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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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	e 2009 calendar year, or tax year beginning OCT 1, 2009 and ending	SEP 30, 2010	
В	Check if applicab	Please use IRS C Name of organization	D Employer identific	cation number
	Addre	ess label or CENTER FOR COMMUNITY CHANGE		
	Name chang	ge type Doing Business As	52-0	888113
Ļ	Initial return	n See Number and street (or P.U. Dox if mail is not delivered to street address) Hoom/s		
Ļ	Termi. ated	Instruc- 1536 U STREET, NW	202-	<u>342-0519</u>
Ļ	Amen	City or town, state or country, and ZIP + 4	G Gross receipts \$	<u>13,462,245.</u>
L	Application pendi	WASHINGTON, DC 20009	H(a) is this a group re	
	portar	F Name and address of principal officer DEEPAK BHARGAVA	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No
		tempt status X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	lf "No," attach a	list (see instructions)
		te: WWW.COMMUNITYCHANGE.ORG	H(c) Group exemptio	
	Form o	forganization: X Corporation Trust Association Other ► L. Summary	<u>rear of formation: 1968 N</u>	State of legal domicile: DC
Ľ			TTT TIME 1	
0 9 9 134 Activities & Governance	1	Briefly describe the organization's mission or most significant activities SEE PART	' III, LINE 1.	
nar	2	Check this box If the organization discontinued its operations or disposed of i	nore than 25% of its net as	sots
Ve	3	Number of voting members of the governing body (Part VI, line 1a)	3	20
~ <u>@</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of employees (Part V, line 2a)	5	100
Ē	6	Total number of volunteers (estimate if necessary)	6	510
© 3	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
ص ص	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
AUG			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	13,859,432.	12,297,408.
	9	Program service revenue (Part VIII, line 2g)	1,248,632.	1,132,682.
≥ §	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,602.	16,011.
₹¤	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,018.	-52,022.
SCANNED REVENUE	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,139,684.	13,394,079.
J.J	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	693,830.	2,080,498.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,511,720.	<u>7,922,993.</u>
Expenses	16a	Professional fundraising fees (Part-IX-column (A)sline 11e)		
X	b	Total fundraising expenses (Part IX column (D) 1 in 25) 832,563.		
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 1 (204)	4,886,677.	5,701,164.
		Total expenses Add lines 3.17 (hustægala हुना X, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 0	13,092,227.	15,704,655.
_ 6	19	Revenue less expenses Subtract line 18 from line 12	2,047,457.	-2,310,576.
Net Assets or		I OGDEN LIT TI	Beginning of Current Year	End of Year
SSe	20	Total about (Fair X, Into-C)	16,895,380.	14,649,654.
<u>e</u>	21	Total liabilities (Part X, line 26)	4,558,196.	4,809,467.
	art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block	12,337,184.	9,840,187.
ٺ	us C II		ents, and to the best of my knowled	pe and belief, it is true, correct.
-		Under penalties of perury, I declare that I have examined this return, including accompanying schedules and statem and complete peclaration of prepare the than officer) is based on all information of which prepare has any knowledge.	edge	, ,,,,
Sig	ייי	11/1/	4/27	111
He		Signature of officer	Date	/
		DEEPAK BHARGAVA, EXECUTIVE DIRECTOR ,		
		Type or print name and title	· · · · · · · · · · · · · · · · · · ·	
0.		Preparer's Preparer's		er's identifying number
Pa	o :parer's	signature U/U/	self- employed ▶ (see in:	
	e Only	Firm's name (C GELMAN, ROSENBERG & FREEDMAN)	EIN ►	
US	Unity	self-employed), address and 4550 MONTGOMERY AVE., SUITE 550 NOR	TH	
		ZIP + 4 BETHESDA, MD 20814-2930	Phone no ► (<u>301) 951-9090</u>
Ma	ıy the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

Par	t III Statement of Program Service Accomplishments
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?
	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 X 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 \$ 3,935,593. including grants of \$ 940,750.) (Revenue \$ 497,988.)
	DEMOCRACY AND CIVIC PARTICIPATION - THE IMMIGRATION WORK AT THE CENTER
	CONSIST OF FIRM, YOUTH ORGANIZING, 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 MULTI-RACIAL/MULTI-ETHNIC
	ALLIANCE BUILDING WORK OF THE IMMIGRATION PROJECT SEEKS TO ESTABLISH COMMUNICATION AND ALLIANCES BUILDING ACROSS CULTURAL, ETHNIC, RACIAL,
	COMMUNICATION AND ALLIANCES BUILDING ACROSS CULTURAL, ETHNIC, RACIAL, AND SOCIAL DIVIDES. THE COMMUNITY VOTING PROJECT (CVP) IS AN
4b	(Code.) (Expenses \$ 3,790,995. including grants of \$ 566,694.) (Revenue \$ 75,623.)
	COMMUNITY ORGANIZING - THE ORGANIZING UNIT OF THE CENTER FOR COMMUNITY
	CHANGE IS COMPRISED OF FIELD ORGANIZERS, POLICY RESEARCHERS/ANALYSTS
	AND ADMINISTRATIVE SUPPORT. IT IS RESPONSIBLE FOR DEVISING STRATEGIES
	FOR AND IMPLEMENTING TECHNICAL ASSISTANCE PROVIDED TO GROUPS WORKING ON
	A VARIETY OF ISSUES THAT AFFECT LOW-INCOME PEOPLE AND MINORITY
	COMMUNITIES. THE UNIT ALSO PROVIDES TECHNICAL ASSISTANCE ON
	ORGANIZATIONAL DEVELOPMENT INCLUDING BOARD AND LEADERSHIP DEVELOPMENT,
	STRATEGIC PLANNING, COMMUNICATIONS TRAINING AND IMPLEMENTATION OF STRATEGIC ISSUE CAMPAIGNS. THE UNIT IS ALSO THE HOME OF THE CAMPAIGN
	FOR COMMUNITY VALUES 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 WITHIN THIS
4c	(Code) (Expenses \$ 1,997,604. including grants of \$ 120.) (Revenue \$ 414,282.)
	INSTITUTIONAL SUPPORT - DEPARTMENTS UNDER THIS AREA INCLUDE
	COMMUNICATIONS, INCLUDING NEW MEDIA ACTIVITIES, AS WELL AS POLICY
	STAFF, NEW PROGRAM DEVELOPMENT, AND THE TAPROOTS PROJECT. WORK IS ALSO
	CONDUCTED TO SUPPORT THE INCUBATION AND DEVELOPMENT OF NEW PROJECTS FOR
-	THE ORGANIZATION. THE GOAL OF THE TAPROOTS PROJECT IS TO BRING
	PARTNERS IN SOCIAL MOVEMENT TOGETHER AND CREATE A COMMON VISION FOR ECONOMIC AND SOCIAL JUSTICE.
	BOOMOTTE AND BOCTAH GOGITCE.
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 2,629,808. including grants of \$ 572,934.) (Revenue \$ 144,789.)
4e	Total program service expenses ▶\$ 12,354,000.

Form **990** (2009)

Form 990 (2009) CENTER FOR COMMUNITY CHANGE
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)?	ŀ		
	If "Yes," complete Schedule A	1	<u>_x</u> _	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7,
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	<u>X</u>	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_	N/	7
6	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	5	11/	<u> </u>
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		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? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		_X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	_X_	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			1
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	<u> </u>	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	40		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		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? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_		
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20_	000	X
		rorm	330 (2009)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
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?	24c		_x_
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	204		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	_20		41
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	07		x
20	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	27		
28	instructions for applicable filing thresholds, conditions, and exceptions).			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	000		v
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		
C	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		x
~	·	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		1	v
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?		37	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	-
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1.		
	If "Yes," complete Schedule R, Part V, line 2	36	-	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? If "Yes," complete Schedule R, Part VI	37		<u> X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			1
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2009)

			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 1a 78			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2 a	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 2a 100			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
a	provided to the payor?	7a		х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5		
·	to file Form 8282?	7c		х
ď	If "Yes," indicate the number of Forms 8282 filed during the year	-		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966? N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ — —	<u> </u>
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		000	(0000
		Form	990	(2009)

