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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
CENTER FOR COMMUNITY CHANGE ACTION

Doing Business As

Number and street (or P O. box if mail is not delivered to street address) | Room/suite
1536 U STREET, NW

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20009

F Name and address of principal officer DEEPAK BHARGAVA
SAME AS C ABOVE

D Employer identification number
27-0061100

E Telephone number
202-339-1811

G Gross receipts $ 4,823,372.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CCCACTION.ORG

K Form of organization. ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2003 M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.		
	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	15
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,090,909.	4,453,931.
	9 Program service revenue (Part VIII, line 2g)	535,238.	364,160.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	674.	601.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-51,174.	-42,397.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,575,647.	4,776,295.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,102,752.	1,185,818.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	471,700.	404,740.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	95,744.	196,430.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 496,473.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,336,874.	2,627,146.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,007,070.	4,414,134.
	19 Revenue less expenses Subtract line 18 from line 12	-1,431,423.	362,161.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,693,377.	2,489,031.
	21 Total liabilities (Part X, line 26)	864,923.	298,416.
	22 Net assets or fund balances Subtract line 21 from line 20	1,828,454.	2,190,615.

SCANNED AUG 13 2015

RECEIVED
JUL 20 2015
OGDEN UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
▶ Signature of officer Mary M. Lassen Date 6/12/15
▶ MARY M. LASSEN, MANAGING DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: DAVID F. GRALINL CPA	Preparer's signature: David F. Gralinl CPA	Date: 6-10-15	Check ☐ if self-employed	PTIN: P00366995
Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN			Firm's EIN ▶ 52-1392008	
Firm's address ▶ 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930			Phone no. (301) 951-9090	

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

9/3
15

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE CENTER FOR COMMUNITY CHANGE ACTION (CCC ACTION) IS THE ACTION CENTER OF THE CENTER FOR COMMUNITY CHANGE. OUR MISSION IS TO BUILD THE POWER AND CAPACITY OF LOW-INCOME PEOPLE, ESPECIALLY PEOPLE OF COLOR, TO CHANGE THE POLICIES AND INSTITUTIONS THAT AFFECT THEIR

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 3,539,235. including grants of $ 1,185,818.) (Revenue $ 364,160.)

- CCC ACTION WORKED INTENSIVELY WITH GRASSROOTS PARTNERS TO MOVE LEGISLATORS TO SUPPORT IMMIGRATION REFORM WITH A PATH TO CITIZENSHIP.
- CCC ACTION CONTINUED TO STAFF REFORM IMMIGRATION FOR AMERICA (RI4A), THE ONLINE ORGANIZING ARM OF THE IMMIGRATION REFORM MOVEMENT. THROUGH PHONE BANKS, TEXT MESSAGES, AND SOCIAL MEDIA WE MADE SURE THAT CONGRESS AND THE WHITE HOUSE HEARD THE VOICES OF PEOPLE ACROSS THE COUNTRY. SINCE JANUARY 2013, RI4A HAS DRIVEN 2.9 MILLION CONTACTS TO CONGRESS AND THE WHITE HOUSE, INCLUDING 400,000 PHONE CALLS- THE MOST DIFFICULT KIND OF CONTACT TO GENERATE BECAUSE IT REQUIRES MORE PERSONAL INVOLVEMENT AND EFFORT THAN SIGNING AN ONLINE PETITION OR SENDING AN EMAIL. OUR ONLINE PROGRAM HAS SURPASSED MORE THAN 1.5 MILLION PARTICIPANTS/ACTIVISTS ACROSS ALL CHANNELS INCLUDING MORE THAN 700,000

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

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)

(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ▶ 3,539,235.

SEE SCHEDULE O FOR CONTINUATION(S)

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)? *If "Yes," complete Schedule A*	1		X
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 public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	N/A	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	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	X	
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	
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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or other assistance to individuals in the United States on Part IX, column (A), line 2? *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 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	N/A	
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	5		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5		
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* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, 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 instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		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 as charitable contributions?		6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	X	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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.**				
a	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				
a	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	10b			
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 amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? N/A		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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*

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 12		
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 governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
a	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 reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did 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?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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 arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ SEE SCHEDULE O

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available. Check all that apply

