIVE TO UNITE GRASSROOTS ORGANIZATIONS IN A COMMON VISION FOR SOCIAL CHANGE THAT ADDRESSES THE NEED OF LOW INCOME AND MARGINALIZED COMMUNITIES. ALSO INCLUDES GENERATION CHANGE, A PROJECT THAT IDENTIFIES, RECRUITS AND TRAINS RISING COMMUNITY LEADERS AND GRASSROOTS ORGANIZERS THROUGH A

4b (Code:) (Expenses \$ 2,141,290. including grants of \$ 62,000.) (Revenue \$ 318,516.)

SPECIAL PROJECTS - MOVEMENT VISION LAB, COALITION ON HUMAN NEEDS, THE CALIFORNIA PARTNERSHIP, AND THE LINCHPIN PROJECT. MVL - SUPPORTS GRASSROOTS ORGANIZERS AND LEADERS TO SHARE AND DEBATE VISIONARY IDEAS AND SOLUTIONS FOR THE FUTURE, INCLUDES SEARCHABLE DATABASE OF ALTERNATIVE SOLUTIONS AND A BLOG WHERE ORGANIZERS DISCUSS THEIR IDEAS FOR THE FUTURE. CHN - ORGANIZATIONS WORKING TOGETHER TO PROMOTE FEDERAL POLICIES THAT ADDRESS THE NEEDS OF LOW-INCOME AND OTHER VULNERABLE POPULATIONS. THE CALIFORNIA PARTNERSHIP - STATEWIDE COALITION OF COMMUNITY BASED ORGANIZATIONS THAT FIGHT POVERTY IN CALIFORNIA BY ORGANIZING AND ADVOCATING AT THE LOCAL, STATE AND NATIONAL LEVELS. THE LINCHPIN CAMPAIGN ASSISTS COMMUNITY ORGANIZING GROUPS IN COMMUNICATING THE IMPACT OF ORGANIZING EFFECTIVELY AND BROADENS THE AUDIENCE OF

4c (Code:) (Expenses \$ 1,945,573. including grants of \$ 185,580.) (Revenue \$ 350,031.)

DEMOCRACY & CIVIC PARTICIPATION - IMMIGRATION CONSISTS OF FIRM, YOUTH ORGANIZATION AND MULTI-RACIAL/MULTI-ETHNIC ALLIANCE BUILDING. FIRM IS A NATIONAL COALITION OF GRASSROOTS MULTI-RACIAL IMMIGRANT RIGHTS GROUPS. THE YOUTH ORGANIZING BRANCH OF THE FIRM ENGAGES YOUNG PEOPLE IN HIGH SCHOOL AND MIDDLE SCHOOL TO IDENTIFY AND ADDRESS ISSUES SURROUNDING IMMIGRATION REFORM THAT DIRECTLY AFFECT THEIR LIVES AND THEIR FUTURE. THE OBJECTIVE OF FIRM'S YOUTH ORGANIZING EFFORTS IS TO TRAIN, SUPPORT AND CONNECT YOUTH LEADERS FROM AROUND THE COUNTRY. THE MULTIRACIAL/MULTIETHNIC ALLIANCE BUILDING WORK OF THE IMMIGRATION PROJECT SEEKS TO ESTABLISH COMMUNICATION AND ALLIANCES BUILDING ACROSS CULTURAL, ETHNIC, RACIAL AND SOCIAL DIVIDES. THE COMMUNITY VOTING PROJECT (CVP) IS AN INITIATIVE TO ADDRESS THE LACK OF ELECTORAL PARTICIPATION BY LOW-INCOME

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 2,357,230. including grants of \$ 38,000.) (Revenue \$ 289,945.)

4e Total program service expenses \$ 10,099,395. (Must equal Part IX, Line 25, column (B).)