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

Sec	tion A. Governing Body and Management				
	- · · · · · · · · · · · · · · · · · · ·	1	0.0	Yes	No
	Enter the number of voting members of the governing body	<u>1a</u>	20		
	Enter the number of voting members that are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets	?	5		X
6	Does the organization have members or stockholders?		6	ļ	X
7a	, , , , , , , , , , , , , , , , , , , ,	bers of the			
	governing body?		7a	ļ	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other personal statements of the governing body subject to approval by members, stockholders, or other personal statements of the governing body subject to approval by members, stockholders, or other personal statements of the governing body subject to approval by members, stockholders, or other personal statements of the governing body subject to approval by members, stockholders, or other personal statements of the governing body subject to approval by members, stockholders, or other personal statements of the governing body subject to approval by members, stockholders, or other personal statements of the governing body subject to approval by members, stockholders, or other personal statements of the governing body subject to approval statements of the governing body subject to approval statement of the governing body subject to approval statement of the governing body subject to approval statement of the governing body statement of the governing body subject to approval statement of the governing body subject to approval statement of the governing body statement of the governing body subject to approval statement of the governing body subject to approval statement of the governing body subject to approval statement of the governing body statement of the governin		7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken d	uring the year			
	by the following				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	ned at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	renue Code)			
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such c	napters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling	ng the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could	d give rise			
	to conflicts?		12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe			
	ın Schedule O how this is done		120	X	
13	Does the organization have a written whistleblower policy?		13	Х	
14	Does the organization have a written document retention and destruction policy?		14	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?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b		
	If "Yes" to line 15a or 15b, 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 arrangem	ent with a			
	taxable entity during the year?		16a		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evalu	ate its participation		1	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organ	nization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE ()			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (allable for		
	public inspection. Indicate how you make these available. Check all that apply		aa.bo . c.		
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	offict of interest no	licy and fin	ancial	
	statements available to the public	st or intorost po	, and m	u roiai	
20	State the name, physical address, and telephone number of the person who possesses the books and	I records of the or	nanization		
	MARY LASSEN - 202-339-3900		ja: 112011() 1	_	
	1536 U STREET, NW, WASHINGTON, DC 20009				
			Forr	n 990 (יפחחפי

932008 02-04-10

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 Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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

(A) Name and Title	(B) Average	(C) Position (check all that apply)				,		(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours						lv)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
LENORA BUSH REESE			ĺ							
CHAIR OF THE BOARD	2.00	X	<u> </u>	X			L	0.	0.	0
JONATHAN HELLER			Ì							
VICE CHAIR	2.00	X	<u>L</u>	X		<u> </u>		0.	0.	0
PAULETTE MEYER										
VICE CHAIR	2.00	X	<u> </u>	X	_			0.	0.	0
ARLENE HOLT BAKER				}		1				
BOARD MEMBER	2.00	X	<u></u>	<u> </u>				0.	0.	0
JEFFREY BERMAN										
BOARD MEMBER	2.00	X		<u> </u>		_		0.	0.	0
HEATHER BOOTH										
BOARD MEMBER	2.00	X	ļ	ļ		ļ		0.	0.	0
KELLY BROWN						İ	ļ	_	_	
BOARD MEMBER	2.00	X	<u> </u>	<u> </u>				0.	0.	0
TOM CHABOLLA		l							_	
BOARD MEMBER	2.00	X	├	_	_	ļ		0.		0
BILL DEMPSEY						1	l		_	_
BOARD MEMBER	2.00	X	<u> </u>	_		-		0.	0.	0_
JANE FOX-JOHNSON										
BOARD MEMBER	2.00	X	 		ļ	┼		0.	0.	0
SARA GOULD		l		ŀ						
BOARD MEMBER	2.00	X	-	 —	-	╄-	-	0.	0.	0
ANA GUERRERO	0.00		-							
BOARD MEMBER	2.00	X	├	↓	_	\vdash		0.	0.	0
PRONITA GUPTA	0.00									
BOARD MEMBER	2.00	X	-	 	_			0.	0.	0
KIERRA JOHNSON	0.00		}			1	1		_	_
BOARD MEMBER	2.00	X	-		L	₩	_	0.	0.	0
TORIE OSBORN									_	
BOARD MEMBER	2.00	X.	\vdash	1		\vdash	_	0.	0.	0
MANUEL PASTOR, JR.	2 22								_	
BOARD MEMBER	2.00	X	-	-	-	+	-	0.	0.	0
JUSTIN RUBEN		,,							_	_
BOARD MEMBER 932007 02-04-10	2.00	<u> X</u>	1		<u></u>			0.	0.	Form 990 (2009

932007 02-04-10

Form **990** (2009)

Section B. Independent Contractors

the organization? If "Yes," complete Schedule J for such person

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

Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to

(A) Name and business address	(B) Description of services	(C) Compensation
CATALIST LLC, 1101 VERMONT AVE, NW, SUITE	DATA ACCESS AND	
900, WASHINGTON, DC 20005	ANALYSIS	<u> 267,</u> 188.
MONUMENT PARTNERS LLC		
1536 U STREET, NW, WASHINGTON, DC 20009	IT SERVICES	183,333.
REEDSMITH LLC, 1301 K STREET, NW, SUITE		-
1100, WASHINGTON, DC 20005	LEGAL SERVICES	152,491.
TOTAL, GRIFFITH, AYERS & KULLMAN, LLC, 200		_
HARRY S TRUMAN PKWY, ANNAPOLIS, MD 21401	ACCOUNTING SERVICES	128,198.
FISSION STRATEGY LLC	SOCIAL MEDIA	_
6201 14TH STREET, NW, WASHINGTON, DC 20011	CONSULTING	104,510.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 in compensation from the organization \blacktriangleright 5		

Form **990** (2009)

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp		(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	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	2,080,498.	2,080,498.		
2	Grants and other assistance to individuals in	2,000,430.	2,000,400.		
2	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	191,323.	82,269.	74,616.	34,438
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	6,315,821.	4,729,917.	1,115,841.	470,063
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	444,060.	329,888.	78,052.	36,120
9	Other employee benefits	509,868.	376,292.	91,318.	42,258
10	Payroll taxes	461,921.	338,856.	84,136.	38,929
11	Fees for services (non-employees)				
а	Management				
b	Legal	215,908.	192,668.	22,830.	410
C	Accounting	62,419.		62,419.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	1,605,786.	1,241,277.	338,802.	25,707
12	Advertising and promotion	14,954.	14,254.	700.	
13	Office expenses	508,560.	341,947.	105,871.	60,742
14	Information technology	150,449.	69,163.	71,494.	9,792
15	Royalties	274 225			
16	Occupancy	974,286.	824,574.	100,998.	48,714
17	Travel	1,124,612.	1,056,844.	58,890.	8,878
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	207 440	220 050	40.400	
19	Conferences, conventions, and meetings	387,448.	338,258.	49,190.	
20	Interest	706.	585.	121.	
21	Payments to affiliates	127 000	07 557	27.000	10 100
22	Depreciation, depletion, and amortization	137,088.	97,557.	27,098.	12,433
23	Insurance	52,850.	37,746.	10,333.	4,771
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	OTTEDITES	126,840.		126,840.	-
a b	MATAMONIA MODILINA	85,034.	58,503.	19,359.	7,172
C	SUBSCRIPTIONS & PUBS.	64,856.	26,654.	24,773.	13,429
d	DUOMOGDADIUI	46,664.	46,664.		13,443
م	PUBLIC OUTREACH	33,835.	33,805.		30
f	All other expenses	108,869.	35,781.	54,411.	18,677
25	Total functional expenses Add lines 1 through 24f	15,704,655.	12,354,000.	2,518,092.	832,563
<u>25</u> 26	Joint costs Check here I if following	20,102,000			002,000
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		l l		

Form **990** (2009)

ear 050. 1 097. 2 957. 3 767. 4	(B) End of year 550. 4,304,120. 2,953,785.
097. ₂ 957. ₃	4,304,120. 2,953,785.
957. з	2,953,785.
	2,953,785.
767. 4	
	221,823.
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8	
<u>498.</u> 9	135,923.
529 1 0c	6,733,693.
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12	
13	
14	
	299,760.
	14,649,654.
	839,352.
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21	
	2 445 126
	3,445,126.
	524,989.
	4,809,467.
170. 20	4,00,0,407.
014. 27	5,167,020.
	4,673,167.
	2/0.0/20.0
İ	
30	
	9,840,187.
	14,649,654.
	5. 6. 7. 8. 498. 9. 529. 10c 11. 12. 13. 14. 482. 15. 380. 16. 339. 17. 18. 19. 20. 21. 22. 077. 23. 24. 780. 25. 196. 26. 014. 27. 170. 28. 29. 30. 31. 32. 184. 33.