[ ] Own website [X] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

RYAN YOUNG - 202-339-9300
1536 U STREET, NW, WASHINGTON, DC 20009

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEEPAK BHARGAVA EXECUTIVE DIRECTOR	5.00	X		X				0.	0.	0.
(2) SUSAN SANDLER PRESIDENT/BOARD CHAIR	2.00	X		X				0.	0.	0.
(3) ALI NOORANI BOARD MEMBER	2.00	X						0.	0.	0.
(4) ANDREW WONG BOARD MEMBER	2.00	X						0.	0.	0.
(5) BILL DEMPSEY BOARD MEMBER	2.00	X						0.	0.	0.
(6) ED BOOTH BOARD MEMBER	2.00	X						0.	0.	0.
(7) HEATHER BOOTH BOARD MEMBER	2.00	X						0.	0.	0.
(8) JANET SHENK BOARD MEMBER	2.00	X						0.	0.	0.
(9) KENNETH REEVES BOARD MEMBER	2.00	X						0.	0.	0.
(10) LISA GARCIA-BEDOLLA BOARD MEMBER	2.00	X						0.	0.	0.
(11) MARVIN RANDOLPH BOARD MEMBER	2.00	X						0.	0.	0.
(12) MATTHEW KLEIN BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
INTEGRATED DIRECT MARKETING, LLC, 1250 CONNECTICUT AVE, NW, STE 200, WASHINGTON,	FUNDRAISING	196,430.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	110,945.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,342,986.			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f	▶	4,453,931.			
Program Service Revenue			**Business Code**				
	2a	FEES FOR SERVICE	900099	364,160.	364,160.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f	▶	364,160.			
	3	Investment income (including dividends, interest, and other similar amounts)	▶	601.			601.
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	▶				
Other Revenue	8a	Gross income from fundraising events (not including $ 110,945. of contributions reported on line 1c) See Part IV, line 18	a 4,680.				
	b	Less direct expenses	b 47,077.				
	c	Net income or (loss) from fundraising events	▶	-42,397.			-42,397.
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	**Business Code**				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d	▶				
	12	**Total revenue** See instructions.	▶	4,776,295.	364,160.	0.	-41,796.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,185,818.	1,185,818.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	34,791.	34,106.	32.	653.
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	307,623.	301,121.		6,502.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,308.	18,157.	151.	
9 Other employee benefits	14,282.	14,164.	118.	
10 Payroll taxes	29,736.	29,490.	246.	
11 Fees for services (non-employees)				
a Management				
b Legal	10,510.	4,171.	5,184.	1,155.
c Accounting	64,920.		64,920.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	196,430.			196,430.
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,502,376.	1,024,656.	230,232.	247,488.
12 Advertising and promotion	36,196.	36,196.		
13 Office expenses	66,212.	38,712.	10,009.	17,491.
14 Information technology	12,674.	7,070.	69.	5,535.
15 Royalties				
16 Occupancy	60,304.	44,723.	8,147.	7,434.
17 Travel	168,126.	165,827.	2,299.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	61,126.	61,886.		-760.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,654.	6,391.	1,188.	1,075.
23 Insurance	41,881.	13,126.	26,688.	2,067.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a NEW TECH/PUB. OUTREACH	523,689.	522,164.		1,525.
b OVERHEAD/INDIRECT	23,805.		23,805.	
c PROPERTY TAX EXPENSE	18,592.	13,730.	2,422.	2,440.
d SUBS. & PERIODICALS	11,107.	11,107.		
e All other expenses	16,974.	6,620.	2,916.	7,438.
25 **Total functional expenses** Add lines 1 through 24e	4,414,134.	3,539,235.	378,426.	496,473.
26 **Joint costs** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ [ ] if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1,435,930.	1	1,030,999.
	2	Savings and temporary cash investments	600,638.	2	601,239.
	3	Pledges and grants receivable, net	520,131.	3	733,911.
	4	Accounts receivable, net	129,312.	4	108,700.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	7,366.	9	14,182.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,693,377.	16	2,489,031.
Liabilities	17	Accounts payable and accrued expenses	864,923.	17	298,416.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	864,923.	26	298,416.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	933,043.	27	909,017.
	28	Temporarily restricted net assets	895,411.	28	1,281,598.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,828,454.	33	2,190,615.
	34	Total liabilities and net assets/fund balances	2,693,377.	34	2,489,031.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,776,295.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,414,134.
3	Revenue less expenses Subtract line 2 from line 1	3	362,161.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,828,454.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,190,615.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CENTER FOR COMMUNITY CHANGE ACTION

Employer identification number
27-0061100

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Temporarily restricted endowment ▶ _____%

