Form 990 Solution 1990 Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation: Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2021

OMB No. 1545-

Open to Public Inspection

Treasu	ry						
nter F e	Jr ^R ehe	2021vc	elendar year, or tax year beginning 10-01-2021 , and ending 09-30-202	2			
B Che	ck if a	pplicable:	C Name of organization CENTER FOR COMMUNITY CHANGE		D Employ	er identi	ification number
	aress me ch	change nange			52-08	88113	
	tial ret	-	Doing business as				
Fin	al n/termi	inated	COMMUNITY CHANGE		E Talanhan		
		d return	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	te	E Telephor	ie numbei	г
— Ap	plicati	on pending	1536 U STREET NW		(202)	339-93	00
			City or town, state or province, country, and ZIP or foreign postal code				
			WASHINGTON, DC 20009		G Gross re	ceipts \$ 1	7,119,569
			F Name and address of principal officer:		this a group re	eturn for	
			DORIAN WARREN 1536 U STREET NW		ubordinates? re all subordina	ates	Yes V No
			WASHINGTON, DC 20009		cluded?	1163	Yes No
Tax	x-exer	mpt status	: ▼ 501(c)(3)	If	"No," attach a	list. Se	ee instructions.
			WW.COMMUNITYCHANGE.ORG	H(c) G	roup exemptior	າ numbe	er 🕨
K Forn	n of o	rganizatior	n: 🔽 Corporation 🦳 Trust 🦳 Association 🔲 Other	L Year of f	formation: 1968		of legal domicile:
						DC	
Pa	art I	Sun	ımary				
			escribe the organization's mission or most significant activities:				
9	1 3	SEE PAR	T III, LINE 1.				
ĕ	-						
Ē	-						
ò	2	Check tl	his box $lacktriangle$ if the organization discontinued its operations or disposed (of more th	han 25% of its	net ass	ets.
5	3	Number	of voting members of the governing body (Part VI, line 1a) $\cdot\cdot\cdot\cdot$			3	2 1
S)	4	Number	of independent voting members of the governing body (Part VI, line 1b)			4	19
Activities & Governance	5	Total nu	mber of individuals employed in calendar year 2021 (Part V, line 2a) \cdot			5	129
Ę	6	Total nu	mber of volunteers (estimate if necessary)			6	19
ĕ	7a	Total un	related business revenue from Part VIII, column (C), line 12 · · ·			7a	C
	b	Net unre	elated business taxable income from Form 990-T, Part I, line 11			. 7b	С
					Prior Year		Current Year
g)	8	Contribu	utions and grants (Part VIII, line 1h)		17,816,6	593	15,790,260
Revenue	9	Program	service revenue (Part VIII, line 2g)		304,5	581	172,263
90	10	Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		39,4	135	86,588
ш	11	Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		- 5	00	(
	12	Total re	venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	,	18,160,2	209	16,049,11
	13	Grants a	and similar amounts paid (Part IX, column (A), lines 1-3)		5,180,5	570	6,495,298
	14	Benefits	paid to or for members (Part IX, column (A), line 4)			0	(
40	15	Salaries	, other compensation, employee benefits (Part IX, column (A), lines 5–1	0)	12,614,2	232	14,260,670
Expenses		Professi	ional fundraising fees (Part IX, column (A), line 11e)			0	(
De			Iraising expenses (Part IX, column (D), line 25) ▶1,467,183				
面			xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,943,8	329	8,904,01
			penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		24,738,6		29,659,989
			e less expenses. Subtract line 18 from line 12		-6,578,4		-13,610,878
k s				Beg	inning of Curren		End of Year
Net Assets or Fund Balances					Year		
Bal	20	Total as	sets (Part X, line 16)		47,020,9	39	32,237,98
E P	21	Total lia	bilities (Part X, line 26)		2,109,8	300	1,564,833
žZ	22	Net asse	ets or fund balances. Subtract line 21 from line 20		44,911,1	139	30,673,154
Pa	rt II	Sigr	nature Block				
			perjury, I declare that I have examined this return, including accompan				
•		-	belief, it is true, correct, and complete. Declaration of preparer (other th nowledge.	an officer	r) is based on a	II inform	nation of which
₋ pa					2023-08-14		
Sign	1	Signat	ture of officer		Date		
Here			YOUNG CHIEF OPERATING & FIN. OFFICER				
		Type	or print name and title				
		1,	Print/Type preparer's name Preparer's signature D	ate		PTIN	
Paic	ł					P0028831	4
Pre		or	Firm's name		Firm's EIN 52-	-1392008	
	•	_	Firm's address > 4550 MONTGOMERY AVE SUITE 800N		Db (201)	0E1 0001	<u> </u>
Use	Un	iiy			Phone no. (301)	321-303(,
			BETHESDA, MD 208142930				

May the IRS discuss this return with the preparer shown above? (see instructions) $\ \ .$

Cat. No. 11282Y

INCREASE CIVIC ENGAGEMENT: CHANGING THE ELECTORATE SO THAT IT LOOKS MORE LIKE THE COUNTRY AND BUILDING GRASSROOTS CAPACITY FOR LASTING

including grants of \$

INCUBATE MOVEMENT INNOVATION: ACTING AS FISCAL SPONSOR FOR EMERGING INITIATIVES HOUSED AT COMMUNITY CHANGE. ALL OF THESE PROJECTS ALIGN WITH COMMUNITY CHANGE'S MISSION TO IMPROVE MATERIAL CONDITIONS, REDUCE INEQUITY, AND AMPLIFY THE VOICES OF VULNERABLE COMMUNITIES.

including grants of \$

REINVENT COMMUNITY ORGANIZING: PARTNERING WITH COMMUNITY GROUPS TO COLLECTIVELY RE-IMAGINE, EXPERIMENT WITH, AND CO-CREATE VIBRANT NEW MODELS OF ORGANIZING THAT ARE CAPABLE OF ACHIEVING SCALE AND SUSTAINABILITY IN LOW-INCOME COMMUNITIES OF COLOR WHILE RETAINING THE REAL

including grants of \$

BUILD BLACK, BROWN AND IMMIGRANT POWER: STRENGTHENING BLACK, BROWN, AND IMMIGRANT ORGANIZING INFRASTRUCTURE ON THE GROUND SO THAT THESE COMMUNITIES HAVE SUBSTANTIAL POWER IN KEY GEOGRAPHIES, ARE NETWORKED NATIONALLY AND ACROSS COMMUNITIES, CREATE AND ADVANCE A

826,000) (Revenue \$

89,982) (Revenue \$

60,500) (Revenue \$

976,482) (Revenue \$

1,000)

1,000)

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1,815,021

1,326,540

201.905

21,465,021

3,343,466 including grants of \$

SHARED VISION, AND PLAY A LEADERSHIP ROLE IN A BROADER MULTI-RACIAL MOVEMENT FOR ECONOMIC, RACIAL, AND IMMIGRANT JUSTICE.

CIVIC ENGAGEMENT IN COMMUNITIES OF COLOR.

) (Expenses \$

) (Expenses \$

) (Expenses \$

RELATIONSHIPS AT THE HEART OF COMMUNITY ORGANIZING.

Other program services (Describe in Schedule O.)