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of t	the organizati	ion						Ī	Employer ic	lentification	on num	ber
			FOR COMMUNIT						52	-0888	113	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this part) See inst	tructions				
The organ	ization is not a	a private foundation	because it is (For lines	1 through 1	11, check	only one b	ox)					
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(ı)).				
2 🗌	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	:hedule E)								
з 🔲	A hospital or	a cooperative hospi	tal service organization (described	n section	170(b)(1)((A)(iii).					
4	A medical res	search organization o	operated in conjunction	with a hos	pıtal desci	ribed in se	ction 170	(b)(1)(A)	iii). Enter th	e hospital'	s name	,
	city, and stat											
5 📖	An organizat	on operated for the	benefit of a college or u	niversity ov	wned or op	erated by	a governi	mental ui	nit described	nı t		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6 🖳	A federal, sta	ate, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7 X	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit c	r from th	e general pu	ublic descr	ribed in	
	section 170((b)(1)(A)(vi). (Comple	te Part II)									
8 🖳	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9 🔲	An organizat	on that normally rec	eives (1) more than 33 ⁻	1/3% of its	support f	rom contri	butions, n	nembersl	nip fees, and	l gross rec	eipts fr	om
	activities rela	ited to its exempt fur	nctions - subject to certa	aın excepti	ons, and (2	2) no more	than 33 1	/3% of r	ts support fr	om gross	ınvestm	ent
	income and i	unrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the org	janization af	ter June 30	0, 1975	i
	See section	509(a)(2). (Complete	Part III)									
10	-	= .	perated exclusively to te	-	-			•				
11	_		perated exclusively for the		-				•			•
			ations described in secti				?) See se o	ction 509	9(a)(3). Chec	k the box	that	
		_ _	organization and compl		-				. []			
	a Type			тур						Type III - C		
е 📖		•	it the organization is not		•							
		-	han one or more publicly	• • •	_			_	J9(a)(1) or se	ection 509	(a)(2)	
f	_		ten determination from	me ino ma	atitis a ty	ре і, туре	ii, or Type) 111				Γ
•		rganization, check th	organization accepted ar	ny aift or c	ontribution	from any	of the follo	OWIDG DE	reone?			
g	•		irectly controls, either a			-				Í	Yes	No
	• • •	=	upported organization?	.o	04101 41141	po.00.10 c		(, a	() 50.011,	11g(i)	103	110
	_		n described in (i) above?	•						11g(ii)		
		•	person described in (i)		e?					11g(iii)		
h	` '	•	about the supported or	• •						<u></u>		
		•	,,,		,							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did you	notify the		Is the	(vii) Am	nount of	
	anization	(", = ",	organization (described on lines 1-9	in col. (ı) lıs	sted in your	organizat	ion in col	organiza	tion in col. ized in the	sup		
3			above or IRC section	governing	document?	(i) of you	support?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	S.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
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Total				1	<u> </u>	<u> </u>	<u> </u>		<u> </u>			
LHA For I	Privacy Act ai	na Paperwork Redu	iction Act Notice, see t	ne Instruc	tions for			Sched	ule A (Form	990 or 99	ル-EZ) 2	2009

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009 CENTER FOR COMMUNITY CHANGE 52-0888113 Page 2

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)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	10 155 946.	12,830,963.	16,726,591.	13,859,432.	12,297,408.	65,870,340.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		İ				
	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 through 3	10,155,946.	12,830,963.	16,726,591.	13,859,432.	12,297,408.	65,870,340.
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)						23,274,307.
6	Public support. Subtract line 5 from line 4						42 596 033
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	10,155,946,	12,830,963.	16,726,591.	13,859,432.	12,297,408.	65,870,340.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	}					
	and income from similar sources	51,848.	47,627.	34,745.	31,620.	27.570.	193,410.
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	1					66,063,750.
	Gross receipts from related activities,	etc (see instruction	nne)			12 3	,782,945.
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	l V voar as a soction		, 102, 343.
	organization, check this box and stor	-	mot, scoond, trint	3, 1001til, 01 mili ta	A year as a section	1301(0)(3)	▶□
Sec			centage				<u> </u>
	ction C. Computation of Publ				· - · · · · · · · · · · · · · · · · · ·	1	CA 40
			vided by line 11, c	olumn (fl)	i	14	h4.48 %
14	Public support percentage for 2009 (line 6, column (f) di	•	olumn (f))		14	64.48 %
14 15	Public support percentage for 2009 (Public support percentage from 2008	line 6, column (f) dr 3 Schedule A, Part	II, line 14	,,,	4 is 33 1/3% or m	15	62.63 %
14 15	Public support percentage for 2009 (Public support percentage from 2008 33 1/3% support test - 2009. If the o	line 6, column (f) di 3 Schedule A, Part organization did not	II, line 14 check the box on	line 13, and line 1	4 is 33 1/3% or m	15	62.63 % and
14 15 16a	Public support percentage for 2009 (Public support percentage from 2008 33 1/3% support test - 2009. If the o stop here. The organization qualifies	line 6, column (f) di 3 Schedule A, Part organization did not as a publicly suppo	II, line 14 check the box on orted organization	line 13, and line 1		ore, check this bo	62.63 % x and
14 15 16a	Public support percentage for 2009 (Public support percentage from 2008 and 33 1/3% support test - 2009. If the organization qualifies and 33 1/3% support test - 2008. If the organization qualifies are support test - 2008.	line 6, column (f) di 3 Schedule A, Part organization did not as a publicly suppo organization did not	II, line 14 check the box on orted organization check a box on lii	line 13, and line 1		ore, check this bo	62.63 % x and
14 15 16a	Public support percentage for 2009 (Public support percentage from 2008 and 33 1/3% support test - 2009. If the control of the stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and stop here.	line 6, column (f) di 3 Schedule A, Part organization did not as a publicly suppo organization did not lifies as a publicly s	II, line 14 check the box on orted organization check a box on lii upported organiza	line 13, and line 1 ne 13 or 16a, and I	ine 15 is 33 1/3%	ore, check this bo	62.63 % x and X and x box
14 15 16a	Public support percentage for 2009 (Public support percentage from 2008 33 1/3% support test - 2009. If the organization qualifies 33 1/3% support test - 2008. If the organization qualifies and stop here. The organization qualifies 10% -facts-and-circumstances test	line 6, column (f) di 3 Schedule A, Part irganization did not as a publicly suppi irganization did not lifies as a publicly s t - 2009. If the orga	II, line 14 check the box on orted organization check a box on lii upported organization	line 13, and line 1 ne 13 or 16a, and I ation neck a box on line	ine 15 is 33 1/3% 13, 16a, or 16b, a	ore, check this boomer, check this or more, check thind line 14 is 10% of	62.63 % x and X as box por more,
14 15 16a	Public support percentage for 2009 (Public support percentage from 2008 33 1/3% support test - 2009. If the organization qualifies 33 1/3% support test - 2008. If the organization qualifies and stop here. The organization qualifies 10% -facts-and-circumstances test and if the organization meets the "fact	line 6, column (f) di 3 Schedule A, Part irganization did not as a publicly suppor irganization did not lifies as a publicly s t - 2009. If the orga cts and circumstance	II, line 14 check the box on orted organization check a box on lii upported organization inization did not check the	line 13, and line 14 ne 13 or 16a, and I ation neck a box on line its box and stop h	ine 15 is 33 1/3% 13, 16a, or 16b, a ere. Explain in Par	ore, check this boomer, check this or more, check thind line 14 is 10% of	62.63 % x and X as box por more,
14 15 16a b	Public support percentage for 2009 (Public support percentage from 2008 and 33 1/3% support test - 2009. If the constant of the stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the "facts-and-circumstances"	line 6, column (f) di 3 Schedule A, Part organization did not as a publicly supporganization did not lifies as a publicly s t - 2009. If the organization directory and concumstant test. The organizations	II, line 14 check the box on orted organization check a box on linupported organization did not ches" test, check the tion qualifies as a	line 13, and line 19 ne 13 or 16a, and I ation neck a box on line his box and stop his publicly supported	ine 15 is 33 1/3% 13, 16a, or 16b, a ere. Explain in Par organization	ore, check this boo or more, check thind line 14 is 10% of t IV how the organ	62.63 % x and X is box or more, iization
14 15 16a b	Public support percentage for 2009 (Public support percentage from 2008 and 33 1/3% support test - 2009. If the constant support test - 2008. If the constant	line 6, column (f) dis 3 Schedule A, Part organization did not as a publicly support organization did not lifies as a publicly s at - 2009. If the organization organization of the organi	II, line 14 check the box on orted organization check a box on linupported organization did not ches" test, check thion qualifies as a printing did not ches and the check the c	line 13, and line 1 ne 13 or 16a, and l ation neck a box on line his box and stop hi publicly supported neck a box on line	ine 15 is 33 1/3% 13, 16a, or 16b, a ere. Explain in Par organization 13, 16a, 16b, or 1	ore, check this boomer, check this or more, check thind line 14 is 10% of IV how the organization, and line 15 is 1	62.63 % x and X is box or more, nization 10% or
14 15 16a b	Public support percentage for 2009 (Public support percentage from 2008 and 33 1/3% support test - 2009. If the original stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the "facts-and-circumstances" and if the organization meets the "facts-and-circumstances test more, and if the organization meets the state of the organization meets the state o	line 6, column (f) di 3 Schedule A, Part organization did not as a publicly support organization did not lifies as a publicly so ot - 2009. If the organization test The organization test The organization test and circumstance test The organization	II, line 14 check the box on orted organization check a box on liupported organization did not checs" test, check that on qualifies as a parity and and the check that on the check that of the	line 13, and line 1 ne 13 or 16a, and I ation neck a box on line his box and stop hi publicly supported neck a box on line neck this box and s	ine 15 is 33 1/3% 13, 16a, or 16b, a ere. Explain in Par organization 13, 16a, 16b, or 1 stop here. Explain	ore, check this boomer, check this or more, check this and line 14 is 10% of IV how the organization Part IV how the	62.63 % x and X is box or more, nization 10% or
14 15 16a b 17a	Public support percentage for 2009 (Public support percentage from 2008 and 33 1/3% support test - 2009. If the constant support test - 2008. If the constant	line 6, column (f) di 3 Schedule A, Part organization did not as a publicly support organization did not lifies as a publicly so ot - 2009. If the organization test The organization test The organization of the "facts and circuit cumstances" test	II, line 14 check the box on orted organization check a box on linupported organization did not closes" test, check this qualifies as a purization did not closestances" test, chrostances test, chroganization did not closestances est.	line 13, and line 14 ation neck a box on line as box and stop he publicly supported neck a box on line neck this box and s qualifies as a public	ine 15 is 33 1/3% 13, 16a, or 16b, a ere. Explain in Par organization 13, 16a, 16b, or 1 stop here. Explain cly supported orga	ore, check this box or more, check thind line 14 is 10% of t IV how the organization Part IV how the inization	62.63 % x and X as box or more, alization 10% or