The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(i) unrelated organizations — 3a(i)		
(ii) related organizations — 3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? — 3b		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25)* ▶	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements			1	4,823,372.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	47,077.		
e	Add lines 2a through 2d			2e	47,077.
3	Subtract line 2e from line 1			3	4,776,295.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	4,776,295.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements			1	4,461,211.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	47,077.		
e	Add lines 2a through 2d			2e	47,077.
3	Subtract line 2e from line 1			3	4,414,134.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	4,414,134.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART X, LINE 2:

FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, CCCA HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

SPECIAL EVENT EXPENSES INCLUDED AS EXPENSE ON 47,077.
THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON
FORM 990, PART VIII, LINE 8C.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES INCLUDED AS EXPENSE ON 47,077.
THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON
FORM 990, PART VIII, LINE 8C.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.**

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

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization: CENTER FOR COMMUNITY CHANGE ACTION

Employer identification number: 27-0061100

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [ ] In-person solicitations
e [ ] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [ ] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [ ] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
INTEGRATED DIRECT MARKETING - 1250 CONNECTICUT AVE NW #200,	CREATIVE/PRODUCTION SERVICES		X	68,166.	196,430.	-128,264.
Total			▶	68,166.	196,430.	-128,264.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
DC

SEE PART IV FOR CONTINUATIONS

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than $5,000

		(a) Event #1 CHAMPIONS AWARD (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	115,625.			115,625.
	2 Less Contributions	110,945.			110,945.
	3 Gross income (line 1 minus line 2)	4,680.			4,680.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	5,489.			5,489.
	7 Food and beverages	19,920.			19,920.
	8 Entertainment	854.			854.
	9 Other direct expenses	20,814.			20,814.
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	47,077.
	11 Net income summary Subtract line 10 from line 3, column (d)			▶	-42,397.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	
	8 Net gaming income summary Subtract line 7 from line 1, column (d)			▶	

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? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 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? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: INTEGRATED DIRECT MARKETING

(I) ADDRESS OF FUNDRAISER:

1250 CONNECTICUT AVE NW #200, WASHINGTON, DC 20036

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

CENTER FOR COMMUNITY CHANGE ACTION

Employer identification number

27-0061100

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

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

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

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
CAUSA OF OREGON 700 MARION STREET NE SALEM, OR 97301	61-1590160	501(C)(3)	5,500.	0.			IMMIGRATION CAMPAIGN
CHIRLA ACTION FUND 2533 W 3RD STREET, SUITE 101 LOS ANGELES, CA 90057	27-1460237	501(C)(3)	30,000.	0.			ELECTORAL, IMMIGRATION CAMPAIGN
CIRC ACTION FUND 2525 W. ALAMEDA AVE DENVER, CO 80219	45-5558477	501(C)(3)	67,200.	0.			ELECTORAL, IMMIGRATION CAMPAIGN
COLORADO PROGRESSIVE ACTION 1029 SANTA FE DRIVE DENVER, CO 80204	27-0030839	501(C)(4)	200,000.	0.			ELECTORAL - CIVIC ENGAGEMENT
COMMUNITY ORGANIZATIONS IN ACTION 3518 S EDMUNDS STREET SEATTLE, WA 98118	26-2613701	501(C)(4)	57,650.	0.			RETIREMENT SECURITY/IMMIGRATION CAMPAIGN
FLORIDA IMMIGRANT COALITION 2800 BISCAYNE BLVD, SUITE 800 MIAMI, FL 33137	20-2123833	501(C)(3)	24,000.	0.			IMMIGRATION CAMPAIGN

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 15.

