- Fam 990-T	** AMENDED RETURN - SEC Exempt Organization Bu	ısin	ess Income	REPEAL TAX Retur	** 'n _	OMB No 1545-0687
	(and proxy tax und	er se	ction 6033(e))	1809		2017
	For calendar year 2017 or other tax year beginning $\overline{ ext{OCT}}$ 1,				<u>.8</u>	ZU 17
Department of the Treasury	► Go to www.irs.gov/Form990T for in				Ļ	open to Public Inspection for
Internal Revenue Service	Do not enter SSN numbers on this form as it may			ation is a 501(c)(3)	. 5	01(c)(3) Organizations Only
A Check box if	Name of organization (Check box if name c	hanged	and see instructions.)		(Emplo	yer identification number byees' trust, see
address changed					I	ations)
B Exempt under section	Print CENTER FOR COMMUNITY C	HAN	GE			2-0888113
\mathbf{X} 501(\mathbf{c})(3)	Type 1.5.2.6 II CORRESON NO. If a P.O. box	x, see ir	nstructions.			ted business activity codes structions)
408(e)220(e)	1530 U STREET, NW			,,,,, , ,]	
408A530(a)	City or town, state or province, country, and ZIP or	r foreig	n postal code		l	
529(a)	WASHINGTON, DC 20009				480	000
C Book value of all assets at end of year	F Group exemption number (See instructions.)	<u> </u>				T 150
22,310,4	09. G Check organization type ► X 501(c) corp			401(a)) trust	Other trust
H Describe the organization	n's primary unrelated business activity. TRANSPO			TS		·
	the corporation a subsidiary in an affiliated group or a parer	nt-subs	idiary controlled group?	▶ l	Yes	X No
	and identifying number of the parent corporation.		7-1-1-1		000	220 0262
	RYAN YOUNG d Trade or Business Income		(A) Income	one number > 2		
<u> </u>		r	(A) income	(B) Expense		(C) Net
1 a Gross receipts or sale		ا . ا			3	
b Less returns and allow		1c		1 2 Am		: :
2 Cost of goods sold (S		2		ور داراه می است. اور داراه می است.	Matri.	
3 Gross profit. Subtract		3		t grange 1960 t	<u>'</u>	· · · · · · · · · · · · · · · · · · ·
4a Capital gain net incon		4a		"CARONER WANT "	0 - 1	
01.11	4797, Part II, line 17) (attach Form 4797)	4b		Min. 1	,	
c Capital loss deduction 5 Income (loss) from p		4c		75 4 -		
5 Income (loss) from p	artnerships and S corporations (attach statement)	5		**	9	
6 Rent income (Schedu		6		- · · · · · · · · - · · · · · · · · · ·		
•	ed income (Schedule E)	7	<u> </u>			
	yalties, and rents from controlled organizations (Sch. F)	8				
•	f a section 501(c)(7), (9), or (17) organization (Schedule G)					
•	vity income (Schedule I)	10				
11 Advertising income (S	· · · · · · · · · · · · · · · · · · ·	 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	with the Kors	· . b.	
	structions; attach schedule)	12	0.	- Turvalle.57	· <u> v</u>	
	ons Not Taken Elsewhere (See instructions fo				L	
	contributions, deductions must be directly connected					
			IVED		14	· · ·
14 Compensation of off 15 Salaries and wages 16 Repairs and mainten	icers, directors, and trustees (outleadic K)	. >./ l	10		15	
Repairs and mainten	nance O		SS		16	
L-17 Bad debts	nance	131	1 2020 8		17	
18 Interest (attach sche			<u>```</u>		18	
		OF	N, UT		18	250.
	ons (See instructions for limitation rules)		3 SEE STAT	EMENT 1	20	0.
21 'Depreciation (attach	•	•	21		1000	
	aimed on Schedule A and elsewhere on return		22a		22b	
23 Depletion					23	
24 Contributions to defe	erred compensation plans				24	
25 Employee benefit pro	ograms				25	
26 Excess exempt expe	•				26	
27 Excess readership co	•			•	27	
28 Other deductions (at			SEE STAT	EMENT 2	28	500.
·	dd lines 14 through 28				29	750.
	axable income before net operating loss deduction. Subtrac	t line 29	9 from line 13		30	-750.
	eduction (limited to the amount on line 30)			•	31	
· · ·	axable income before specific deduction. Subtract line 31 fro	orn line	30		32	-750.
	Generally \$1,000, but see line 33 instructions for exceptions				33	1,000.
	taxable income. Subtract line 33 from line 32. If line 33 is g		than line 32, enter the sm	naller of zero or		
line 32					34	-750.
723701 01-22-18 LHA FO	or Paperwork Reduction Act Notice, see instructions.		· · · · · · · · · · · · · · · · · · ·			Form 990-T (2017)
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15560625 745960	0 03815 2017.06030	CEN	TER FOR COM	MUNITY C	HANG	E 03815 <i>Z</i> \