	t III Support Schedule for C	Organizations	Described in	Section 509(a	(Complete only	ıf you	checked the b	ox on line 9 of Part I
Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008		(e) 2009	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants ")					<u> </u>		
	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		ļ					
	are not an unrelated trade or bus-							
	iness under section 513					-		
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities				1			
	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and					I		
	3 received from disqualified persons			ļ				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6)				<u>]</u>			
Sec	tion B. Total Support							·
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008		(e) 2009	(f) Total
-	Amounts from line 6 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					1		
	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)			<u> </u>				
14	First five years. If the Form 990 is fo	r the organization	's first, second, th	ird, fourth, or fifth t	tax year as a secti	on 50	1(c)(3) organı	zation,
	check this box and stop here							<u> </u>
Sec	tion C. Computation of Publ	ic Support Pe	ercentage				,	
15	Public support percentage for 2009 (line 8, column (f) o	divided by line 13,	column (f))		15		9
	Public support percentage from 2008 tion D. Computation of Inve					16	<u> </u>	9
17	Investment income percentage for 20	12				17		9,
18	Investment income percentage from	•	• •	,		18		9
	33 1/3% support tests - 2009. If the			on line 14, and lin	e 15 is more than		3%, and line	
.56	more than 33 1/3%, check this box a						,	▶ [
		•			_		an 33 1/3%	and
F	33 1/3% Support tests - 2008 II III				,			
t	33 1/3% support tests - 2008. If the line 18 is not more than 33 1/3%, chi	-			as a publicly supp	orted	organization	▶ □
	line 18 is not more than 33 1/3%, chi Private foundation. If the organization	eck this box and s	top here. The org	anızatıon qualıfıes			_	▶ □

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under Section 50 I(c) and Section 527

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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) organiza 	ations Complete Part III			
Name of organization			E	mployer identification number
	FOR COMMUNITY CHAI			52-0888113
Part I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 52	7 organization.
1 Provide a description of the organi	zation's direct and indirect political	campaign activities	s in Part IV	
2 Political expenditures)	> \$
3 Volunteer hours				
Part I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1 Enter the amount of any excise tax	cincurred by the organization under	section 4955	•	> \$
2 Enter the amount of any excise tax	cincurred by organization managers	under section 495	55	►\$
3 If the organization incurred a section	on 4955 tax, did it file Form 4720 foi	r this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the or	ganization is exempt under	section 501(c), except section 5	01(c)(3).
 Enter the amount directly expende 	ed by the filing organization for section	on 527 exempt fun	ction activities	> \$
2 Enter the amount of the filing organ	nization's funds contributed to othe	r organizations for	section 527	
exempt function activities)	> \$
3 Total exempt function expenditure	s Add lines 1 and 2 Enter here and	on Form 1120-PO		
line 17b)	\$
4 Did the filing organization file Form	1120-POL for this year?			└─ Yes └─ No
	mployer identification number (EIN)	•	•	, ,
•	the amount paid from the filing orga			
	livered to a separate political organi	zation, such as a s	eparate segregated fund	or a political action committee
(PAC) If additional space is neede	d, provide information in Part IV		- 	
(a) Name	(b) Address	(c) EIN	(d) Amount paid fro	1 * * .
			filing organization's funds If none, enter	
			lunus il lione, enter	delivered to a separate
				political organization
				If none, enter -0
	<u> </u>			
				
	<u> </u>			

932041 02-04-10

LHA

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990·EZ) 2009	CENTER FO	OR COMMUNITY	CHANGE	52-0	888113 Page 2
Part II-A	Complete if the org (election under sec		empt under section	on 501(c)(3) and fil	ed Form 5768	
A Check ▶			affiliated group			
B Check ▶		•	and "limited control" pr	ovisions apply		
	Limit	ts on Lobbying Ex			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lo	bbying expenditures to influ	ience public opinio	n (grass roots lobbying)		57,548.	
	obbying expenditures to influ	•			26,341.	
	obbying expenditures (add lii	-	, , , , , , , , , , , , , , , , , , , ,		83,889.	
	exempt purpose expenditure	, es			15274831.	
	xempt purpose expenditure		1d)		15358720.	
f Lobbyi	ing nontaxable amount Ente	er the amount from	the following table in bo	th columns	917,936.	
If the a	mount on line 1e, column (a) o	r (b) is: The	obbying nontaxable an	nount is:		
	er \$500,000		of the amount on line 1e	,		
Over \$	500,000 but not over \$1,000),000 \$100	,000 plus 15% of the ex	cess over \$500,000		
Over \$	1,000,000 but not over \$1,5	00,000 \$175	,000 plus 10% of the ex	cess over \$1,000,000		
Over \$	1,500,000 but not over \$17,	000,000 \$225	,000 plus 5% of the exc	ess over \$1,500,000		
Over \$	17,000,000	\$1,00	00,000			
		· · · · · · · · · · · · · · · · · · ·				
g Grassr	oots nontaxable amount (en	ter 25% of line 1f)			229,484.	
h Subtra	ct line 1g from line 1a If zero	o or less, enter -0-			0.	
i Subtra	ct line 1f from line 1c If zero	or less, enter -0-			0.	
j If there	e is an amount other than ze	ro on either line 1h	or line 1i, did the organiz	zation file Form 4720	_	
reporti	ng section 4911 tax for this	year?		 		Yes No
		ations that made	Averaging Period Under a section 501(h) election the instructions for lin	n do not have to comp		
		Lobbying Ex	penditures During 4-Ye	ar Averaging Period		
	Calendar year cal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobby	ing nontaxable amount	795,53	931,174	804,611.	917,936.	3,449,257.
b Lobby	ing ceiling amount					
(150%	of line 2a, column(e))				<u> </u>	5,173,886.
c_Total k	obbying expenditures	87,03	7. 64,276	68,735.	83,889.	303,937.
	oots nontaxable amount	198,88	232,794	201,153.	229,484.	862,315
	oots ceiling amount of line 2d, column (e))					1,293,473.

Schedule C (Form 990 or 990-EZ) 2009

33,631.

f Grassroots lobbying expenditures

23,496.