Total program service expenses

(Code:

(Code:

(Code:

(Expenses \$

4d

Form 990 (2021) Page 3 **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," Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 👹 . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Νo 3 candidates for public office? If "Yes," complete Schedule C, Part I 🥦 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 为 4 Yes 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 📆 . . 5 Νo 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 Νo 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Νo 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part Il 🐯 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Nο complete Schedule D, Part III 🥵

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Nο

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Nο

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Nο

Νo

Yes

Yes

Yes

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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19

20a

20b

Yes

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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

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

negotiation services? If "Yes," complete Schedule D, Part IV 🥦

VIII, IX, or X, as applicable.

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

30

Part V

entity or family member of any of these persons?

Form 990 (2021) Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Nο

Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . .

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

Did the organization report any amount on Part X; line 5 or 22 for receivables from or payables to any current or

former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

 $\overline{ extsf{Did}}$ the organization receive contributions of art, historical treasures, or other similar assets, or qualified

ชี้เข้Yสระ" ชีญชิคโซโซเอิร์ทิติปูนโตโลใะ, terminate, or dissolve and cease operations? If "Yes," complete schedule N. Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

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b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🖠 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🥦 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Statements Regarding Other IRS Filings and Tax Compliance

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

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .

23 current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

Νo

Νo

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 **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

24a 24b

25b

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28a

28b

28c

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35a

35b

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1a

1b

Yes

Yes

Yes

Yes

Yes

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24c 24d 25a

No	0
No	ס
No	ס

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Nο

Νo

Nο

Nο

Νo

Nο

Nο

Νo

No

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage S
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	2 9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
ь	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	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
5a	WBATNe organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift were not tax deductible?	ts 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	to 7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	as 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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	_		
_	sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.			
	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	_		
	Enter the amount of reserves on hand	14a		Νο
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		INU
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	-		No
16	Is these to see it at the section and the section are the section and the section and the section are the sect	? 16		No
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069	es 17		

independent

year by the following: The governing body? .

Section C. Disclosure

apply.

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Νo

Νo

Nο

Νo

Nο

No

Νo

Νo

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10b

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12b

12c

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15b

16a

16b

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT, VA

, WV, WI

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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Yes

(2021)	Pa
Governance, Management, and Disclosure. For each	"Yes" response to lines 2 through 7b below, and for a "No" response to lines

rd (2021)	ĉ
Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines	
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	

			,						
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									
Se	ection A. Governing Body and Management								
				Yes	N				
1a	Enter the number of voting members of the governing body at the end of the tax	1a	2 1						
	Yethere are material differences in voting rights among members of the governing body or if the governing body delegated broad authority to an executive committee								

Se	ection A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax	1a	2 1		
	Yearnere 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.				

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

Did the organization delegate control over management duties customarily performed by or under the direct

Did the organization make any significant changes to its governing documents since the prior Form 990 was file the organization become aware during the year of a significant diversion of the organization's assets? . .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Did the organization contemporaneously document the meetings held or written actions undertaken during the

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

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

organization's mailing address? If "Yes," provide the names and addresses in Schedule O

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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, 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

State the name, address, and telephone number of the person who possesses the organization's books and records:

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

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?

▼ Own website ☐ Another's website ▼ Upon request ☐ Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year.

▶RYAN YOUNG 1536 U STREET NW WASHINGTON, D C 20009 (202) 339-9363

b Describe on 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 . . .

Did the organization have members or stockholders?

supervision of officers, directors or trustees, or key employees to a management company or other person? .

b Enter the number of voting members included in line 1a, above, who are

b Each committee with authority to act on behalf of the governing body?

10a Did the organization have local chapters, branches, or affiliates? . .

Did the organization have a written whistleblower policy?

Did the organization have a written document retention and destruction policy? .

a The organization's CEO, Executive Director, or top management official . . .

List the states with which a copy of this Form 990 is required to be filed

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Part VII

BOARD MEMBER

(17) RENAY LOPER BOARD MEMBER

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 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from organization and any related organizations.

List all of the organization's former officers, key employees, or 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.

Check this box if neither the organization n		T	ation			nsace	(i ai	1		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	unles d	ore th	nan rsor cer a	not one n is and rust	both a ee)		(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) LORELLA PRAELI	24.00			,				240 602		22.405
CO-PRESIDENT (SEE SCHED O)		X		Х				218,683	0	32,485
(2) DORIAN WARREN	24.00								_	
CO-PRESIDENT (SEE SCHED O)	1.00			Х				166,996	0	30,504
(3) ARLENE HOLT BAKER	2.00)		<u>,</u>				0		0
BOARD CHAIR		X		Х				U	0	0
(4) JUDY PATRICK	2.00	X		Х				0	0	0
VICE CHAIR	3.00	<u> </u>								
(5) JULIA TAYLOR KENNEDY TREASURER	2.00			х				0	0	0
(6) BECKY WASSERMAN	2.00									
SECRETARY	 	X		Х				0	0	0
(7) SHERECE WEST-SCANTLEBURY 2ND VICE CHAIR	2.00			х				0	0	0
(8) JONATHAN HELLER CHAIR, AUDIT COMMITTEE	2.00	X						0	0	0
(9) MUNEER AHMAD BOARD MEMBER	2.00							0	0	0
(10) ROXANNE BROWN	2.00) · X						0	0	C
BOARD MEMBER										
(11) JAMES CADOGAN BOARD MEMBER	2.00	×						0	0	C
(12) CHRISTINA GREER	2.00									
BOARD MEMBER	·····	X						0	0	(
(13) PAULINA GONZALEZ-BRITO BOARD MEMBER	2.00	X						0	0	(
(14) CRYSTAL HAYLING	2.00									
BOARD MEMBER		×						U	0	
(15) JACKIE JENKINS-SCOTT	2.00	x						0	0	
BOARD MEMBER	4.00				<u> </u>					
(16) DONNA KATZIN	2.00									

4.00 2.00

Form 990 (2021) Part VII Section A. Officers, Director	s, Trustees, K	ey En	nploy	yee:	s, a	nd Hi	ighe	est Compensate	d Employees (co	Page 8
(A) Name and title	(B) Average hours per week (list any hours for related	more pers	than on is	one bot rect	no e bo th a or/t	t chec x, unl n offic rustee	ess er e)	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	and related organizations
(18) JAMILA MICHENER BOARD MEMBER (BEG. 09/22)	2.00	х						0	0	0
(19) KLISHA MORROW BOARD MEMBER (BEG. 09/22)	2.00	x						0	0	0
(20) MANUEL PASTOR BOARD MEMBER	2.00 4.00	X						0	0	0
(21) DIANNE YAMASHIRO-OMI BOARD MEMBER	2.00	x						0	0	0
(22) RYAN YOUNG	27.50			х				151,789	0	20,767

(16) JAMILA MICHENER	2.00		1	, '	1 1	, ,	1 '	1	.1	0
BOARD MEMBER (BEG. 09/22)		X						U	U	U
(19) KLISHA MORROW	2.00							_		
BOARD MEMBER (BEG. 09/22)		X		, I		1		0	01	0
(20) MANUEL PASTOR	2.00				\Box					
BOARD MEMBER	4.00	х						O	U	U
(21) DIANNE YAMASHIRO-OMI	2.00									
BOARD MEMBER		X	Ш					U	U	U
(22) RYAN YOUNG	27.50							151 700	0	20.767
CFO/COO (SEE SCHED O)	0.50			Х				151,789		20,767
(23) WENDOLY MARTE	35.00					1		160,941	. 0	20, 202
DIR., ECONOMIC JUSTICE (END 06/22)					Х					20,392
(24) ELIZABETH RAYFIELD	35.00							151.040		20.000
DIRECTOR, INSTITUTIONAL ADVANCEMENT					Х			161,240	U	23,820
(25) SETH BORGOS	35.00					х		106 171		26 717
DIR., RESEARCH & PROGRAM DEV'L						, ^		196,171	J O	26,717
(26) IRMA RIVERA	35.00			П						
			1 1	, ,		Х	1 '	161,131	0'	32,783