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>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any accounts where 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>		X
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>		X
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>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		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 "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
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 questions 24b-24d and complete Schedule K</i> <i>If "No," go to question 25</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) 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>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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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:		
a 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)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
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>		X
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>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		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.	128	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	101	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?		X
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 and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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 organization, have excess business holdings at any time during the year? N/A		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter N/A		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)**Section 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.		
1a Enter the number of voting members of the governing body	20	
1b Enter the number of voting members that are independent	20	
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
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?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization?	X	
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CT, DE, FL, GA, HI, ID, IN**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **RYAN YOUNG - 202-339-3900**
1536 U STREET, NW, WASHINGTON, DC 20009

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) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
LENORA BUSH REESE CHAIR OF THE BOARD	2.00	X		X				0.	0.	0.
JEFFREY BERMAN BOARD MEMBER	2.00	X						0.	0.	0.
HEATHER BOOTH BOARD MEMBER	2.00	X						0.	0.	0.
KELLY BROWN BOARD MEMBER	2.00	X						0.	0.	0.
ARLENE HOLT BAKER BOARD MEMBER	2.00	X						0.	0.	0.
TOM CHABOLLA BOARD MEMBER	2.00	X						0.	0.	0.
BILL DEMPSEY BOARD MEMBER	2.00	X						0.	0.	0.
JANE FOX-JOHNSON BOARD MEMBER	2.00	X						0.	0.	0.
SARA GOULD BOARD MEMBER	2.00	X						0.	0.	0.
ANA GUERRERO BOARD MEMBER	2.00	X						0.	0.	0.
PRONITA GUPTA BOARD MEMBER	2.00	X						0.	0.	0.
JONATHAN HELLER BOARD MEMBER	2.00	X						0.	0.	0.
KIERRA JOHNSON BOARD MEMBER	2.00	X						0.	0.	0.
PAULETTE MEYER BOARD MEMBER	2.00	X						0.	0.	0.
TORIE OSBORN BOARD MEMBER	2.00	X						0.	0.	0.
MANUEL PASTOR, JR. BOARD MEMBER	2.00	X						0.	0.	0.
JUSTIN RUBEN BOARD MEMBER	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
FRANK I. SANCHEZ BOARD MEMBER	2.00	X						0.	0.	0.
DORRIA T. WARREN BOARD MEMBER	2.00	X						0.	0.	0.
DEEPAK BHARGAVA EXECUTIVE DIRECTOR	45.00			X				174,999.	0.	38,500.
1b Total								174,999.	0.	38,500.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 1

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
MONUMENT PARTNERS LLC 1536 U STREET, NW, WASHINGTON, DC 20009	IT SERVICES	204,450.
PRODUCTIVE VIDEO 5434 CHIEFTAIN CIRCLE, ALEXANDRIA, VA 22312	VIDEO SERVICES	133,204.
REEDSMITH LLP P.O. BOX 759052, BALTIMORE, MD 21275	LEGAL SERVICES	132,154.
CATALIST LLC, 1101 VERMONT AVE, NW, SUITE 900, WASHINGTON, DC 20005	SUBSCRIPTION SERVICES	110,000.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 4