Schedule C (Form 990 or 990 EZ) 2009 CENTER FOR COMMUNITY CHANGE 52-0888113 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a	1)	(t	p)
	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of				
a Volunteers?	_			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV			· · · · · · · · · · · · · · · · · · ·	
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 (c)(4).	on 501(c)	(5), or se	ction	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		3_		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)(c)(6)(c)(6)(c)(6)(c)(6)(c)(6)(c)(6				
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa	irt III-A, lii	ne 3 is a	nswered	
"Yes."				
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a	nd Part II-B,	line 1ı Also	, complete	this part
or any additional information				
		_		
		-		· · · · · · · · · · · · · · · · · · ·
			-	
	Schedu	le C./Form	990 or 990	1-FZ) 2004

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

-	CENTER FOR COMMUNIT		52-0888113
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 v	writing that the assets hold in donor advi	and funds
3	•	•	
_	are the organization's property, subject to the organization's	•	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a	• •	•
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	
Da	impermissible private benefit?		Yes No
Pai			Part IV, line 7
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (e.g., recreation or p	leasure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	' '	2d
3	Number of conservation easements modified, transferred, rel		<u> </u>
·	year ▶	odeou, oxungulariou, or torrimated by tri	to organization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
3			Yes No
	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	()
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIV, describe how the organization reports conservati	· ·	,
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
Da	conservation easements	A A I I i a a a a a a a a a a a a a a a a a	NI - 0: 1 - 1 - 1
Pai	organizations Maintaining Collections or	•	otner 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, no	t to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these i	tems -	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balai	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, o	r research in furtherance of public service	e, provide the following amounts relating to
	these items		, p
	(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 tre	acures or other similar assets for financia	
2		•	argain, provide
	the following amounts required to be reported under SFAS 1	to relating to these items	. .
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		▶ \$

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Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 CENTER FOR Part VII Investments - Other Securities.	COMMUNITY CHANGE	52-08881	13 Page 3
	See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
			
			
			
		T 100	
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) becomplied of investment type	(b) Book value	Cost or end-of-year market value	
			
· · · · · · · · · · · · · · · · · · ·			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	<u> </u>		
Part IX Other Assets. See Form 990, Part X, Iir			
	a) Description	(b) Bo	ok value
			
Total. (Column (b) must equal Form 990, Part X, col (B) li	no 15)		
Part X Other Liabilities. See Form 990, Part 3	Y line 25		
1 (a) Description of liability	(b) An	pount	
	(0) (1)	lount	
Federal income taxes		6 080	-
CAPITAL LEASE OBLIGATION		6,989.	
LINE OF CREDIT	50	8,000.	
Total. (Column (b) must equal Form 990, Part X, col (B) li	ne 25) 5 2	4,989.	
2. FIN 48 Footnote In Part XIV, provide the text of the fo			liability for
uncertain tax positions under FIN 48	somete to the organization's illiance	ar statements that reports the organization's	naumry 10f
932053 02-01-10		Schedule D (Fo	rm 990) 2009

Sche	t XI Reconciliation of Change in Net Assets from Form 990 to A		nial State		0888113	Page 4
		Audited Final		enien		070
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		13,394	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		15,704	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		<u>-2,310,</u>	576.
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 through 8		9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		-2,310	<u>.576.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts With Reve	nue per F	Returi		
1	Total revenue, gains, and other support per audited financial statements			1_1_	13,818	<u>,571.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	2a			l	
b	Donated services and use of facilities	2b	900.	1		
С	Recoveries of prior year grants	2c		1		
d	Other (Describe in Part XIV)	2d 7'	70,426.	<u>.</u>		
е	Add lines 2a through 2d			2e		<u>,326.</u>
3	Subtract line 2e from line 1			3_	13,047	<u>,245.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]		
b	Other (Describe in Part XIV)	4b 34	46,834.			
С	Add lines 4a and 4b			4c	346	,834.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5_	13,394	,079.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Exp	enses pei	· Retu	irn	
1	Total expenses and losses per audited financial statements			1_	15,773	,721.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	_{2a}	900	.		
b	Prior year adjustments	2b		7		
С	Other losses	2c		7		
d	Other (Describe in Part XIV)		68,166.	.]		
е	Add lines 2a through 2d			2e	69	,066.
3	Subtract line 2e from line 1			3	15,704	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1		
ь	Other (Describe in Part XIV)	4b		7		
	Add lines 4a and 4b			4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	15,704	
Pa	t XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	, lines 1a and 4, F	art IV, lines	lb and	2b, Part V, line	4, Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also compl					•
PAI	RT X: IN JUNE 2006, THE FINANCIAL ACCOUNTIN	IG STANDA	RDS BOA	ARD		
<u>(F</u>	ASB) RELEASED FASB ASC 740-10, INCOME TAXES	S, THAT P	ROVIDES	G GU	IDANCE I	FOR
RE	PORTING UNCERTAINTY IN INCOME TAXES, FOR TH	E YEARS	ENDED S	SEPT	EMBER 3	0,
20	10 AND 2009, THE CENTER HAS DOCUMENTED ITS	CONSIDER	ATION (OF F	ASB ASC	
74	0-10 AND DETERMINED THAT NO MATERIAL UNCERT	TAIN TAX	POSITIO	ONS	QUALIFY	FOR
ET	THER RECOGNITION OR DISCLOSURE IN THE COMBI	NED FINA	NCIAL S	TAT	EMENTS.	
<u></u>			<u></u>	<u></u>		
						

Schedule D (Form 990) 2009 CENTER FOR COMMUNITY CHANGE 52-0888113 Page 5 Part XIV Supplemental Information (continued)
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUND FOR THE CENTER FOR COMMUNITY CHANGE REVEUE REPORTED ON THE
CONSOLIDATED FINANCIAL STATEMENTS. \$770,426
PART XII, LINE 4B - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES INCLUDED AS EXPENSE ON THE FINANCIAL STATEMENTS AND
NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 8C. \$-68,066
TRANSFER OF FUNDS FROM THE FUND FOR THE CENTER FOR COMMUNITY CHANGE TO
CCC, ELIMINATED ON THE CONSOLIDATED FINANCIAL STATEMENTS AND INCLUDED IN
REVENUE ON CCC'S FORM 990. \$415,000
PART XIII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES INCLUDED AS EXPENSE ON THE FINANCIAL STATEMENTS AND
NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 8C. \$-68,066

932055 02-01-10

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2009

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

Name of the organization							ntification number
For all and a factors Annals and a second	OR COMMUNITY CHAN					<u> 52-0888</u>	
Part I required to complete this part	Complete if the organization answe	ered "Y	'es" to	Form 990, Part IV, I	line 17	Form 990-EZ	filers are not
1 Indicate whether the organization raise	d funds through any of the following	ng acti	vities	Check all that apply			
a Mail solicitations	e Solicitat	tion of	non-g	overnment grants			
b Internet and email solicitations	f Solicitat	tion of	gover	nment grants			
c Phone solicitations	g Special	fundra	ıısıng ı	events			
d In-person solicitations							
2 a Did the organization have a written or							
key employees listed in Form 990, Pai						└── Yes	
b If "Yes," list the ten highest paid indiv		uant to	agre	ements under which	the fur	idraiser is to l	be
compensated at least \$5,000 by the c	organization						
(i) Name of ındıvıdual or entity (fundraiser)	(ii) Activity	fundr have con contribu	ustody trol of	(iv) Gross receipts from activity	to (or	mount paid retained by) ndraiser d in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		-					
Total	_						
3 List all states in which the organization) is registered or licensed to solicit	funds	or has	been notified it is ex	kempt f	rom registrati	on or licensing
	, and the second				•		.