3 Enter total number of other organizations listed in the line 1 table ▶ 16.

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(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
FLORIDA NEW MAJORITY 8330 BISCAYNE BLVD MIAMI, FL 33138	27-0167620	501(C)(4)	150,000.	0.			ELECTORAL - CIVIC ENGAGEMENT
GEORGIA LATINO ALLIANCE FOR HUMAN RIGHTS - 4200 PERIMETER PARK S, SUITE 210 - ATLANTA, GA 30341	76-0809155	501(C)(3)	12,500.	0.			IMMIGRATION CAMPAIGN
GRANITE STATE ORGANIZING PROJECT 383 BEECH STREET MANCHESTER, NH 03103	47-0873896	501(C)(3)	34,000.	0.			RETIREMENT SECURITY
GRASSROOTS ORGANIZING 304 E. BRECKENRIDGE ST MEXICO, MO 65265	43-1907795	501(C)(3)	27,000.	0.			RETIREMENT SECURITY
GREATER BIRMINGHAM MINISTRIES 2304 12TH AVENUE NORTH BIRMINGHAM, AL 35234-3111	63-0577439	501(C)(3)	6,500.	0.			IMMIGRATION CAMPAIGN
IOWA CCI ACTION FUND 2001-2005 FOREST AVENUE DES MOINES, IA 50311	45-3279620	501(C)(4)	30,000.	0.			RETIREMENT SECURITY
KANSAS PEOPLES ACTION 1751 N ASH AVENUE WICHITA, KS 67214	46-0640082	501(C)(4)	20,000.	0.			ELECTORAL - CIVIC ENGAGEMENT
LATIN AMERICAN COALITION 4938 CENTRAL AVENUE, SUITE 101 CHARLOTTE, NC 28205	22-3590179	501(C)(3)	6,923.	0.			IMMIGRATION CAMPAIGN
MAINE PEOPLE'S ALLIANCE 565 CONGRESS STREET, SUITE 200 PORTLAND, ME 04101	01-0383493	501(C)(4)	27,000.	0.			RETIREMENT SECURITY

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

(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
MAKE THE ROAD NEW YORK ACTION FUND 301 GROVE STREET BROOKLYN, NY 11237	61-1613175	501(C)(4)	10,000.	0.			ELECTORAL - CIVIC ENGAGEMENT FOR IMMIGRATION CAMPAIGN
MAKE THE ROAD NEW YORK, INC 301 GROVE STREET BROOKLYN, NY 11237	11-3344389	501(C)(3)	7,300.	0.			IMMIGRATION CAMPAIGN
MICHIGAN PEOPLE'S CAMPAIGN 1480 BEMIDJI ANN ARBOR, MI 48104	46-4173944	501(C)(4)	15,000.	0.			ELECTORAL, IMMIGRATION CAMPAIGN
NEW YORK STATE IMMIGRANT ACTION FUND, INC - 137-139 W 25TH STREET, 12TH FLOOR - NEW YORK, NY 10001	61-1613175	501(C)(4)	10,000.	0.			ELECTORAL - IMMIGRATION CAMPAIGN
PENNSYLVANIA IMMIGRATION & CITIZENSHIP COALITION - 2100 ARCH STREET, 4TH FLOOR - PHILADELPHIA, PA 19103	83-0379943	501(C)(3)	6,100.	0.			IMMIGRATION CAMPAIGN
PROGRESS MISSOURI PO BOX 1322 JEFFERSON CITY, MO 65105-1322	45-1782971	501(C)(4)	15,000.	0.			RETIREMENT SECURITY
PROGRESSIVE LEADERSHIP ALLIANCE OF NEVADA - 821 RIVERSIDE DRIVE, - RENO, NV 89503	88-0318655	501(C)(3)	10,000.	0.			IMMIGRATION CAMPAIGN
PROMISE ARIZONA IN ACTION 701 S. 1ST STREET PHOENIX, AZ 85004	45-2278901	501(C)(4)	52,100.	0.			ELECTORAL, IMMIGRATION CAMPAIGN
TAKE ACTION MINNESOTA 705 RAYMOND AVE, SUITE 100 SAINT PAUL, MN 55114	20-3338691	501(C)(4)	20,000.	0.			RETIREMENT SECURITY

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

(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
TENNESSEE IMMIGRANT AND REFUGEE RIGHTS COALITION - 2195 NOLENSVILLE PIKE - NASHVILLE, TN 37211	20-0121100	501(C)(3)	18,000.	0.			IMMIGRATION CAMPAIGN
THE ADVOCACY FUND 1050 17TH STREET NW, SUITE 490 WASHINGTON, DC 20036	94-3153687	501(C)(4)	50,000.	0.			IMMIGRATION CAMPAIGN
THE NEW YORK IMMIGRANT COALITION 137-139 W 25TH STREET, 12TH FLOOR NEW YORK, NY 10001	13-3573409	501(C)(3)	26,000.	0.			IMMIGRATION CAMPAIGN
THE OHIO ORGANIZING CAMPAIGN 25 BOARDMAN STREET, SUITE 428 YOUNGSTOWN, OH 44503	26-3064170	501(C)(4)	42,000.	0.			RETIREMENT SECURITY
VIRGINIA ORGANIZING 703 CONCORD AVE CHARLOTTESVILLE, VA 22903	54-1674992	501(C)(3)	28,490.	0.			RETIREMENT SECURITY/IMMIGRATION CAMPAIGN
VOCES DE LA FRONTERA ACTION 1027 S. 5TH STREET MILWAUKEE, WI 53204	02-0759160	501(C)(4)	20,000.	0.			ELECTORAL, IMMIGRATION CAMPAIGN
WASHINGTON CAN 220 S RIVER STREET #11 SEATTLE, WA 98108	91-1206728	501(C)(4)	57,000.	0.			ELECTORAL - CIVIC ENGAGEMENT/IMMIGRATION CAMPAIGN