Χ

Χ

160,497

159,199

35.00

35.00

DIRECTOR, FINANCIAL MGMT & COMPLIANCE

NATIONAL POLITICAL DIRECTOR

DIR., IMMIGRANT RIGHTS (END 03/22)

(27) GRECIA LIMA MARQUEZ

(28) SULMA ARIAS

22.117	IMMIGRANT RIGHTS (LND 03/22)											
·	DEFFREY PARCHER CTOR, PUBLIC AFFAIRS	35.00				х		15	8,940	0		34,927
DIKE	TOR, FUBLIC AFFAIRS									-		
1b 9	Sub-Total					•						Ţ
с 1	otal from continuation sheets to Part VI	l, Section A .				▶						
d 1	Total (add lines 1b and 1c)					▶		1,695,587		0		275,023
2	Total number of individuals (including b	ut not limited to	a +baa	1:0+0	daha	(a) wh	0 -0	caived more t	han			
	\$100,000 of reportable compensation fi				u abov	ve) wiid	<u> </u>	cerved more t	.11411		Yes	No
3	, ,	cer, director or	zation truste	► 41 e, ke	y emp	oyee,	or h	ighest compe	nsate	 3	Yes	No No
	\$100,000 of reportable compensation for the organization list any former office on line 1a? <i>If "Yes," complete Schedule D</i> . For any individual listed on line 1a, is the organization and related organizations.	cer, director or for such individue	truste	e, ke	y emp	oyee,	or h	ighest compe • • • • er compensat	nsate • ion fr	 3	Yes	
3	\$100,000 of reportable compensation for the organization list any former offit on line 1a? <i>If "Yes," complete Schedule 3</i> . For any individual listed on line 1a, is the	cer, director or for such individue	truste	e, ke	y emp	oyee,	or h	ighest compe • • • • er compensat	nsate • ion fr	 3	Yes	

2	Total number of individuals (including but not limited to those listed above) who received more $\$100,000$ of reportable compensation from the organization \blacktriangleright 41	ihan					
				Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compe on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	' '	3		Νo		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation granization and related organizations greater than \$150,000? If "Yes," complete Schedule J for						
	individual	4	ŀ	Yes			
		• • =					
5	, ,						
	services rendered to the organization? If "Yes," complete Schedule J for such person	5	5		Νo		
S	ection B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received n compensation from the organization. Report compensation for the calendar year ending with or v			x year.			
	(A) (B) Name and business address Description of services						
	CONSULT	S OPERATIONS TING		74			
	RAVENWOOD DR N BURNIE, MD 21060						
PAU	_ GETSOS PROJECT	MANAGEMENT			338,137		

3	Did the organization list any former officer, director or trustee, key employee, or highest com	pensated employee					
	on line 1a? If "Yes," complete Schedule J for such individual		3		Νo		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compens organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for						
	individual	4	ı	Yes			
		=					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organizat	ion or individual for					
	services rendered to the organization?If "Yes," complete Schedule J for such person						
Se	ction B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received compensation from the organization. Report compensation for the calendar year ending with or			ax year.			
	(A)	(B)		(C))		
	Name and business address	Description of services		Compen	sation		
SLYM		ESS OPERATIONS			743,397		
727 0	AVENWOOD DR CONST	JLIING					
	BURNIE, MD 21060						
PAUL	GETSOS PROJE	CT MANAGEMENT			338,137		
on o	TH AVE 5H						
	ORK, NY 10001						
1AD	VOLF TECHNOLOGIES LLC IT MAI	NAGED SERVICES			284,059		
	ONNECTICUT AVE NW STE 950 INGTON, DC 20009						

C 72 GI 29 NE MA 81 W ALTA CPA GROUP LLC ACCOUNTING SERVICES

0

0

36,766

15,862

	990 (2021)						Page 9
Par	Statement of Revenue Check if Schedule O contains a res	nonse or noto to	any line in this Po	rt VIII			
	Check if Schedule O Contains a res	ponse or note to	(A) Total revenue	(B) Related exemple function reven	or ot on	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contr	ibutions, Gifts, Grants, and OtherAmt Simil	b c d	Membership dues Fundraising events Related organization	gns	1a 1b 1c 1d		
		f	Government grants (co All other contributions, and similar amounts no above Noncash contributions i lines 1a - 1f:\$	gifts, grants, ot included ncluded in	1e 1f	15,790,260 960,996	
	I	Business Code	Total. Add lines 1a	-1r		· · · ·	15,790,260
en	2a PROJECT CONSULTING FEE	900099	172,263	3	172,263		
Program Service Revenue	b						
ım Servi	d						
Progre	f All other program service revenue.						
	9 Total. Add lines 2a-2f	172,26	3				
	3 Investment income (including dividends, other 49incling from the estment of tax-exempt 5 Royalties	, interest, and	22,2	23			22,223
	(i) Real 6a Gross rents 6a	(ii) Personal					
	b Less: rental expenses 6b c Rental income or 6c						
	d (Nets) ental income or (loss) (i) Securities 7a Gross amount	(ii) Other					
	from sales of assets other than inventory b Less: cost or						
	other basis and sales expenses 7b 1,070,458 7c Gain or (loss) 7c 64,365						
	d Net gain or (loss)		64,3	65			64,365
ne	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
Other Revenue	b Less: direct expenses c Net income or (loss) from fundraising e	events					
Othe	9a Gross income from gaming activities. See Part IV line 19						
	See Part IV, line 19 b Less: direct expenses 9b						
	c Net income or (loss) from gaming activ	iues 🔈					
	10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b						
	c Net income or (loss) from sales of inve	•	_				
	Miscellaneous Revenue	Business Cod	e				
	ь 						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions		16,049,1	11	172,263	3	0 86,588

For	m 990 (2021)				Page 10
Р	art IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations mus	st complete all colun	nns. All other organ	izations must comple	ete column (A).
	Check if Schedule O contains a response or note to	any line in this Part	IX		🔽
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,495,298	6,495,298		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,158,152	647,781	222,672	287,699
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	9,769,665	6,776,284	2,388,227	605,154
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	710,688	479,699	188,596	42,393
۵	Other employee benefits	1,725,964	1,148,954	448,934	128,076
	Payroll taxes	896,207	593,131	231,874	71,202
	Fees for services (non-employees):			- 7	, -
	Management				
	stegal	32,113	22,536	7,875	1,702
	Accounting	279,311		279,311	•
	Lobbying	10,710	10,710		
	e Professional fundraising services. See Part IV, line 17				
	Investment management fees	7,729		7,729	
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule	4,573,532	2,789,553	1,632,596	151,383
12	O) Advertising and promotion	39,060	22,725	15,323	1,012
		83,154	37,618	41,370	4,166
	Office expenses	611,673	294,959	302,198	14,516
	Royalties			332,233	- 1,525
	Occupancy	990,074	621,336	293,481	75,257
	Travel	398,368	271,449	119,824	7,095
	Payments of travel or entertainment expenses for any	322,233	27.2,7.73		.,,,,,
	federal, state, or local public officials .	041 522	720 525	04.001	26.016
	Conferences, conventions, and meetings	841,522	730,525	84,981	26,016
	Interest				
	Payments to affiliates	00.540	56.425	20.202	12.622
	Depreciation, depletion, and amortization	89,510	56,435	20,392	12,683
	Insurance	139,288	92,252	35,467	11,569
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				

114,637

104,307

86,337

85,815

416,875

29,659,989

70,025

45,081

54,182

37,089

167,399

21,465,021

40,826

56,892

25,592

46,806

236,819

6,727,785

3,786

2,334

6,563

1,920

12,657

1,467,183

Form **990** (2021)

line 24e expenses on Schedule O.)