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

Schedule G (Form 990 or 990-EZ) 2009

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events COMMUNITY NONE (add col (a) through CHANGE CHAMP col (c)) (event type) (event type) (total number) Revenue 91,335 91,335. Gross receipts 86,750 86,750. Less Charitable contributions 4,585 4,585. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Expenses 18,285 18,285. Rent/facility costs 6 13,475. 13,475 Food and beverages 7 4,500. 4,500. Entertainment 31,906. 31,906. Other direct expenses 68,166; 10 Direct expense summary Add lines 4 through 9 in column (d) -63,581. 11 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue Cash prizes Expenses Noncash prizes 3 Direct Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Sch	edule G (Form 990 or 990-EZ) 2009 CENTER FOR COMMUNITY CHANGE 52-088	811	3 P	age 3
a b	Indicate the percentage of gaming activity operated in The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records.	⊣ i	Yes	No
	Name Address			
b	Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party Name ▶	<u>15a</u>		
16	Address Gaming manager information Name			
	Gaming manager compensation ▶ \$ Description of services provided ▶			
	Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
t	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	1/8		

46. **2** Schedule I (Form 990) 2009 Employer identification number 52-0888113 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant DEVELOP GRASSROOTS or assistance X Yes EMOCRACY SCHOOL 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 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any BLACK SPACE ORGANIZING AP GRANT CAP GRANT EADERS 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 이 0 0 0 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. (d) Amount of cash grant 17,000, 18,000 20,000 10,000 15,000 10,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable CHANGE 501(C)(3) 501(C)(3) 501(C)(3) 26-1470308 |501(C)(3) Enter total number of section 501(c)(3) and government organizations 501(C)(3) 501(C)(3) COMMUNITY 23-7082108 77-0026968 77-0337939 74-2493012 20-4735643 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? CENTER FOR Enter total number of other organizations CENTRAL VALLEY CHILDREN'S SERVICES 1 (a) Name and address of organization 744 N ABBY ST - FRESNO, CA 93701 BORDER NETWORK FOR HUMAN RIGHTS 277 EAST LEXINGTON AVE, SUITE A DESARROLLO INDIGENA OAXAQUENO -SUITE 1402 NETWORK - 1911 NORTH HELM AVE CHICAGO WORKERS COLLABORATIVE CENTRO BINACIONAL PARA ETL CENTER FOR SOCIAL ADVOCACY or government 719 STATE ST, SUITE 3N CHICAGO FREEDOM SCHOOL 77 W WASHINGTON ST, Name of the organization EL CAJON, CA 92020 EL PASO, TX 79930 CHICAGO IL 60605 CHICAGO, IL 60602 FRESNO CA 93727 Department of the Treasury 2115 N PIEDRAS Internal Revenue Service SCHEDULE (Form 990) Part 2 De Part II N

Page 2 (f) Description of non-cash assistance 52-0888113 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed RESTRICTED GRANTS ARE APPLIED TO THE APPROPRIATE PROJECT(S) AS INDICATED IN Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information GRANTS ARE RECORDED ACCORDINGLY MONTHLY FINANCIAL REVIEW OF PROJECTS AND (3) FINANCIAL REPORTS TO FUNDERS TO ENSURE COMPLIANCE OF AWARD TERMS AND CONDITIONS, CAREFULLY REVIEWED; THE EXECUTIVE DIRECTOR AND/OR MANAGING DIRECTOR HAVE AND EXECUTIVE STAFF (2) THE PROGRESS OF FUNDED ACTIVITIES ARE MONITORED THROUGH: (1) REGULAR 2: TERMS AND CONDITIONS OF GRANT AWARD ARE (d) Amount of non-cash assistance (c) Amount of cash grant MANAGEMENT, DEVELOPMENT, CENTER FOR COMMUNITY CHANGE (b) Number of recipients THE FINAL AUTHORITY TO ACCEPT THE AWARD. (a) Type of grant or assistance LINE MEETINGS WITH PROGRAM, THE GRANT AGREEMENT. PART I, Schedule I (Form 990) 2009 SCHEDULE Part III

Schedule I (Form 990) 2009

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932102 02-02-10

Schedule I-1 (Form 990) 2009 OMB No 1545-0047 Open to Public (h) Purpose of grant or assistance Inspection **Employer identification number** DPERATING SUPPORT EMOCRACY SCHOOL DEMOCRACY SCHOOL 52-0888113 BLACK SPACE IMMIGRATION CAP GRANT AP GRANT AP GRANT (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990) ٥. ٥. (e) Amount of non-cash Ö Ö Ö Ö Ö o. assistance (d) Amount of cash grant 17,000, 10,000 267,056, 14,000 20,000 14,000 20,000, 10,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable CHANGE 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 75-3031939 501(C)(3) 501(C)(3) COMMUNITY 95-4421521 26-4680984 32-0154043 95-3510046 94-2902756 84-1599036 85-0473384 (p) EIN FOR 1120 CONNECTICUT AVE, NW, SUITE 313 RIGHTS OF LOS ANGELES - 2533 WEST EL CENTRO DE IGUALDAD Y DERECHOS 125 PASEO DE LA PLAZA, SUITE 101 3RD ST, SUITE 101 - LOS ANGELES 5110 GOLDLEAF CIRCLE, SUITE 150 CENTER CHICO PEACE AND JUSTICE CENTER COALITION FOR HUMANE IMMIGRANT (a) Name and address of organization or government COALITION - 3131 W 14TH AVE COLORADO IMMIGRANT RIGHTS COALITION ON HUMAN NEEDS LOS ANGELES, CA 90012 ALBURQUEQUE, NM 87102 EMPOWER HAMPTON ROADS LOS ANGELES, CA 90056 WASHINGTON, DC 20036 Name of the organization 1701 BROADWAY, SE NORFOLK, VA 23518 DENVER CO 80204 Department of the Treasury Internal Revenue Service 526 BROADWAY ST CHICO, CA 95928 CRYSTAL STAIRS PO BOX 14063 SCHEDULE 1-1 (Form 990) CA 90057 Part i COFEM

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 Schedule I (Form 990), Part III or Part III.

OMB No. 1545-0047
2009
Open to Public

Open to Pull Inspection

Schedule 1-1 (Form 990) 2009 (h) Purpose of grant or assistance **Employer identification number** INTERNSHIP PROGRAM GENERATION CHANGE OPERATING SUPPORT MARCH FOR AMERICA 52-0888113 IMMIGRATION ORGANIZING CAP GRANT SLECTORAL CAP GRANT (g) Description of non-cash assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) Ö o Ö (e) Amount of non-cash assistance 0 o Ö Ö (d) Amount of cash grant 12,000 20,000 60,000 14,000 175,832 200,000 10,000 12,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable CENTER FOR COMMUNITY CHANGE 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 95-3879699 82-0357348 58-1945776 95-4095091 36-3783557 52-1846313 20-2123833 42-1110721 (p) EIN 689 MASSACHUSETTS AVE, 2ND FLOOR IDAHO COMMUNITY ACTION NETWORK 1551 WOODBRIDGE LAKES CIRCLE 55 E. JACKSON ST, SUITE 2075 (a) Name and address of organization or government FLORIDA IMMIGRANT COALITION 4938 CENTRAL AVE, SUITE 101 WEST PALM BEACH, FL 33406 GRASSROOTS POLICY PROJECT LATIN AMERICAN COALITION SAN BERNARDINO, CA 92410 KOREAN RESOURCE CENTER LOS ANGELES, CA 90019 DES MOINES, IA 50311 CAMBRIDGE MA 02139 900 S CRENSHAW BLVD CHARLOTTE, NC 28205 972 N MT VERNON AVE LIBRERIA DEL PUEBLO Name of the organization CHICAGO, IL 60605 2001 FOREST AVE BOISE, ID 83703 3450 HILL ROAD IOWA CCI ICIRR

35

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 Open to Public

Inspection

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance Employer identification number BUILDING CAPACITY DEMOCRACY SCHOOL 52-0888113 SLACK SPACE RGANIZING CAP GRANT LECTORAL CAP GRANT IROP (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) appraisal, other) (f) Method of valuation (book, FMV, ö Ö Ö 0 (e) Amount of non-cash assistance 5,000. (d) Amount of cash grant 000'09 10,000 20 000 7,000 30,000 45,000 22,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable CENTER FOR COMMUNITY CHANGE 91-1635554 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 94-2605281 38-3058190 36-4231285 94-3348126 11-3303986 26-2142466 22-3665469 (p) EIN COLLABORATIVE - 201 E COMMERCE ST, NORTHWEST FEDERATION OF COMMUNITY SUITE 137 - YOUNGSTOWN, OH 44503 ORGANIZATIONS - 1265 S MAIN ST, SUITE 305 - SEATTLE, WA 98144 (a) Name and address of organization or government 350 S BURDICK ST, SUITE 310 555 NORTHGATE DR, SUITE 105 MICHIGAN ORGANIZING PROJECT MAHONING VALLEY ORGANIZING MARIN CHILD CARE COUNCIL WEST CALDWELL, NJ 07006 LOS ANGELES, CA 90019 SAN LEANDRO, CA 94577 SAN RAFAEL, CA 94903 KALAMAZOO MI 49503 Name of the organization 900 CRENSHAW BLVD IL 60637 950 EAST 61ST ST 1818 FAIRWAY DR 5 BOND PLACE NEW LABOR LIFETIME CHICAGO, NAKASEC Part I MAGIC

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Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 Open to Public

