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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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

2009

Open to Public Inspection

Check if applicable Address change			C Name of organization	-01-2009 and ending 06-30	-2010		D Employer ide	ntification number					
		· ricasc	FOUNDATION FOR CIVIC LEADERSHIP INC		32-0020584 E Telephone number								
— Nar	me char	_	Doing Business As										
— _{Inıt}	ial retur		Number and street (or P O b	Room/suite	(617) 492-8855								
Ter	minated		30 BOW STREET				G Gross receipts :	\$ 121,348 					
– _{Am}	ended r	eturn	City or town, state or country CAMBRIDGE, MA 02138	, and ZIP + 4	l								
App	olication	pending	CAMBRIDGE, MA 02130										
			ame and address of principa	officer			s a group return						
			SIMMONS OW STREET			affilia	tes?	⊤Yes ▼ No					
		CAM	BRIDGE,MA 02138	H(b) Are all affiliates included?									
r Ta	v-evem	nt status 🔽 FO1	(c) (3) ◀ (insert no)										
			(c) (3) 4 (illiselt ilo) 4947										
	ebsit e												
		· · · · · · · · · · · · · · · · · · ·	ration Trust Association C	L Year of for	Year of formation 2002 M State of legal domicile MA								
Pa	rt I	Summary Briefly describe:	the organization's mission of	most significant activities									
	I	Briefly describe the organization's mission or most significant activities TO FOSTER A MORE VIBRANT LOCAL AND GLOBAL DEMOCRACY BY SUPPORTING MORE SUSTAINABLE, UNITED AND											
3		STRONGER COL	MMUNITIES OF ACTION										
Ē													
Governance													
9			•	itinued its operations or disp									
đ A				oody (Part VI, line 1a)				3					
ACHAINES				e governing body (Part VI, lii	ne 1b)								
Ξ.			employees (Part V, line 2a)										
ă			volunteers (estimate if nece:	Part VIII, column (C), line 1	2								
		_	siness taxable income from		. 2 •	•	7a 7b						
						Prio	r Year	Current Year					
	8	Contributions a	nd grants (Part VIII, line 1h		77,147	115,754							
J.	9	Program servic	e revenue (Part VIII, line 2ç		11,652	5,319							
Revenue	10	Investment inc	ome (Part VIII, column (A),	[548	275						
ď	11	Other revenue	(Part VIII, column (A), lınes)			0						
	12		add lines 8 through 11 (mus), line		89,347	121,348						
	13						0						
	14	Benefits paid to	or for members (Part IX, co	.			0						
.	15	Salaries, other	compensation, employee be	nes 5–									
Expenses		10)		}		24,472	71,180						
<u>∓</u>	16a		ndraising fees (Part IX, colui				0						
ă	ь		xpenses (Part IX, column (D), line		—		221.166	257.404					
	17 18	•		11a-11d, 11f-24f)	-		221,166	257,484 328,664					
	19			om line 12	-		-156,291	-207,316					
<u>20</u>	<u> </u>			-	Beginning	of Current	End of Year						
net Assets of Fund Balances						ear							
A88 189	20		art X, line 16)	}		2,255,074	2,233,892						
5 E	21		(Part X, line 26)	•		3,764,983	3,951,117						
	22 11 III	Signature E		21 from line 20	•		-1,509,909	-1,717,225					
r Gr		_		nined this return, including accompa	anying sch	edules and st	atements, and to t	he best of my knowledge					
				on of preparer (other than officer) is									
Sign		*****		05-12									
Here		Signature of off	icer										
		IAN SIMMONS I											
		Type or print na	ame and title										
		Preparer's THE	RESA J CREEDEN CPA	Che-	ck if Preparer's identify (see instructions)								
Paid		signature P THE	NEON J CINEEDEN CFM	olyed 🕨 🦵	(See instructions)	<i>'</i> /							
•	arer's	Firm's name (or yo if self-employed),	urs SANDBERG & CREEDEN PC	<u>'</u>	•		EIN ▶						
Jse (ווע	address, and ZIP +	4 331 PAGE ST STE 2				Dhono no. h. (701) 244 0050						
			STOUGHTON, MA 0207211		Phone no • (781) 344-0850								
			turn with the preparer shown										