25 Total functional expenses. Add lines 1 through 24e 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).

a TRAINING & DEVELOPMENT

b SUBSCRIPTIONS & PUB'L

c SERVICE AGREEMENTS

 ${f e}$ All other expenses

d DUES

Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and	1,158,152	647,781	222,672	287,699

		(2021)					Page 11
F	art X	Balance Sheet		5			_
		Check if Schedule O contains a response or	note to any lin	e in this Part IX .			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			24,653,669	1	17,502,886
	2	Savings and temporary cash investments		1,067,218	2	1,977,274	
	3	Pledges and grants receivable, net			13,604,819	3	5,684,048
	4	Accounts receivable, net		🗀	542,308	4	1,441,715
	5 6	Loans and other receivables from any current trustee, key employee, creator or founder, su controlled entity or family member of any of t Loans and other receivables from other disquented to the section of the sectio	(as defined		5		
	_	under section 4958(f)(1)), and persons described in the section 4958(f)(1)).	4936(C)(3)(B)		6		
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			450.450	8	444.005
¥	9	Prepaid expenses and deferred charges .			158,156	9	114,365
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	814,322			
	b	Less: accumulated depreciation	10b	717,439	195,315	10 c	96,883
	11	Investments—publicly traded securities .			2,600,510	11	2,215,838
	12	Investments—other securities. See Part IV, Ii	ne 11		3,498,944	12	2,504,978
	13	Investments—program-related. See Part IV, I		500,000	13	500,000	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		200,000	15	200,000	
	16	Total assets: Add lines 1 through 15 (must e		47,020,939	16	32,237,987	
	17	Accounts payable and accrued expenses .			2,109,800	17	1,564,833
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
SS	21	Escrow or custodial account liability. Complet	te Part IV of Sc	hedule D		21	
Liabilities	22	Loans and other payables to any current or for key employee, creator or founder, substantial controlled entity or family member of any of t	contributor, o	·		22	
-10	22	Secured mortgages and notes payable to unre			22		
	23 24	Unsecured notes and loans payable to unrelated				23 24	
	25	Other liabilities (including federal income tax parties, and other liabilities not included on li Complete Part X of Schedule D	, payables to r	_		25	
	26	Total liabilities. Add lines 17 through 25 .			2,109,800	26	1,564,833
98		Organizations that follow FASB ASC 958, che	ck here 🕨 🔽	and complete			
Balances	27	lines 27, 28, 32, and 33. Net assets without donor restrictions			21,420,344	27	17,033,309
d Ba	28			23,490,795	28	13,639,845	
Fund		Organizations that do not follow FASB ASC 9	58. check here	▶ ☐ and			
or F	29	complete lines 29 through 33. Capital stock or trust principal, or current fun			29		
ets	30	Paid-in or capital surplus, or land, building or				30	
Assets	31	Retained earnings, endowment, accumulated i				31	
	32	Total net assets or fund balances	, 0. 0011		44,911,139	32	30,673,154
Net	33	Total liabilities and het assets/fund balances			47,020,939	33	32,237,987
		· · · · · · · · · · · · · · · · · · ·			,,		Form 990 (202

2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Νo

2b

2c

За

3b

Yes

Yes

Νo

Form 990 (2021)

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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.

Separate basis Consolidated basis Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant?

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:

Consolidated basis Separate basis

a separate basis, consolidated basis, or both:

Single Audit Act and OMB Circular A-133?

Schedule O.

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?

If the organization changed either its oversight process or selection process during the tax year, explain in

Form 990 (2021)		
Additional Data		Return to Form
	Software ID:	
	Software Version:	
Form 990, Special Condition Desc	ription:	
	Special Condition Description	

(Form 990) Department of the Treasury

Internal Revenue Service

Form 990 or 990-EZ.

Name of the organization

SCHEDULE A

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection Employer identification number

CENTE	ER FOR	COMMUNITY CHANGE					50,000440				
Pa	rt I	Reason for Publi	c Charity St	tatus (All organiza	tions must co	mnlete this n		ins.			
		zation is not a private fo						1131			
1		A church, convention	of churches, or	association of churc	hes described ir	n section 170(l	o)(1)(A)(i).				
2		A school described in	section 170(b))(1)(A)(ii). (Attach S	chedule E (Forn	n 990).)					
3		A hospital or a cooper	ative hospital	service organization o	described in sec	tion 170(b)(1)	(A)(iii).				
4		A medical research org hospital's name, city,		rated in conjunction w	vith a hospital d	lescribed in sec	tion 170(b)(1)(A)(iii). Enter the			
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or loc	al government	or governmental unit	described in se	ection 170(b)(1	.)(A)(v).				
7	V	An organization that no described in section 1	•	·		om a governme	ntal unit or from the o	general public			
8		A community trust des	scribed in sect i	ion 170(b)(1)(A)(vi).	(Complete Par	t II.)					
9		An agricultural researd university or a non-lan									
10		An organization that n receipts from activitie from gross investment organization after June	s related to its income and u	exempt functions—sunrelated business tax	ubject to certair able income (le	n exceptions, a ess section 511	nd (2) no more than 3	33 1/3% of its support			
11		An organization organi	ized and opera	ted exclusively to test	t for public safe	ty. See section	509(a)(4).				
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а		Type I. A supporting o supported organization organization. You mus	n(s) the power	to regularly appoint o	r elect a majorit						
b		Type II. A supporting management of the su must complete Part IV	pporting organ	ization vested in the							
С		Type III functionally i supported organization	-		•	-		grated with, its			
d		Type III non-functions not functionally integra (see instructions). You	ated. The orga	nization generally mu	st satisfy a dist	ribution require		, ,			
е		Check this box if the o integrated, or Type III	-				s a Type I, Type II, T	ype III functionally			
f	Ente	r the number of support	ed organization	ns			<u> </u>				
g		Provide the following in									
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				instructions))	Yes	No					
			<u> </u>								
Tota	ı										
For P	aperv	work Reduction Act Noti	ce, see the Ins	structions for	Cat. No. 11285		Schedule	e A (Form 990) 2021			

Schedule A (Form 990) 2021 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 or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2017 **(b)** 2018 (d) 2020 (c) 2019 (e) 2021 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and 12,188,491 15,146,882 53,027,206 17,816,693 15,790,260 113,969,532 membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge... 12.188.491 15.146.882 53.027.206 17.816.693 15,790,260 113,969,532 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 40,207,732 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 73,761,800 line 4. Section B. Total Support Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) 12,188,491 53,027,206 17,816,693 15,790,260 113,969,532 15,146,882 Amounts from line 4. . Gross income from interest, dividends, payments received on 249,138 52,675 95,033 55,674 23,533 22,223 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on. . 10 Other income. Do not include gain 282,438 251,767 -500 533,705 or loss from the sale of capital assets (Explain in Part VI.). .