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,859,432.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			13,859,432.			
Program Service Revenue	2 a PROJECT MANAGEMENT FEE	Business Code	900099	1096450.	1096450.		
	b MEMBERSHIP		900099	66,995.	66,995.		
	c CONFERENCE		900099	60,612.	60,612.		
	d EVENTS		900099	24,575.	24,575.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1248632.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			20,602.			20,602.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			11,018.			11,018.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	b Less: direct expenses						
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				15,139,684.	1248632.	0.	31,620.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	693,830.	693,830.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	206,621.	144,635.	30,993.	30,993.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,983,095.	4,628,521.	1,221,775.	132,799.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	414,813.	321,029.	84,802.	8,982.
9 Other employee benefits	550,665.	426,570.	112,874.	11,221.
10 Payroll taxes	356,526.	275,086.	72,272.	9,168.
11 Fees for services (non-employees)				
a Management				
b Legal	207,936.		207,936.	
c Accounting	46,250.		46,250.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	1,139,898.	787,481.	337,276.	15,141.
12 Advertising and promotion	72,334.	72,334.		
13 Office expenses	563,718.	391,630.	135,724.	36,364.
14 Information technology	216,667.	149,681.	64,108.	2,878.
15 Royalties				
16 Occupancy	633,909.	472,829.	126,947.	34,133.
17 Travel	608,135.	550,271.	48,174.	9,690.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,089,696.	1,025,576.	57,519.	6,601.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	80,453.	56,083.	16,252.	8,118.
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.)				
a <u>SUBSCRIPTS/PUBS</u>	72,946.	60,730.	8,958.	3,258.
b <u>DIRECTORS EXPENSE</u>	39,995.		39,995.	
c <u>EMPLOYEE TRAINING/DEV.</u>	33,330.	8,636.	24,694.	
d <u>FURNITURE/EQUIPMENT</u>	24,437.	14,509.	2,115.	7,813.
e <u>PAYROLL SERVICE FEES</u>	17,761.		17,761.	
f All other expenses	39,212.	19,964.	14,920.	4,328.
25 Total functional expenses. Add lines 1 through 24f	13,092,227.	10,099,395.	2,671,345.	321,487.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,550.	1	1,050.
	2 Savings and temporary cash investments	3,031,668.	2	5,105,097.
	3 Pledges and grants receivable, net	4,287,173.	3	3,883,957.
	4 Accounts receivable, net	260,186.	4	268,767.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	146,129.	9	106,498.
	10a Land, buildings, and equipment: cost basis	10a 8,629,658.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 1,598,129.	7,161,007.	10c 7,031,529.
	11 Investments - publicly traded securities	186,420.	11	
	12 Investments - other securities. See Part IV, line 11.		12	
	13 Investments - program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11.	327,446.	15	498,482.
16 Total assets. Add lines 1 through 15 (must equal line 34).	15,401,579.	16	16,895,380.	
Liabilities	17 Accounts payable and accrued expenses	1,142,639.	17	839,339.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,852,187.	23	3,650,077.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D.	117,026.	25	68,780.
	26 Total liabilities. Add lines 17 through 25.	5,111,852.	26	4,558,196.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,218,202.	27	2,377,014.
	28 Temporarily restricted net assets	6,071,525.	28	9,960,170.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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	10,289,727.	33	12,337,184.
	34 Total liabilities and net assets/fund balances	15,401,579.	34	16,895,380.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 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?
- 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?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

CENTER FOR COMMUNITY CHANGE

Employer identification number

52-0888113

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: (Please check only **one** organization)

- 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)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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 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 the Part III)
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III - Functionally integrated
 - d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar 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.")	11,460,969.	10,155,946.	12,830,963.	16,726,591.	13,859,432.	65,033,901.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	11,460,969.	10,155,946.	12,830,963.	16,726,591.	13,859,432.	65,033,901.
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)						24,134,029.
6 Public Support. Subtract line 5 from line 4						40,899,872.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	11,460,969.	10,155,946.	12,830,963.	16,726,591.	13,859,432.	65,033,901.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	103,973.	51,848.	47,627.	34,745.	31,620.	269,813.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						65,303,714.
12 Gross receipts from related activities, etc. (see instructions)					12	2,770,463.
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	62.63 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	66.14 %
16a 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 and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 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 box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 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 <input type="checkbox"/>		
b 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar 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.")						
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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.)						
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2008
Open to Public
Inspection

▶ 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

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

Name of organization

CENTER FOR COMMUNITY CHANGE

Employer identification number

52-0888113

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
☐ Yes ☐ No
- 4a Was a correction made?
☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details

- A Check ☐ if the filing organization belongs to an affiliated group
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	23,496.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	45,239.													
c	Total lobbying expenditures (add lines 1a and 1b)	68,735.													
d	Other exempt purpose expenditures	13023492.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	13092227.													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	804,611.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	201,153.													
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a	0.													
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

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	661,095.	795,536.	931,174.	804,611.	3,192,416.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,788,624.
c Total lobbying expenditures	84,204.	87,037.	64,276.	68,735.	304,252.
d Grassroots non-taxable amount	165,274.	198,884.	232,794.	201,153.	798,105.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,197,158.
f Grassroots lobbying expenditures	65,607.	34,222.	33,631.	23,496.	156,956.

Schedule C (Form 990 or 990-EZ) 2008

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ 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.