(h) Purpose of grant or assistance Inspection Employer Identification number DEVELOP GRASSROOTS MONTANA ORGANIZING ECONOMIC JUSTICE DEMOCRACY SCHOOL IMMIGRATION AND 52-0888113 BAOP PLANNING DRGANIZING RGANIZING CAP GRANT EADERS (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, Ö Ö o. Ö Ö 0 Ö (e) Amount of assistance non-cash (d) Amount of cash grant 75,000. 14,000 10,000 20,000 33,000 100,000 35,500 20,000 (c) IRC section if applicable CHANGE 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 77-0487468 501(C)(3) 501(C)(3) COMMUNITY 87-0766022 26-2215714 20-0384893 20-3558447 84-1599036 59-3796433 81-0397037 (p) EIN CENTER FOR CIRCLE # 103 - SAN JOSE, CA 95112 HOUSING - 271 GRANT ST - BUFFALO, RURAL EMPLOYMENT OPPORTUNITIES PEOPLE UNITED FOR SUSTAINABLE EDUCATION NETWORK - 1425 KOLL SUITE 2310 44 MONTGOMERY ST, SUITE 2310 SERVICES, IMMIGRANT RIGHTS & (a) Name and address of organization or government 114 EAST HALEY ST, SUITE E SAN FRANCISCO, CA 94104 SANTA BARBARA, CA 93101 PUEBLO EDUCATION FUND RIGHTS FOR ALL PEOPLE 318 LAST CHANCE GULCH POWERPAC FOUNDATIONS WASHINGTON, DC 20001 Name of the organization 614 S. STREET, NW SEATTLE, WA 98144 1225 S WELLER ST. HELENA, MT 59624 DENVER CO 80204 3131 W 14TH AVE ONEAMERICA NY 14213 Part I ONE DC

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

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Schedule I-1 (Form 990) 2009

SCHEDULE 1-1 (Form 990) Department of the Trassury		Continua® ▼ Attach to For	Continuation Sheet for Schedule I (Form 990) ► Attach to Form 990 to list additional information for Schedule I (Form 990). Part II or Part III.	edule I (Form 990 tional information art II or Part III.) of for		OMB No. 1545-0047 2009 Open to Public
Name of the organization	VIII THE OWNER OF THE OWNER OWNER OF THE OWNER	MAHO				Employe 5	Employer identification number
Part Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	izations in the Ur	ited States (Sche	dule I (Form 990), Pa		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
SOMOS UN PUEBLO UNIDO 1205 PARKWAY DR STE B SANTE FE, NM 87507	20-4216836	501(C)(3)	15,000.	.0			IMMIGRATION
SUNFLOWER COMMUNITY ACTION 1528 BROADWAY WICHITA, KS 67214	48-1126805	501(C)(3)	10,000.	.0			DEMOCRACY SCHOOL
THUNDER VALLEY CDC PO BOX 290 PORCUPINE, SD 57772	20-8090454	501(C)(3)	40,000.	0			. NATIVE CONSTITUENCY
TIDES FOUNDATION 1014 TORNEY AVE SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	300,000	,0			IMMIGRATION REFORM
URBAN EPICENTER 2761 JUDY BRANCH RD MCEWEN, IN 37101	75-3256037	501(C)(3)	20,000.	0			ORGANIZING
USSA FOUNDATION 1211 CONNECTICUT AVE, NW, SUITE 406 WASHINGTON, DC 20036	52-0823351	501(C)(3)	40,000.	0			ECONOMIC JUSTICE
VOCES DE LA FRONTERA 1027 S 5TH ST MILWAUXEE, WI 53204	39-2010107	501(C)(3)	10,000.	0			DEMOCRACY SCHOOL
WASHINGTON INTERFAITH NETWORK 1226 VERMONT AVE, NW WASHINGTON, DC 20005 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instr	52-1956696 uction Act Notice	501(C)(3)	25,000. uctions for Form 990.	0			VOICES Schedule I-1 (Form 990) 2009

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public

Name of the organization

CENTER FOR COMMUNITY CHANGE

Employer identification number

52-0888113

Part I **Questions Regarding Compensation** Yes No 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 First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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? 2 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 Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? Х 4c If "Yes" to any of lines 4a c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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? X 5a b Any related organization? Х 5b If "Yes" to line 5a or 5b, describe in Part III 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? 6a b Any related organization? X 6b 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 X 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 X 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Schedule J (Form 990) 2009

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	0	(a)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(I)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
DEFORK BUADCAVA	≘ 3	170,251.	000	00	13,620.	10,152.	194,023.	000
DEEFAN BIIANGAYA	Ξ	139,44	0	0	12,648.	1,098.	153,193.	0
MARY M. LASSEN	3	0.	0.	0	0	0	0	0
	Ξ							
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Schedule J (Form 990) 2009

Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990)

Supplemental Information on Tax-Exempt Bonds

Inspection

OMB No 1545-0047 2009 Open to Public

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).
 Attach to Form 990. See separate instructions.

Employer identification number (h) On behalf Š of issuer × ٥ Yes 52-088811 (g) Defeased Yes ŝ × Yes ŝ (f) Description of purpose ۵ Yes Q PURCHASE 4000000.BUILDING ŝ O Yes (e) Issue price ŝ Ω (d) Date issued 08/20/04 Yes 4,000,000 332,550 4,000,000 ≗× 2005 × (c) CUSIP# COMMUNITY CHANGE Yes 54-1071198N/A × × (b) Issuer EIN Does the organization maintain adequate books and records Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding Has the final allocation of proceeds been made? Proceeds in refunding or defeasance escrows CENTER FOR Working capital expenditures from proceeds to support the final allocation of proceeds? COLUMBIA Capital expenditures from proceeds Gross proceeds in reserve funds Issuance costs from proceeds Year of substantial completion (a) Issuer name Other unspent proceeds Total proceeds of issue QF. Name of the organization Bond Issues A DISTRICT Proceeds Part II Part I 5 9 8 6 4 11 က 9 5 ω O ۵

932121 02-03-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Fd柏 990.

Are there any lease arrangements with respect to the financed

property which may result in private business use?

Schedule K (Form 990) 2009

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Yes

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Yes

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Yes

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Yes

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Yes

Was the organization a partner in a partnership, or a member

Part III Private Business Use

of an LLC, which owned property financed by tax-exempt

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	Schedule K (Form 990) 2009 CENTER FOR COMMUNITY Part III Private Business Use (Continued)		CHANGE	:		52-	52-0888113				Page 2
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the frances properly which may read the premise business X X X X X X X X X X X X X X X X X X			No			Yes		Yes	Š	Yes	N _S
retures any research agreements with respect to the branes use? It was the counted forecast any reasonable in a provide parameter of control for cover any reasonable in a provide property used in a provide in a p			×								
one the organization routinely engage bond counsel or minimal and the control of services or many analyses pond counsel or minimal and the minimal of the mi			×								
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(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

CENTER FOR COMMUNITY CHANGE

Employer identification number 52-0888113

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
INITIATIVE TO ADDRESS THE LACK OF ELECTORAL PARTICIPATION BY LOW-INCOME
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 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
CATEGORY IS GENERATION CHANGE, A PROJECT THAT IDENTIFIES, RECRUITS, AND
TRAINS RISING COMMUNITY LEADERS AND GRASSROOTS ORGANIZERS THROUGH A
SUMMER INTERNSHIP, YEAR LONG MENTORSHIP, AND YEAR LONG FELLOWSHIP
PROGRAM. THIS PROGRAM MATCHES COMMUNITY ORGANIZATIONS AND EXPERIENCED
ORGANIZERS WITH NEW AND EMERGING LEADERS TO DEVELOP THEIR SKILLS AND
MAINTAIN THEIR INTEREST AND SUCCESS IN ORGANIZING.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ECONOMIC JUSTICE - THE HEALTH RIGHTS ORGANIZING PROJECT BRINGS TOGETHER
ORGANIZATIONS FROM THE COMMUNITY ORGANIZING FIELD THAT ARE WORKING FOR
EITHER LOCAL IMPROVEMENTS IN HEALTH CARE DELIVERY, STATE HEALTH CARE
INSURANCE PROGRAMS, OR FEDERAL EFFORTS TO EXPAND COVERAGE. THE
LOW-WAGE WORK TEAM CURRENTLY IS PURSUING THREE INTERRELATED STRATEGIES
TO ORGANIZING AND EMPOWERING LOW-WAGE WORKERS. THE STORED VALUE CARD
PROJECT IS DESIGNED TO IMPROVE ECONOMIC CONDITIONS FOR LOW-WAGE WORKERS
AND THE WORKER CENTERS BY PROVIDING AFFORDABLE RELIABLE FINANCIAL
SERVICES THROUGH THE SVC AND INCREASING LOW-WAGE WORKERS' FINANCIAL