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Public support percentage for 2020 Schedule A, Part II, line 14

Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))

Section C. Computation of Public Support Percentage

114,752,375

4,682,034

64.280 %

56.510 %

Schedule A (Form 990) 2021

12

14

15

11 Total support. Add lines 7

through 10

Sche	edule A (Form 990) 2021						Page 3
P	Support Schedule 1 (Complete only if you II. If the organization	checked the	box on line 1	0 of Part I or i	f the organizat		alify under Part
Se	ection A. Public Support						
	ndar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	fiscal year beginning in) Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ection B. Total Support			•			•
Cale	ndar year fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
`9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
•	Add lines 10a and 10h		1	1	I	1	

9	Amounts from line 6	
10a	Gross income from inter	re

10a	Gross income from interes
	dividends, payments rece
	securities loans, rents, ro

11 Net income from unrelated business activities not included on 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 VI.) . .

13 Total support. (Add lines 9, 10c, 11, and 12.). . First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Section C. Computation of Public Support Percentage 15

Public support percentage from 2020 Schedule A, Part III, line 15. 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2021 (line 10c, column (f 17

Investment income percentage from **2020** Schedule A, Part III, line 17

									16		
g	е										

ne 13, column (f))

f)	di	vided	by	lin
T	ТТ	line	17	

19a 331/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than $\overline{33}$ 1/3%, and line 17 is not

17

- b 33 1/3% support tests-2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

- more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2021

Yes

2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2021

Page 4

No

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

omplete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

omplete Sections A and D, and complete Part V.)

Section A	All Supporting Organ
checked box	12d, of Part I, co
checked	box 12b, of Part I, co

	occion in in outporting organizations		
			,
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	

Supporting Organizations

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have any supported organization that does not have an IRS determination of status under was described in section 509(a)(1) or (2).

section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

3b and 3c below.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

made the determination.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and

satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

Supporting Organizations (continued)

2a

2b

За

3b Schedule A (Form 990) 2021

Page **5**

11	11 Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?					
b	A family member of a person described on 11a above?	11a 11b				
C	,					
	Part VI	1110				
<u>S</u>	Section B. Type I Supporting Organizations		1			
			Yes	No		
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoand/or remove directors or trustees were allocated among the supported organizations and what conditions or restriction if any, applied to such powers during the tax year.					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)					
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing sucbenefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting					
	organization.	2				
	Section C. Type II Supporting Organizations			<u> </u>		
	· · · · · · · · · · · · · · · · · · ·		Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or					
	trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or					
	management of the supporting organization was vested in the same persons that controlled or managed the supported	1				
	Section ^z D ^{io} Aff ⁾ Type III Supporting Organizations		ı			
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the					
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how th					
	organization maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a					
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization	3				
	Section E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructio	ns):			
	a The organization satisfied the Activities Test. Complete line 2 below.		•			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.					
The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see						
	instructions)	, (556				

reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those

supported organizations and explain how these activities directly furthered their exempt purposes, how the

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

organization was responsive to those supported organizations, and how the organization determined that these activities

constituted substantially all of its activities.

b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or

more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the

organization's involvement.

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions)

instructions)

Page **6**

a Applied to underdistributions of prior yearsb Applied to 2021 distributable amount

See instructions.

a Excess from 2017. . . .
 b Excess from 2018. . . .
 c Excess from 2019. . . .
 d Excess from 2020. . . .
 e Excess from 2021. . . .

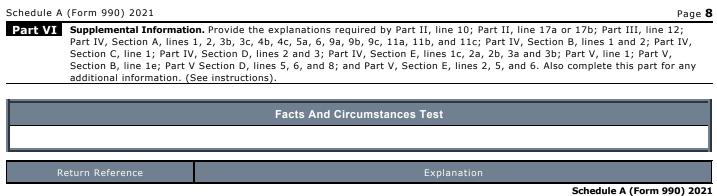
3j and 4c.

8 Breakdown of line 7:

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 7 Excess distributions carryover to 2022. Add lines

Schedule A (Form 990) (2021)



SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

3

Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No. 1545-0047

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (ee separate instruct	ions), then	·	•	•
Section 501(c)(4), (5), or (6) organizations: (Complete Part	: III.		

Name of the organization **Employer identification number** CENTER FOR COMMUNITY CHANGE

52-0888113

Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for

- definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions
 - Volunteer hours for political campaign activities. See instructions
- Part I-B Complete if the organization is exempt under section 501(c)(3).

 - Enter the amount of any excise tax incurred by the organization under section 4955
- 2

 - Enter the amount of any excise tax incurred by organization managers under section 4955
 - If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes
 - Was a correction made? If "Yes," describe in Part IV.
- Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).
- Enter the amount directly expended by the filing organization for section 527 exempt function activities 1
 - Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..........
- Did the filing organization file Form 1120-POL for this year? ☐ Yes □ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a
- separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.
- (b) Address (a) Name (c) EIN (d) Amount paid from (e) Amount of filing organization's political contributions funds. If none, enter received and -0-. promptly and directly delivered to a separate political organization. If none, enter -0-.
- 5

Page 3

(b)

Amount

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

(a) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes | No 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,

1 through the use of:

Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?

Mailings to members, legislators, or the public?

Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?

h

Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

2a

If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1

2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

expenses for which the section 527(f) tax was paid).

Current year Carryover from last year

Part IV

Return Reference

3

Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures. See Instructions

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess

Explanation

1

2a

2b 2c

3

4

5

1

Yes No 2

Schedule C (Form 990) 2021

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990,

OMB No. 1545-0047

Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Open to Public Department of the Treasury Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** CENTER FOR COMMUNITY CHANGE Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 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? 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 Yes No **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 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 Year 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) **2**c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB 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. If the organization elected, as permitted under FASB 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: 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 FASB ASC 958 relating to these items:

b Scholarly research c Other Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of 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 XIII.	3	Using the organization's acquisition, access	ion, and ot	her records,	check a	iny of tl	he following that	are a signi	ficant use of	its	
b Scholarly research e Other Other c Preservation for future generations Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5	а	collection items (check all that apply):		c	ı 🗆	Loan c	or exchange prod	irams			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 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? .		_		•							
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of ert, historical treasures or other similar sessets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b	_	<u> </u>									
Part XIII. Surving the year, did the organization solicit or receive donations of art, historical treasures or other similar subsets to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Basets to be sold to raise funds rather than to be maintained as part of the organization's collection?.	4	,	collections a	and explain h	ow they	/ furthe	r the organization	on's exempt	purpose in		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: Beginning balance Geginning of year balance Geginnin	5								☐ Yes ☐	- No	
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance. d Additions during the year. 1d Distributions during the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Distributions during the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Distributions during the years back (e) Four years back (e	Pa	Complete if the organization and			n 990,	Part I	V, line 9, or re	ported an	amount on	Form	n 990,
d Additions during the year. e Distributions during the year. f Ending balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No	1a				•				Yes	No	
Additions during the year	b	If "Yes," explain the arrangement in Part X	III and com	plete the foll	lowing t	able:		ı	Amount		
d Additions during the year. Id Ie It Ie It It It	С	Beginning balance					1c				_
e Distributions during the year.	d	Additions during the year					1d				_
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No by If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	е						1 _ 1				
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_	3 ,									_
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (b) Prior year (c) Two years back (d) Three years back (e) Four years back		•						. 1. 12 . 1. 2121	o Voc I		_
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ca) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	2a		Form 990,	Part X, line 2	1, for e	escrow	or custodiai acco	ount liability	? IES		
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	b	If "Yes," explain the arrangement in Part X	III. Check	here if the ex	planati	on has	been provided in	n Part XIII	□		
a Beginning of year balance	Pa	rt V Endowment Funds.									
1a Beginning of year balance		Complete if the organization ans						1			
b Contributions			(a) Curre	ent year (b) Prior	year	(c) Two years back	((d) Three ye	ears back (e)	our yea	ars back
d Grants or scholarships											
d Grants or scholarships											
e Other expenditures for facilities and programs	С	Net investment earnings, gains, and losses									
and programs	d	Grants or scholarships	ĺ								
f Administrative expenses	e										
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 The percentages on 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: (i) Unrelated organizations	f										
Board designated or quasi-endowment Permanent endowment The percentages on 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: (i) Unrelated organizations (ii) Related organizations If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value tal Land Land Toro,068 632,491 74,57	g	End of year balance									
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b Permanent endowment c Term endowment The percentages on 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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii), are the related organizations listed as required on Schedule R? (iv) Term endowment funds 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) b Buildings c Leasehold improvements 707,068 632,491 74,57		Board designated or quasi-endowment	,	,	- 5/		(1)				
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The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	c	Term endowment									
Organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related or	Ī		ould equal	100%.							
(i) Unrelated organizations	За	Are there endowment funds not in the posse	ession of th	e organizatio	n that a	are held	and administer	ed for the			
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1a Land Buildings b Buildings 707,068 632,491 74,57		Description of property (a) Cost or oth	er basis								
b Buildings c Leasehold improvements 707,068 632,491 74,57		(IIIVestille									
c Leasehold improvements 707,068 632,491 74,57	1a	Land									
	b	Buildings								_	
d Equipment	c	Leasehold improvements				707,068		632,491			74,577
	d	Equipment				107,254		84,948			22,306

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

XIII 🔽

Complete of the promotestion answered "Ves" on Form 1990, Part IV, line 110. See Form 1990, Part IV, line 11	Part VII	Investments - Other Securities.	on Form 000 Dart	· TV line 11h Cor	Form 000 Bart	- V line 12
Control Cont		(a) Description of security or category			(c) Method of valua	ation:
10	(1) Financia			Cost	or end-or-year ma	rket value
According to Acco						
(c) (c) (c) (c) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		CTIVE TRUST	2,504,9	78	F	
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Complete if the organization answered 'Yes' on Form 990, Part X, line 15.						
Complete if the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Fart X, line 13. Complete if the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Fart X, line 13. Complete if the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Fart X, line 13. Complete if the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Fart X, line 13. Complete if the organization answered Yes' on Form 990, Fart IV, line 11d. See Form 990, Fart X, line 15. Complete if the organization answered Yes' on Form 990, Fart IV, line 11d. See Form 990, Fart X, line 15. Complete if the organization answered Yes' on Form 990, Fart IV, line 11d. See Form 990, Fart X, line 15. Complete if the organization answered Yes' on Form 990, Fart IV, line 11e or 11f. See Form 990, Fart X, line 15. Complete if the organization answered Yes' on Form 990, Fart IV, line 11e or 11f. See Form 990, Fart X, line 15. Complete if the organization answered Yes' on Form 990, Fart IV, line 11e or 11f. See Form 990, Fart X, line 15. Complete if the organization answered Yes' on Form 990, Fart IV, line 11e or 11f. See Form 990, Fart X, line 15. Complete if the organization answered Yes' on Form 990, Fart IV, line 11e or 11f. See Form 990, Fart X, line 15. Complete if the organization answered Yes' on Form 990, Fart IV, line 11e or 11f. See Form 990, Fart X, line 15. Complete if the organization answered Yes' on Form 990, Fart IV, line 11e or 11f. See Form 990, Fart X, line 15. Complete if the organization answered Yes' on Form 990, Fart IV, line 11e or 11f. See Form 990, Fart X, line 15.						
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Tests. (*Coloren (b) most equal form 990, Part X, cis (b) into 12.) 2,504,978 2,504,978 1 1 1 1 1 1 1 1 1						
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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) (9) (9) (1) Must equal Form 990, Part X, col.(B) line 25.)	Part X		n Form 990 Part	IV line 11e or 1	1f	
(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		See Form 990, Part X, line 25.		10, 1110 01 1		(b) Pook value
(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			non or nability			(b) Book value
(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	(2)					
(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						
(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						
(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						
(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						
(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						
(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						
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						
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		(h) must squal Ferry 2000 Day V. 1/20 V. 27				
	2. Liability f	or uncertain tax positions. In Part XIII, provide the to				

Part XI

1

1

2

3

Part XIII

1

2e

3

4c

3

4c

5

Page 4

-3,685,211

16,041,382

16,049,111

29,652,260

29,652,260

7.729

Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . 12,356,171 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: -627,107

Net unrealized gains (losses) on investments 2a

2c

2d

4a

4b

Donated services and use of facilities . 2b

Recoveries of prior year grants . . . Other (Describe in Part XIII.)

Add lines 2a through 2d 3

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . .

STATEMENTS.

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII.) Add lines 4a and 4b

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities

2a 2b

2c 2d

4a

4b

FOR THE YEARS ENDED SEPTEMBER 30, 2022 AND 2021, THE ORGANIZATION HAS

FOR FUND FOR THE CENTER FOR COMMUNITY CHANGE ON COMBINED FINANCIAL

DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

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

INVESTMENT INCOME AND LOSSES, NET OF INVESTMENT EXPENSES, -3,058,104. REPORTED

7,729

-3,058,104

7,729

7,729 29,659,989

Schedule D (Form 990) 2021

Prior year adjustments . . .

Add lines 2a through 2d . .

Other (Describe in Part XIII.)

Add lines **4a** and **4b**

Other losses Other (Describe in Part XIII.)

Subtract line 2e from line 1

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.

Return Reference

PART X, LINE 2:

PART XI, LINE 2D - OTHER

ADJUSTMENTS:

(1)

(2)

(3)

(4)

(5)

(6)

(7)

PART I, LINE 2:

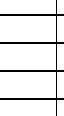
(a) Type of grant or assistance

Page 2



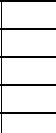
Part III can be duplicated if additional space is needed.





(b) Number of

recipients



(c) Amount of

cash grant

Schedule I (Form 990) 2021

EXECUTIVE STAFF, (2) MONTHLY FINANCIAL REVIEW OF PROJECTS, AND (3) FINANCIAL REPORTS PROVIDED BY GRANTEES.