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2:

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

Part IV Supplemental Information

GRANTEES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
CENTER FOR COMMUNITY CHANGE ACTION

Employer identification number
27-0061100

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LIVES. IT'S TIME FOR A PROGRESSIVE MOVEMENT THAT UNITES ALL OF OUR ISSUES AND REPRESENTS THE AUTHENTIC VOICES OF PEOPLE MOST AFFECTED BY SOCIAL AND ECONOMIC INJUSTICE. THE CENTER FOR COMMUNITY CHANGE ACTION IS A VEHICLE TO HELP BUILD THIS MOVEMENT. THE CORE ISSUES ADDRESSED ARE HEALTH CARE FOR ALL, IMMIGRATION REFORM AND JOBS FOR THE COMMUNITY.

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

FACEBOOK MEMBERS AND 250,000 ON OUR TEXT MESSAGE LIST.

- CCC ACTION'S EFFORTS ON RETIREMENT SECURITY CONTINUED TO EMPHASIZE PROTECTING SOCIAL SECURITY, MEDICARE AND MEDICAID FROM CUTS, AND ADVOCATING FOR POSITIVE CHANGES SUCH AS A CAREGIVERS' CREDIT IN SOCIAL SECURITY. WE CONVENED OUR FIELD PARTNERS ON GROUP CONFERENCE CALLS EVERY TWO WEEKS, AND USUALLY TALKED OR CHATTED ONLINE WITH ORGANIZATIONS EVERY FEW DAYS TO GENERATE IDEAS AND SHARE INFORMATION. DURING THE REPORTING PERIOD, OUR PARTNER GROUPS CONDUCTED ABOUT 1,200 PUBLIC EVENTS OR ACTIONS, WITH ROUGHLY 34,000 PEOPLE IN ATTENDANCE.
- CCC ACTION HAS BEEN RECRUITING, TRAINING AND MOBILIZING PEER EDUCATORS - CALLED GRASSROOTS AMBASSADORS - TO INFORM THEIR COMMUNITIES ABOUT THE TRUE FACTS SURROUNDING RETIREMENT SECURITY PROGRAMS, USING THEIR OWN PERSONAL STORIES AS A WAY TO ENGAGE PEOPLE. THIS YEAR, WE PARTNERED WITH GROUPS IN 15 STATES AND WASHINGTON, DC, TO RECRUIT AND TRAIN APPROXIMATELY 320 GRASSROOTS AMBASSADORS, AND WE HAVE BEEN WORKING TO TRANSLATE COMPLEX POLICY ANALYSIS AND DATA INTO MATERIALS FOR THEM TO USE AND SHARE WITH THE GENERAL PUBLIC AND POLICY MAKERS.

THESE GRASSROOTS AMBASSADORS BRING BOTH PASSION AND EXPERTISE TO THEIR

Name of the organization: CENTER FOR COMMUNITY CHANGE ACTION

Employer identification number: 27-0061100

EFFORTS TO USE THEIR PERSONAL EXPERIENCES TO PERSUADE MEMBERS OF CONGRESS TO PROTECT AND STRENGTHEN SOCIAL SECURITY, MEDICARE AND MEDICAID.