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

CENTER FOR COMMUNITY CHANGE

Employer identification number

52-0888113

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:

a Revenues included in 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 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 XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to 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 Investment earnings or 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 year end balance held as:

a Board designated or quasi-endowment ▶ _____%

b Permanent endowment ▶ _____%

c Term endowment ▶ _____%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		922,000.		922,000.
b Buildings		6,488,842.	899,993.	5,588,849.
c Leasehold improvements				
d Equipment				
e Other		1,218,816.	698,136.	520,680.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))				7,031,529.

Schedule D (Form 990) 2008

Total. (Col (b) should equal Form 990, Part X, col (B) line 12) ►

Total (Col (b) should equal Form 990, Part X, col (B) line 13) ►

Total. (Column (b) should equal Form 990, Part X, col (B) line 15)

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12-23-08

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,139,684.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,092,227.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,047,457.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,047,457.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	14,748,560.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-391,124.
e	Add lines 2a through 2d	2e	-391,124.
3	Subtract line 2e from line 1	3	15,139,684.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	15,139,684.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	13,092,227.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	13,092,227.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	13,092,227.

Part XIV Supplemental Information

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

PART X: THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC

740-10, INCOME TAXES, PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES. THE FASB ASC 740-10 IS NOT EFFECTIVE UNTIL FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008. AS SUCH, THE CENTER HAS NOT IMPLEMENTED THOSE PROVISIONS IN THE 2009 COMBINED FINANCIAL STATEMENTS. SINCE THE PROVISIONS OF FASB ASC 740-10 HAVE NOT BEEN IMPLEMENTED IN ACCOUNTING FOR UNCERTAIN TAX POSITIONS, THE CENTER CONTINUES TO UTILIZE ITS PRIOR POLICY OF ACCOUNTING FOR THESE POSITIONS, FOLLOWING THE GUIDANCE

Part XIV Supplemental Information (continued)

IN FASB ASC 450, CONTINGENCIES. DISCLOSURE IS NOT REQUIRED OF A LOSS CONTINGENCY INVOLVING AN UNASSERTED CLAIM OR ASSESSMENT WHEN THERE HAS BEEN NO MANIFESTATION BY A POTENTIAL CLAIMANT OF AN AWARENESS OF A POSSIBLE CLAIM OR ASSESSMENT UNLESS IT IS CONSIDERED PROBABLE THAT A CLAIM WILL BE ASSERTED AND THERE IS A REASONABLE POSSIBILITY THAT THE OUTCOME WILL BE UNFAVORABLE. USING THAT GUIDANCE, AS OF SEPTEMBER 30, 2009 AND 2008, THE CENTER HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUND FOR THE CENTER FOR COMMUNITY CHANGE REVENUE REPORTED ON CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the 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

2008

**Open to Public
Inspection**

Name of the organization

CENTER FOR COMMUNITY CHANGE

Employer identification number
52-0888113

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST FEDERATION OF COMMUNITY ORGANIZATIONS - 3518 S. EDMUNDS STREET - SEATTLE, WA 98118	91-1635554	501(C)(3)	210,000.	0.			BUILDING CAPACITY/MONTANA WORK
GAMALIEL FOUNDATION 203 NORTH WABASH AVE. SUITE 808 CHICAGO, IL 60608	36-2657863	501(C)(3)	70,000.	0.			CAMPAIGN FOR COMMUNITY VALUES/MOTT SMALL GRANTS
URBAN EPICENTER 2013 25TH AVENUE NORTH NASHVILLE, TN 37208	75-3256037	501(C)(3)	29,000.	0.			CAMPAIGN FOR COMMUNITY VALUES/MOTT SMALL GRANTS/GENERATION CHANGE
RIGHTS FOR ALL PEOPLE 3131 W. 14TH AVE. DENVER, CO 80204	84-1599036	501(C)(3)	28,750.	0.			MOTT SMALL GRANTS/WORKER JUSTICE
ACTION IN MONTGOMERY (AIM) 8900 GEORGIA AVE. SILVER SPRING, MD 20910	52-2032072	501(C)(3)	25,000.	0.			IMMIGRATION
ARAB AMERICAN INSTITUTE FOUNDATION 1600 K STREET NW SUITE 601 WASHINGTON, DC 20006	52-1959306	501(C)(3)	25,000.	0.			COMMUNITY VOTING PROJECT

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

27.
0.