TERMS AND CONDITIONS OF GRANT AWARD ARE CAREFULLY REVIEWED: THE PRESIDENT 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

(d) Amount of

noncash assistance

(e) Method of valuation

(book, FMV, appraisal, other)

Part IV Return Reference (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. Department of the Treasury ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Compensation Information

2021 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

6a

7

Schedule J (Form 990) 2021

Cat. No. 50053T

Νo

Νo

Νo

Νo

CLI	52-0888	113		
Pa	art 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 on F 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these in			
	First-class or charter travel Housing allowance or residence for personal	use		
	Travel for companions Payments for business use of personal resid	ence		
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		
ь	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	or 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1	a? 2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Page 1.	art III.		
	▼ Compensation committee			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation compensation	nittee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	. 4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Νo
b	Any related organization?	. 5b		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed

subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

8

compensation contingent on the net earnings of:

Any related organization?

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

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

The organization?

Schedule J

Internal Revenue Service

Name of the organization

CENTER FOR COMMUNITY CHANGE

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (B) Breakdown of W-2, 1099-MISC compensation, (C) Retirement (D) Nontaxable (E) Total of (A) Name and Title (F) and/or 1099-NEC and other benefits columns Compensation in column (B) deferred (B)(i)-(D)(i) Base (ii) (iii) Other compensation reported as compensation Bonus & reportable deferred on prior incentive compensation Form 990 compensation 1LORELLA PRAELI 194,332 0 24,351 15,547 16,938 251,168 0 (i) CO-PRESIDENT (SEE SCHED O) --------------- - - ------------------- - -(ii) 0 0 0 0 0 0 0 **2**SETH BORGOS 185,442 0 0 (i) 10,729 16,421 10,296 222,888 DIR., RESEARCH & PROGRAM DEV'L --------- - - -- - - -(ii) 0 0 0 0 0 0 0 3DORIAN WARREN 150,416 0 16,580 17,579 12,925 197,500 0 (i) CO-PRESIDENT (SEE SCHED O) ---------------------------- - -- - - -- - - -(ii) 0 0 0 0 0 0 0 4GRECIA LIMA MARQUEZ 146,967 0 13,530 15,694 21,072 197,263 0 (i) NATIONAL POLITICAL DIRECTOR ---------- - - -(ii) 0 0 0 0 0 0 0 **5**IRMA RIVERA 144,987 0 16,144 14,447 18,336 193.914 0 (i) DIRECTOR, FINANCIAL MGMT & COMPLIANC -------------------------- - - ------------------- - -(ii) 0 0 0 0 0 0 0 **6**JEFFREY PARCHER 151,861 0 7,079 13,903 21,024 193,867 0 (i) DIRECTOR, PUBLIC AFFAIRS ------------------(ii) 0 0 0 0 0 0 0 **7**ELIZABETH RAYFIELD 147,000 14,676 0 14,240 9,144 185,060 0 (i) DIRECTOR, INSTITUTIONAL ADVANCEMENT ------------- - - ------------------- - -(ii) 0 0 0 0 0 0 0 **8**WENDOLY MARTE 101,357 0 59,584 8,976 181,333 0 11,416 (i) DIR., ECONOMIC JUSTICE (END 06/22) ----- - - ------- - -(ii) 0 0 0 0 0 0 0 9 SULMA ARIAS 141,707 0 17,492 7,590 8,272 175.061 0 (i) DIR., IMMIGRANT RIGHTS (END 03/22) ------- - - - - - - ---------------------------- - -- - - -(ii) 0 0 0 0 0 0 0 **10**RYAN YOUNG 135,567 0 16,222 7,085 172,556 0 13,682 (i) CFO/COO (SEE SCHED O) ----(ii) 0 0 0 0 0 0 0

Schedule J (Form 990) 2021 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation

Schedule J (Form 990) 2021

Return Reference Explanation PART I, LINE 4A WENDOLY MARTE RECEIVED A SEVERANCE PAYMENT OF \$41,869.



(Form 990)

SCHEDULE M

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2021

OMB No. 1545-0047

▶ Attach to Form 990.

►Go to www.irs.gov/Form990 for the latest information.

Open to Public

Interr	al Revenue Service					Inspe	ctio	n
	e of the organization				Employer identificat	ion nur	nber	
CENI	ER FOR COMMUNITY CHANGE				F2 0000112			
Рa	rt I Types of Property				52-0888113			
	Types of Troperty	(a)	(b)	(c)	(0			
		Check if applicable	Number of contributions	Noncash contribution amounts reported on Form 990, Part VIII, line	Method of o	determi	-	nts
1	Art—Works of art			_				
2	Art—Historical treasures .				1			
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property			060.00	C F M) /			
	Securities—Publicly traded .	X	4	960,990	J F M V			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts				 			
	Other ► ()				 			
	Other ▶ ()							
	Other ▶ ()				 			
	Other ► ()	<u> </u>			 			
29	Number of Forms 8283 received by for which the organization complet	_			29			1
20-	During the year did the arganizat	ian magaire	hu contribution any propor	tu reported in Dout I lines	1 thusuah 20 that		Yes	No
5 ∪a	During the year, did the organizat it must hold for at least three year exempt purposes for the entire ho	rs from the	date of the initial contribut					
	· · · · · · · · · · · · · · · · · · ·					30a		Νo
b	If "Yes," describe the arrangemer							
31	Does the organization have a gift	acceptance	policy that requires the re	eview of any nonstandard	contributions?	31		Νc
32a	Does the organization hire or use contributions?					32a		No

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

b If "Yes," describe in Part II.

describe in Part II.

Schedule M (Form 990) (2021)	Page
organization is reporting	ion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the g in Part I, column (b), the number of contributions, the number of items received, or a so complete this part for any additional information.
Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.
	Schedule M (Form 990) (202:

SCHEDULE O (Form 990)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **2021**