Part X		Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			146,926	1	172,438
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	•			3	_
	4	Accounts receivable, net			3,832	4	9,151
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of					
		Schedule L		5			
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II o					
		Schedule L		6			
Assets	7	Notes and loans receivable, net			7		
SS	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			1,272	9	11,073
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	2,704,732			
	ь	Less accumulated depreciation	10b	663,702	2,102,889	10c	2,041,030
	11	Investments—publicly traded securities			155	11	200
	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		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)		2,255,074	16	2,233,892	
	17	Accounts payable and accrued expenses .	62,748	17	8,299		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
jes	21	Escrow or custodial account liability Complete Part IV of Schedule			21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ï		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties	2,146,561	23	2,065,523		
	24	Unsecured notes and loans payable to unrelated third parties		24			
	25	Other liabilities Complete Part X of Schedule D		1,555,674	25	1,877,295	
	26	Total liabilities. Add lines 17 through 25	3,764,983	26	3,951,117		
s e		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp through 29, and lines 33 and 34.	lete line	es 27			
Fund Balances	27	Unrestricted net assets	-1,509,909	27	-1,717,225		
	28	Temporarily restricted net assets		28			
<u> </u>	29	Permanently restricted net assets		29			
Ē		Organizations that do not follow SFAS 117, check here ► an					
or l		lines 30 through 34.					
ts (30	Capital stock or trust principal, or current funds			30	_	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other fu			32		
Net	33	Total net assets or fund balances	-1,509,909	33	-1,717,225		
	34	Total liabilities and net assets/fund balances	2,255,074	34	2,233,892		

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

comp	lete only	24a, 24b, colui	mns (a	a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectio	n B, a	nd Se	ction (C if ap	oplicat	ile.
Section A—Depre																
24a Do you have eviden	ce to support	the business/investi	ment us	e claimed	d? ┌ Yes	. □ _{No}			24b lf	"Yes."	s the ev	/ idence	written?	Tye	sГNo)
										,						-
(a) Type of property (list vehicles first)	pe of property (list Date placed in Investment Cost or			(e) Basis for depreciation (business/investment use only)			- 11	(f) (g) Recovery Method/ period Convention			(h) Depreciation/ deduction			(i) Elected section 179 cost		
25Special depreciation allow 50% in a qualified busir	•	lified listed property i	placed in	service (l during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	inacci	15.0						20						
Lot roperty asea more	thun 50 70	% %	111033	450			П				\top			\Box		
		%														
	orlassin	% %	C 11C A													
27 Floperty used 50 %	01 1633 111	%	35 USE				П		S/L	-	Т			\Box		
		%						S/L -								
		%			L				S/L		_			+		
28 Add amounts in co		_				ne 21,	page	1 .		2	8					
29 Add amounts in co	ılumn (ı), lır							•		•			29			
Complete this section	forvobicle				mation						r rolat	ad nar	con			
if you provided vehicles to	your employe	es, first answer the q	uestions	in Section	on C to see	e if you n	neet a	n exce	otion t	o comple	ting this	section	for thos	e vehic	les	
30 Total business/investment miles driven during the			the	(a)			(b)		(c)		(d)		(6	-	(f)	
year (do not includ		-		Vehi	cle 1	Vehicle 2		2 Veh		nicle 3		Vehicle 4		cle 5	Vehi	cle 6
31 Total commuting n	niles driver	during the year	F													
32 Total other person			,,, <u> </u>													
·	•		⊢			<u> </u>		+								
33 Total miles driven through 32	· · ·	year Add lines 3	٠. ا													
34 Was the vehicle av	allable for	personal use		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
during off-duty hou	ırs?		.													
35 Was the vehicle us owner or related pe	•	y by a more than	5%													
36 Is another vehicle		or personal use?	` .` -													
		estions for Em	volar	ers W	ho Pro	vide \	/ehi	cles	for	Use b	v The	ir Er	nplov	ees	<u> </u>	<u> </u>
Answer these question 5% owners or related	ns to deterr	nine if you meet a									-				not moi	re tha
37 Do you maintain a employees?	written poli	cy statement tha	t prohil	bits all	personal •	use of	vehic	les, ı	nc lud	ling cor	nmutır	ıg, by y	our.	Y	es	No
38 Do you maintain a employees? See th																
39 Do you treat all us								,, 01 1	, o o i		-					
40 Do you provide mo	re than five	vehicles to your	•			- ormatio	n fron	n you	emp	loyees	- about	the us	e of the	a -		
vehicles, and retai			العامل ما		la damar				•			•	•	\vdash		
Note: If your answ																
Part VI Amortiz		5, 39, 40, 01 41 1	5 165,	40 110	Comple	te sect	.1011 6	101 11	ie co	vereu v	emcie	<u> </u>				
Part VI Amortiz		(b)				I				10	.,					
(a)		Date		(c) A mortizable amount			(d) Code section			(e) A mortization			۸ ۵	(f)		
Description of c	osts	amortization							period or					zatıon for s year		
		begins 								perce	ntage					
42 A mortization of co	sts that be	gins during your 2	2009 ta	ax year	(see ins	truction	ıs)									
42 A months = 1 - 1		ann hafar	000 +-	V 146 - 5							43					
43 A mortization of co	sis that be	gan before your 2	UUY ta	x year		•	•		•	•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . .

44