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

Schedule I (Form 990) 2008

Part III **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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: TERMS AND CONDITIONS OF GRANT AWARD ARE CAREFULLY REVIEWED; THE EXECUTIVE DIRECTOR AND/OR MANAGING DIRECTOR HAVE THE FINAL AUTHORITY TO ACCEPT THE AWARD. GRANTS ARE RECORDED ACCORDINGLY, RESTRICTED GRANTS ARE APPLIED TO THE APPROPRIATE PROJECT(S) AS INDICATED IN THE GRANT AGREEMENT. TO ENSURE COMPLIANCE OF AWARD TERMS AND CONDITIONS, THE PROGRESS OF FUNDED ACTIVITIES ARE MONITORED THROUGH: (1) REGULAR MEETINGS WITH PROGRAM, MANAGEMENT, DEVELOPMENT, AND EXECUTIVE STAFF (2) MONTHLY FINANCIAL REVIEW OF PROJECTS AND (3) FINANCIAL REPORTS TO FUNDERS.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

CENTER FOR COMMUNITY CHANGE

Employer identification number
52-0888113

Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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		
CASA DE MARYLAND 310 TULIP AVENUE TAKOMA PARK, MD 20912	52-1372972	501(C)(3)	25,000.	0.			COMMUNITY VOTING PROJECT		
IDAHO COMMUNITY ACTION NETWORK 3450 HILL ROAD BOISE, ID 83703	82-0357348	501(C)(3)	20,000.	0.			MOTT SMALL GRANTS		
NEW YORK IMMIGRATION COALITION 137-139 WEST 25TH STREET 12TH FLOOR NEW YORK, NY 10001	13-3573409	501(C)(3)	20,000.	0.			COMMUNITY VOTING PROJECT		
ONEAMERICA 1225 S. WELLER STREET SUITE 200 SEATTLE, WA 98144	20-0384893	501(C)(3)	20,000.	0.			COMMUNITY VOTING PROJECT		
NEW LABOR 103 BAYARD ST. 2ND FLOOR NEW BRUNSWICK, NJ 08901	22-3665469	501(C)(3)	20,000.	0.			MOTT SMALL GRANTS		
PEOPLE UNITED FOR SUSTAINABLE HOUSING, INC - 271 GRANT STREET - BUFFALO, NY 14213	20-3558447	501(C)(3)	15,000.	0.			MOTT SMALL GRANTS		
VIRGINIA ORGANIZING PROJECT 703 CONCORD AVE CHARLOTTESVILLE, VA 22903-5208	54-1674992	501(C)(3)	11,000.	0.			CAMPAIGN FOR COMMUNITY VALUES/WORKER JUSTICE		
FAIR SHARE RESEARCH AND EDUCATION FUND - 6601 NE MLK JR. BLVD - PORTLAND, OR 97211	93-0760750	501(C)(3)	10,000.	0.			COMMUNITY VOTING PROJECT		

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1

(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

**Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

CENTER FOR COMMUNITY CHANGE

Employer identification number

52-0888113

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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		
PROGRESSIVE LEADERSHIP ALLIANCE OF NEVADA (PLAN) - 732 S. SIXTH STREET SUITE 200 - LAS VEGAS, NV 89101	88-0318655	501(C)(3)	10,000.	0.			COMMUNITY VOTING PROJECT		
MICHIGAN VOICE/GAMALIEL MOSES 220 BAGLEY STREET SUITE 212 DETROIT, MI 48226	38-3357583	501(C)(3)	10,000.	0.			COMMUNITY VOTING PROJECT		
SOMOS UN PUEBLO UNIDO 1804 ESPINACITAS STREET SANTE FE, NM 87507	20-4216836	501(C)(3)	10,000.	0.			MOTT SMALL GRANTS		
9 TO 5 ATLANTA WORKING WOMEN 501 PULLIAM STREET SUITE 344 ATLANTA, GA 30312	34-1246311	501(C)(3)	10,000.	0.			MOTT SMALL GRANTS		
ATLANTANS BUILDING LEADERSHIP FOR EMPOWERMENT (ABLE) - 542 MORELAND AVE SE - ATLANTA, GA 30316	58-2110478	501(C)(3)	10,000.	0.			MOTT SMALL GRANTS		
ISAIAH / GAMALIEL 2720 E 22ND ST MINNEAPOLIS, MN 55406	41-1957358	501(C)(3)	10,000.	0.			MOTT SMALL GRANTS		
ALLIANCE TO DEVELOP POWER 130 UNION STREET SPRINGFIELD, MA 01105	04-3098406	501(C)(3)	8,000.	0.			COMMUNITY VOTING PROJECT		
THIRD RECONSTRUCTION INSTITUTE 1926 HOLLOWAY STREET SUITE 100 DURHAM, NC 27703	56-22661165	501(C)(3)	8,000.	0.			GENERATION CHANGE		
2 Enter total number of Section 501(c)(3) and government organizations									
3 Enter total number of other organizations									