> Open to Public Inspection

Employer identification number Name of the organization CENTER FOR COMMUNITY CHANGE 52-0888113 Return **Explanation** Reference FORM 990. THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTANT AND REVIEWED BY THE ORGANIZATION'S SENIOR PART VI. MANAGEMENT. A DRAFT OF THE FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE CHAIR. SECTION B. LINE 11B FORM 990, EACH DIRECTOR. OFFICER. MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS. AND EMPLOYEE ANNUALLY PART VI. SIGNS A STATEMENT WHICH AFFIRMS THAT SUCH PERSON: A. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST SECTION B, POLICY. B. HAS READ AND UNDERSTANDS THE POLICY. C. HAS AGREED TO COMPLY WITH THE POLICY. D. UNDERSTANDS LINE 12C THAT THE CORPORATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. TO ENSURE THAT THE CORPORATION OPERATES IN A MANNER CONSISTENT WITH. AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS STATUS AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX, PERIODIC REVIEWS ARE CONDUCTED TO ENSURE THAT COMPENSATION PAID BY THE CORPORATION IS REASONABLE AND RESULTS FROM ARM LENGTH TRANSACTIONS AND THAT ALL TRANSACTIONS OR ARRANGEMENTS TO WHICH THE CORPORATION IS A PARTY REFLECT REASONABLE PAYMENTS FOR GOODS OR SERVICES, FURTHER THE CORPORATION'S CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT. IF A CONFLICT ARISES THE FOLLOWING STEPS ARE TAKEN: -ALL EMPLOYEES MUST FULLY DISCLOSE TO THE MANAGING DIRECTOR AND THE MANAGING DIRECTOR MUST FULLY DISCLOSE TO THE PRESIDENT 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. BOARD MEMBERS ANNUALLY AGREE TO DISCLOSE TO THE BOARD IF THEY HAVE A CONFLICT FOR APPROPRIATE RESOLUTION. FORM 990. THE BOARD RELIES ON COMPENSATION CONSULTANTS TO DETERMINE COMPENSATION FOR THE PRESIDENT, OFFICERS, AND KEY EMPLOYEES. SALARY BENCHMARKING WAS DONE BY THE CONSULTANTS WHO USED COMPARABILITY DATA IN THEIR PART VI. SECTION B. DETERMINATION. DELIBERATIONS AND DECISIONS WERE SUBSTANTIATED. THE MOST RECENT SALARY REVIEW FOR THE LINE 15 PRESIDENT TOOK PLACE IN SEPTEMBER 2022. FORM 990. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS. CONFLICT OF INTEREST POLICY AND FINANCIAL PART VI. STATEMENTS AVAILABLE TO THE PUBLIC. SECTION C. LINE 19 PART VII. THE CENTER FOR COMMUNITY CHANGE ("CCC") AND COMMUNITY CHANGE ACTION ("CCCA") SHARE STAFF AND OTHER SECTION A RESOURCES UNDER A RESOURCE-SHARING ARRANGEMENT, WITH CCC SERVING AS THE COMMON PAYMASTER FOR THE SHARED STAFF, CCC SETS THE TOTAL ANNUAL COMPENSATION FOR THE SHARED EXECUTIVE LEADERSHIP, AMOUNTS REPORTED ON PART VII REPRESENT CCC'S SHARE OF THE SALARY FOR THE SHARED EXECUTIVE LEADERSHIP. FORM 990. INSTITUTIONAL ADVANCEMENT: PROGRAM SERVICE EXPENSES 94,529. MANAGEMENT AND GENERAL EXPENSES 55,324. PART IX. FUNDRAISING EXPENSES 5,130. TOTAL EXPENSES 154,983. SUPPORTING CAPACITIES: PROGRAM SERVICE EXPENSES LINE 11G 298.141. MANAGEMENT AND GENERAL EXPENSES 174.488. FUNDRAISING EXPENSES 16.179. TOTAL EXPENSES 488.808. CIVIC ENGAGEMENT: PROGRAM SERVICE EXPENSES 222.131. MANAGEMENT AND GENERAL EXPENSES 130.003. FUNDRAISING EXPENSES 12.055. TOTAL EXPENSES 364.189. REINVENTING COMM ORGANIZING: PROGRAM SERVICE EXPENSES 123,248. MANAGEMENT AND GENERAL EXPENSES 72,131. FUNDRAISING EXPENSES 6,688. TOTAL EXPENSES 202,067. SPECIAL PROJECTS: PROGRAM SERVICE EXPENSES 715,827. MANAGEMENT AND GENERAL EXPENSES 418,941. FUNDRAISING EXPENSES 38,846. TOTAL EXPENSES 1,173,614. ADVANCING A GOVERNING AGENDA: PROGRAM SERVICE EXPENSES 1,319,584. MANAGEMENT AND GENERAL EXPENSES 772,292. FUNDRAISING EXPENSES 71,611. TOTAL EXPENSES 2,163,487. CONTRACTUAL SERVICES: PROGRAM SERVICE EXPENSES 16,093. MANAGEMENT AND GENERAL EXPENSES

9,417. FUNDRAISING EXPENSES 874. TOTAL EXPENSES 26,384.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2021
Open to Public Inspection

Employer identification number

CENTER FOR COMMUNITY CHANGE 52-0888113 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section or foreign country) (if section 501(c)(3)) 512(b) entity (13)controlled entity? Yes No (1) FUND FOR THE CENTER FOR COMMUNITY CHANGE DC 501(C)(3) LINE 12A, I TO OPERATE EXCLUSIVELY CENTER FOR COMMUNITY CHANGE 1536 U STREET NW FOR THE BENEFIT OF CENTER FOR COMMUNITY WASHINGTON, DC 20009 CHANGE. 52-1449690 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34	٠,
because it had one or more related organizations treated as a partnership during the tax year.	

					, -							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop alloca	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	part	eral or laging tner?	(k) Percentage ownership
			<u> </u>				Yes	No		Yes	No	
3.												
Part IV Identification of Related Organ 34 because it had one or more rela	nizations Taxable ated organizations	as a Contreated as	rporation a corpora	or Trust. Contion or trust do	mplete if uring the	the orga tax year	nization	answered	"Yes" on	Form 9	90, Part	IV, line
(a)	(b)		c)	(d)	(e))	(f)	(a)	(h	1)		(i)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling entity	(e) Type of entity (C corp, S	(f) Share of total income	(g) Share of end- of-year	(h) Percentage ownership	(i Section 5: controlled	i) 12(b)(13) d entity?
		(state or foreign country)		corp, or trust)		assets		Yes	No
							Schedule	R (Form 99	0) 2021

che	edule R (Form 990) 2021		Pag	ge 3
Pa	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 D	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s) $\cdots \cdots \cdots$	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
rh	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s) $\cdots \cdots \cdots$	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) (b) (c) (d) Name of related organization Transaction type (a-s) (b) (c) (d) Amount involved Method of determining an	nount ir	nvolved	1

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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.

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from	Are al se 501 orgar	(e) I partners ection (c)(3) hizations?	(f) Share of total income	(g) Share of end-of-year assets	(f Disprop alloca	rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1	(j Gener mana parti	aging	(k) Percentage ownership
			tax under sections 512- 514)	Yes	No			Yes	No	(Form 1065)	Yes	No	
										S	chedule F	? (Form 9	990) 2021

Schedule R (Form 990) 2021	Page 5	
Part VII Supplemental In		
Provide additional inf	ormation for responses to questions on Schedule R. See instructions.	
Return Reference	Expla	nation
		Schedule R (Form 990) 2021
Additional Data		Return to Form
	Software ID:	
	Software Version:	

TY 2021 IRS 990 e-File Rende	e <mark>r</mark>
Name:	CENTER FOR COMMUNITY CHANGE
EIN:	52-0888113
Affiliated Group Business Name:	CENTER FOR COMMUNITY CHANGE
Address. Either US or Foreign Type:	1536 U STREET NW
Address: Ettiler 05 or Foreign Type.	WASHINGTON, DC 20009
EIN:	52-0888113
Electing Organization Checkbox:	
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	0
Total Exempt Purpose Expenditures:	0
Lobbying Nontaxable Amount:	0
Grassroots Nontaxable Amount:	0
Tot Lobbying Grassroot Minus Non	0
Tx:	
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	FUND FOR THE CENTER FOR COMMUNITY CHANGE
Address. Either US or Foreign Type:	1536 U STREET NW WASHINGTON, DC 20009
EIN:	52-1449690
Electing Organization Checkbox:	
Total Direct Lobbying:	0
Total Laboring Symonditures	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	0
Total Exempt Purpose Expenditures:	0
Lobbying Nontaxable Amount:	0
Grassroots Nontaxable Amount: Tot Lobbying Grassroot Minus Non	0
Tx:	0
Tot Lobby Expend Mns Lobbying Non	0
Tx:	
Share Of Excess Lobbying:	0