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932211 02-03-10 Schedule O (Form 990) 2009

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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2009
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CENTER FOR COMMUNITY CHANGE

Employer identification number 52-0888113

LITERACY THROUGH TRAINING CONDUCTED BY THE WORKER CENTERS. THE HOUSING TRUST FUND PROJECT (HTF) IS A TECHNICAL ASSISTANCE PROGRAM THAT HELPS ORGANIZATIONS DEVELOP AND IMPLEMENT HOUSING TRUST FUND CAMPAIGNS. THE HTF PROGRAM PROVIDES ON-SITE TRAINING, STRATEGY DEVELOPMENT LEGISLATIVE AND CAMPAIGN MODELS, PUBLIC SPEAKING/TESTIMONY EXPOSURE AND CONNECTS GROUPS WITH LARGE NETWORKS AND COALITIONS OF ORGANIZATIONS WORKING ON HOUSING ISSUES. EXPENSES \$ 1166395. INCLUDING GRANTS OF \$ 120241. REVENUE \$ 112227. SPECIAL PROJECTS - SPECIAL PROJECTS OF THE CENTER OF COMMUNITY CHANGE INCLUDE THE MOVEMENT VISION LAB, COALITION ON HUMAN NEEDS, CALIFORNIA PARTNERSHIP, YOUNG INVINCIBLES, AND THE LINCHPIN PROJECT. THE MOVEMENT VISION LAB (MVL) SUPPORTS GRASSROOTS ORGANIZERS AND LEADERS TO SHARE AND DEBATE VISIONARY IDEAS AND SOLUTIONS FOR THE MOVEMENT VISION LAB, A GROUNDBREAKING ONLINE COMMUNITY FOR GRASSROOTS ORGANIZERS AND OTHERS WHICH WILL INCLUDE A SEARCHABLE DATABASE OF ALTERNATIVE SOLUTIONS AND A BLOG WHERE ORGANIZERS DISCUSS THE COALITION ON HUMAN NEEDS (CHN) IS AN THEIR IDEAS FOR THE FUTURE. ALLIANCE OF ORGANIZATIONS WORKING TOGETHER TO PROMOTE FEDERAL POLICIES THAT ADDRESS THE NEEDS OF LOW-INCOME AND OTHER VULNERABLE POPULATIONS. THE COALITION'S MEMBERS INCLUDE ADVOCATES FOR YOUNG AND OLD, GROUPS CONCERNED WITH HOUSING HEALTH CARE, EDUCATION, CIVIL RIGHTS, AND DISABILITIES, RESEARCH AND POLICY PROFESSIONAL'S SERVICE PROVIDERS, AND LABOR AND RELIGIOUS ORGANIZATIONS. THE CALIFORNIA PARTNERSHIP IS A STATEWIDE COALITION OF COMMUNITY BASED ORGANIZATIONS THAT FIGHTS POVERTY IN CALIFORNIA BY ORGANIZING AND ADVOCATING AT THE LOCAL. STATE LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009 932211 02-03-10

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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AND DOES

Schedule O (Form 990) 2009

Name of the organization

CENTER FOR COMMUNITY CHANGE

Employer identification number 52-0888113

AND NATIONAL LEVELS FOR APPROPRIATE PROGRAMS AND POLICIES. THE YOUNG INVINCIBLES PROJECT SEEKS TO BRING THE VOICES OF YOUNG AMERICAN'S FORWARD IN THE COMPREHENSIVE HEALTHCARE DEBATE. THE LINCHPIN CAMPAIGN ASSISTS COMMUNITY ORGANIZING GROUPS IN COMMUNICATING THE IMPACT OF ORGANIZING EFFECTIVELY AND BROADENS THE AUDIENCE OF DONORS AND FUNDERS INTERESTED IN ORGANIZING. INCLUDING GRANTS OF \$ 452693. EXPENSES \$ 1361969. **REVENUE \$ 32562.** LOBBYING EXPENSES \$ 101444. INCLUDING GRANTS OF \$ 0. REVENUE S 0. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTANT AND REVIEWED BY THE ORGANIZATION'S SENIOR MANAGEMENT. A DRAFT OF THE FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE CHAIR. THE FINAL FORM 990 WAS DISTRIBUTED TO THE BOARD OF DIRECTORS BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, OFFICER, MEMBER OF COMMITTEE WITH BOARD DELEGATED POWERS, AND EMPLOYEE ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY. HAS READ AND UNDERSTANDS THE POLICY. 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.

THAT THE CORPORATION OPERATES IN A MANNER CONSISTENT WITH.

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932211 02-03-10

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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2009
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CENTER FOR COMMUNITY CHANGE

Employer identification number 52-0888113

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
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.
MEMBERS ANNUALLY AGREE TO DISCLOSE TO THE BOARD IF THEY HAVE A CONFLICT FOR
APPROPRIATE RESOLUTION.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD RELIES ON COMPENSATION

CONSULTANTS TO DETERMINE COMPENSATION FOR THE EXECUTIVE DIRECTOR, OFFICERS,

AND KEY EMPLOYEES. SALARY BENCHMARKING WAS DONE BY THE 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:

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Schedule O (Form 990) 2009

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990. Name of the organization CENTER FOR COMMINITY CHANGE

Employer identification number 52-0888113

CENTER FOR COMMONTH CHANGE 52-0666115
AL, AK, AZ, AR, CA, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MN, MO, MT, NE, NV
NH, NJ, NY, NC, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, 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.
· <u> </u>

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection

OMB No 1545-0047

Schedule R (Form 990) 2009 Employer identification number 52-0888113 Direct controlling Direct controlling entity entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) N/A End-of-year assets status (if section Public charity 501(c)(3)) LINE 11(A) <u>e</u> ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Exempt Code section 501(C)(3) ਉ ▶ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or DISTRICT OF COLUMBIA Legal domicile (state or foreign country) foreign country) LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. TO OPERATE EXCLUSIVELY FOR ► Attach to Form 990. Primary activity Primary activity CENTER FOR COMMUNITY CHANGE THE BENEFIT OF CCC. 52-1449690, 1536 U STREET, NW, WASHINGTON FUND FOR THE CENTER FOR COMMUNITY CHANGE Name, address, and EIN Name, address, and EIN of related organization of disregarded entity. Name of the organization Department of the Treasury Internal Revenue Service DC 20009 Part II Part

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932161 02-04-10

52-0888113

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Schedule R (Form 990) 2009 CENTER FOR COMMUNITY CHANGE

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

General or managing partner? Percentage ownership Schedule R (Form 990) 2009 9 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets \equiv <u>6</u> ate allocations? Yes No Disproportion-Ξ Share of total income Share of end-of-year assets **(6**) Type of entity (C corp, S corp, or trust) (e) Share of total income (d)
(d)
Inect controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) <u>ပ</u> Direct controlling entity 49 Primary activity € Legal domicile (state or foreign country) <u>ပ</u> Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization (a) 932162 07-21-10 Part IV

Schedule R (Form 990) 2009 CENTER FOR COMMUNITY CHANGE

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	õ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		19	_	×
b Gift, grant, or capital contribution to other organization(s)		10	7	×
c Gift, grant, or capital contribution from other organization(s)		9	×	
d Loans or loan guarantees to or for other organization(s)		10	_	×
e Loans or loan guarantees by other organization(s)		<u>1</u>		×
f Sale of assets to other organization(s)		* =	7	×
g Purchase of assets from other organization(s)		19	7	×
h Exchange of assets		4	7	×
. Lease of facilities, equipment, or other assets to other organization(s)		; -	7	×
J Lease of facilities, equipment, or other assets from other organization(s)		1	^	×
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)		= ,		×İ×
		E .		واه
n Sharing of paid employees		Ę	7	×
o Reimbursement paid to other organization for expenses		10	1	×
p Reimbursement paid by other organization for expenses		Q	7	×
 q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s) 		5 +		××
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	ransaction thresholds			.
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	olved	
(1) FUND FOR THE CENTER FOR COMMUNITY CHANGE	U	415	415,000.	
(2)				
(9)				
(4)				
(5)				
(9)				
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Schedule R (Form 990) 2009 CENTER FOR COMMUNITY CHANGE

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

Primary activity (states of foreign (was absented by a large of and of the primary activity) (state of foreign (states)) (states)	(a)	(q)	1	(p)	(e)		(6)	(f)
	Name, address, and EIN of entity	Primary activity		Are all partners section 50 1(c)(3) organizations?	Share of end-of- year assets	ate ons?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	
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