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008

**Open to Public
Inspection**

Name of the organization

CENTER FOR COMMUNITY CHANGE

Employer identification number

52-0888113

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ALLIANCE OF COMMUNITIES TRANSFORMING SYRACUSE - 1654 W. ONONDAGA ST. - SYRACUSE, NY 13204	22-3796045	501(C)(3)	6,250.	0.			GENERATION CHANGE/HEALTHCARE
TENANTS AND WORKERS UNITED 3801 MT. VERNON AVE. ALEXANDRIA, VA 22305	54-1515305	501(C)(3)	5,500.	0.			COMMUNITY VOTING PROJECT
NAKASEC 900 S. CRENSHAW BLVD. LOS ANGELES, CA 90019	11-3303986	501(C)(3)	5,000.	0.			HEALTHCARE
LIFETIME PO BOX 1953 SAN LEANDRO, CA 94547	94-3348126	501(C)(3)	5,000.	0.			CIVIC PARTICIPATION
PITTSBURGH INTERFAITH IMPACT NETWORK - LOIS CAMPBELL 707 GRANT STREET 13TH FLOOR - PITTSBURGH, PA 15219	25-1864628	501(C)(3)	5,000.	0.			HEALTHCARE

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I-1 (Form 990) 2008

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

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Inspection

Name of the organization

CENTER FOR COMMUNITY CHANGE

Employer identification number

52-0888113

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply

- | | |
|--|---|
| <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 in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- 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.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in 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?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

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Schedule J (Form 990) 2008

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Attach to Form 990 To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a
Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

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Inspection**

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Employer identification number
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Part I Bond Issues (Required for 2008)

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
DISTRICT OF COLUMBIA A VARIABLE RATE REVENUE BO54-1071198N/A			08/20/04	4000000	PURCHASE OF BUILDING		X		X
B									
C									
D									
E									

Part II Proceeds (Optional for 2008)

	A		B		C		D		E
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Total proceeds of issue									
2 Gross proceeds in reserve funds									
3 Proceeds in refunding or defeasance escrows									
4 Other unspent proceeds									
5 Issuance costs from proceeds									
6 Working capital expenditures from proceeds									
7 Capital expenditures from proceeds									
8 Year of substantial completion									
9 Were the bonds issued as part of a current refunding issue?									
10 Were the bonds issued as part of an advance refunding issue?									
11 Has the final allocation of proceeds been made?									
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?									

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?									
2 Are there any lease arrangements with respect to the financed property which may result in private business use?									

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SUMMER INTERNSHIP, YEAR LONG MENTORSHIP, AND YEAR LONG FELLOWSHIP
PROGRAM.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

DONORS AND FUNDERS INTERESTED IN ORGANIZING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITIES AND COMMUNITIES OF COLOR. THIS IS ACCOMPLISHED BY FREQUENT
FACE-TO-FACE MEETINGS BETWEEN ORGANIZERS AND COMMUNITY MEMBERS. CVP
PROVIDES TECHNICAL ASSISTANCE TO COMMUNITY GROUPS THAT ARE FOCUSED ON
BUILDING CAPACITY AND SKILL SETS IN ELECTORAL MOBILIZATION YEAR TO
YEAR.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

INSTITUTIONAL SUPPORT

EXPENSES \$ 1414008. INCLUDING GRANTS OF \$ 0. REVENUE \$ 66995.