- THE HOUSING TRUST FUND TEAM PROVIDED TECHNICAL AND STRATEGIC ASSISTANCE TO MORE THAN 20 LOCAL AND STATE HOUSING TRUST FUND CAMPAIGNS. BECAUSE THE CREATION OR EXPANSION OF A HOUSING TRUST FUND REQUIRES AN ELECTED BODY TO DESIGNATE PERMANENT SOURCES OF PUBLIC REVENUE, EACH CAMPAIGN INCLUDES NOT ONLY PUBLIC EDUCATION BUT GRASSROOTS LOBBYING AT THE CITY, COUNTY OR STATE LEVEL. WE COUNT AMONG OUR SUCCESSFUL CAMPAIGNS THIS YEAR THE CREATION OF TWO NEW HOUSING TRUST FUNDS AND THE ADDITION OF REVENUE TO MORE THAN TWENTY EXISTING HOUSING TRUST FUNDS. HERE ARE RESULTS OF SOME OF THE WORK WE SUPPORTED: 1) LEXINGTON, KENTUCKY CREATED A HOUSING TRUST FUND WITH $2 MILLION IN STARTUP FUNDS; 2) CALIFORNIA COMMITTED TO AFFORDABLE HOUSING AT LEAST HALF OF A 20% SET ASIDE IN CAP AND TRADE REVENUES, AN ESTIMATED $200-$300 MILLION ANNUALLY; 3) FLORIDA ALLOCATED $167 MILLION TO THE STATE HOUSING TRUST FUND, THE HIGHEST FUNDING LEVEL SINCE FY 2007-08.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE AUDIT COMMITTEE CHAIR. THE FULL BOARD RECEIVED A COPY OF THE RETURN PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR, OFFICER, MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS, AND EMPLOYEE ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS THAT SUCH PERSON:

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

Name of the organization: CENTER FOR COMMUNITY CHANGE ACTION

Employer identification number: 27-0061100

B. HAS READ AND UNDERSTANDS THE POLICY.

C. HAS AGREED TO COMPLY WITH THE POLICY.

D. UNDERSTANDS THAT THE CORPORATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. TO ENSURE THAT THE CORPORATION OPERATES IN A MANNER CONSISTENT WITH, AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS STATUS AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX, PERIODIC REVIEWS SHALL BE 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 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 DISCUSSES THE ISSUE IN ADVANCE WITH THE MANAGING DIRECTOR
- ANY VIOLATIONS OF THIS POLICY MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING SUSPENSION AND TERMINATION OF EMPLOYMENT.

BOARD 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 EXECUTIVE DIRECTOR IS COMPENSATED BY THE CENTER FOR COMMUNITY CHANGE (CCC). CCC AND THE CENTER FOR COMMUNITY CHANGE ACTION HAVE

Name of the organization: CENTER FOR COMMUNITY CHANGE ACTION

Employer identification number: 27-0061100

A COMMON EXECUTIVE DIRECTOR AND SHARE STAFF AND SPACE, BUT ARE NOT CONSIDERED RELATED ENTITIES UNDER THE TAX CODE. CCC UTILIZES COMPENSATION CONSULTANTS WHO USE SALARY BENCHMARKING AND COMPARABILITY DATA IN THEIR DETERMINATION. DELIBERATIONS AND DECISIONS ARE SUBSTANTIATED. CCC ACTION REIMBURSES THE CENTER FOR COMMUNITY CHANGE FOR OFFICER TIME. THIS AMOUNT IS REPORTED ON LINE 5, PART IX.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,LA,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY,NC,ND OH,OK,OR,PA,RI,SC,SD,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PAYROLL SERVICE:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	4,200.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,200.

GRAPHIC DESIGN/PRINTING:

PROGRAM SERVICE EXPENSES	12,971.
MANAGEMENT AND GENERAL EXPENSES	67.
FUNDRAISING EXPENSES	11,690.
TOTAL EXPENSES	24,728.

Name of the organization: CENTER FOR COMMUNITY CHANGE ACTION

Employer identification number: 27-0061100

CONSULTANT FEES - CENTER:	
PROGRAM SERVICE EXPENSES	709,418.
MANAGEMENT AND GENERAL EXPENSES	138,836.
FUNDRAISING EXPENSES	129,451.
TOTAL EXPENSES	977,705.
CONSULTANT FEES:	
PROGRAM SERVICE EXPENSES	125,170.
MANAGEMENT AND GENERAL EXPENSES	50,525.
FUNDRAISING EXPENSES	72,766.
TOTAL EXPENSES	248,461.
CONSULTANT EXPENSES - CENTER:	
PROGRAM SERVICE EXPENSES	177,097.
MANAGEMENT AND GENERAL EXPENSES	36,604.
FUNDRAISING EXPENSES	33,438.
TOTAL EXPENSES	247,139.
CONSULTANT EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	143.
TOTAL EXPENSES	143.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,502,376.