ECONOMIC JUSTICE

EXPENSES \$ 874487. INCLUDING GRANTS OF \$ 38000. REVENUE \$ 222950.

LOBBYING

EXPENSES \$ 68735. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 10: FORM 990 IS PREPARED BY AN OUTSIDE
ACCOUNTANT AND REVIEWED BY THE ORGANIZATION'S SENIOR MANAGEMENT. A DRAFT OF

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

Schedule O (Form 990) 2008

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12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE CHAIR. THE FINAL FORM 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, OFFICER, MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS, AND EMPLOYEE ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS THAT SUCH PERSON

A. HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY.

B. HAS READ AND UNDERSTANDS THE POLICY.

C. HAS AGREED TO COMPLY WITH THE POLICY.

D. UNDERSTANDS THAT THE CORPORATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. TO ENSURE THAT THE CORPORATION OPERATES IN A MANNER CONSISTENT WITH, AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS STATUS AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX, PERIODIC REVIEWS ARE CONDUCTED TO ENSURE THAT COMPENSATION PAID BY THE CORPORATION IS REASONABLE AND RESULTS FROM ARM LENGTH TRANSACTIONS AND THAT ALL TRANSACTIONS OR ARRANGEMENTS TO WHICH THE CORPORATION IS A PARTY REFLECT REASONABLE PAYMENTS FOR GOODS OR SERVICES, FURTHER THE CORPORATION'S CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT.

IF A CONFLICT ARISES THE FOLLOWING STEPS ARE TAKEN:

- ALL EMPLOYEES MUST FULLY DISCLOSE TO THE MANAGING DIRECTOR AND THE MANAGING DIRECTOR MUST FULLY DISCLOSE TO THE EXECUTIVE DIRECTOR ANY SITUATION IN WHICH A CONFLICT OR POTENTIAL CONFLICT EXISTS OR COULD ARISE.

- EMPLOYEES WHO HAVE ANY QUESTION AS TO WHETHER AN ACTIVITY THEY WANT TO PARTICIPATE IN CONFLICTS WITH THE CENTER'S ACTIVITIES OR INTERESTS SHOULD

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Schedule O (Form 990) 2008

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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DISCUSS THE ISSUE IN ADVANCE WITH THE MANAGING DIRECTOR.

- VIOLATIONS OF THIS POLICY MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING SUSPENSION AND TERMINATION OF EMPLOYMENT.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD RELIES ON SALARY BENCHMARKING WAS DONE BY COMPENSATION CONSULTANTS WHO USED COMPARABILITY DATA IN THEIR DETERMINATION. DELIBERATIONS AND DECISIONS WERE SUBSTANTIATED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AZ, AR, CA, CT, DE, FL, GA, HI, ID, IN, IA, KS, KY, LA, ME, MD, MT, MO, MN, MA, NE, NV, NH
NJ, NY, NC, OH, OK, OR, PA, RI, SC, SD, TN, TX, VT, VA, WA, WV, WI, WY

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

PART XI, LINE 2B & SCHEDULE D, SECTIONS XI, XII, AND XIII
AUDIT OF FINANCIAL STATEMENTS

THE FINANCIAL STATEMENTS OF THE CENTER FOR COMMUNITY CHANGE AND THE FUND FOR THE CENTER FOR COMMUNITY CHANGE ARE CONSOLIDATED FOR AUDIT PURPOSES. WHILE NEITHER ORGANIZATION HAS A SEPARATE AUDIT, THEY ARE AUDITED ON A CONSOLIDATED BASIS IN ACCORDANCE WITH GAAP. IN THE INTEREST OF TRANSPARENCY, FCCC BELIEVES THAT INDICATING AN AUDIT HAS BEEN PERFORMED AND COMPLETING THE SCHEDULE D RECONCILIATION WILL PROVIDE THE READER WITH THE MOST ACCURATE INFORMATION.

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Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Area with multiple horizontal lines for supplemental information.

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV**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**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** 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**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from 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

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