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Form 990-T (2017)

Form 990-T (2017) CENTER FOR COMMUNITY CHANGE

1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6	
2 Purchases	2		7 Cost of goods sold. Si	ubtract l	line 6		
3 Cost of labor	3		from line 5. Enter here				
4 a Additional section 263A costs			line 2		•	7	
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes
b Other costs (attach schedule)	4b		property produced or a	acquired	d for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leas	ed With Real Pro	perty)	
Description of property							
(1) (2) ÷	<u> </u>						
(3), 5							•
(4)							
	2. Rent receive	ed or accrued					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	and personal property (if the percent personal property exceeds 50% or if at is based on profit or income)	age	3(2) Deductions directly columns 2(a) a	y connected with the nd 2(b) (attach school	ne income in edule)
(1)			<u>.</u>				
(2)							
(3)			·····				
(4) ,							
Total	0.	Total		0.			
c) Total income. Add totals of columns is sere and on page 1, Part I, line 6, column		ter •		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	
•					•		
Schedule E - Unrelated Deb	ot-Financed	Income (see	instructions)	T	3 Deductions directly con	anacted with or allo	cable
•	ot-Financed	Income (see	2. Gross Income from		3. Deductions directly cor to debt-finance	nnected with or allo	cable
Schedule E - Unrelated Deb		Income (see	T .	(a)	to debt-finance	ced property (b) Other	deductions
Schedule E - Unrelated Deb		Income (see	Gross Income from or allocable to debt-	(a)	to debt-finance	ced property (b) Other	deductions
Schedule E - Unrelated Dek		Income (see	Gross Income from or allocable to debt-	(a)	to debt-finance	ced property (b) Other	deductions
Schedule E - Unrelated Dek 1. Description of debt-fir		Income (see	Gross Income from or allocable to debt-	(a)	to debt-finance	ced property (b) Other	deductions
1. Description of debt-fir		Income (see	Gross Income from or allocable to debt-	(a)	to debt-finance	ced property (b) Other	deductions
1. Description of debt-fir (1) (2)		Income (see	Gross Income from or allocable to debt-	(a)	to debt-finance	ced property (b) Other	deductions
1. Description of debt-fir (1) (2)	5. Average of or al	adjusted basis locable to need property schedule)	Gross Income from or allocable to debt-	(a)	to debt-finance	(b) Other (attach	deductions
1. Description of debt-fir (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average of or al	adjusted basis llocable to need property	Gross Income from or allocable to debt-financed property Column 4 divided by column 5	(a)	to debt-finance Straight line depreciation (attach schedule) 7. Gross Income reportable (column	(b) Other (attach	deductions schedule)
1. Description of debt-fir (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (strach schedule)	5. Average of or al	adjusted basis llocable to need property	Cross Income from or allocable to debt-financed property 6. Column 4 divided	(a)	to debt-finance Straight line depreciation (attach schedule) 7. Gross Income reportable (column	(b) Other (attach	deductions schedule)
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1. Name of controllad organization 2. Employer specified 3. New translation 3. New translation 4. Name of particular in a position in column 6. New translation 5. Test of column 6. Name of pass income 6 pass income	Schedule F - Interest,	, ,	,,yu							1000 1113	400011	-,
Compared to Controlled Organizations Control	1. Name of controlled organiz	zation	2. Em identifi num	ployer cation ber	3. Net unr	elated Income	4. To	tal of specified	Includ	ed in the cont	rolling	connected with income
Compared to Controlled Organizations St. Net invalidation increase base) St. Net increase base) St. Net increase base) St. Net invalidation increase base) St. Net increase base)	(1)							_				
Some part Controlled Organizations Some intervention Some					 							
(d) The controlled Organizations The controlled Organization The cont			l 				-		-			
Consemble Controlled Organizations State Income									-			
8. Net unrelated income (test) (peas instructions) 9. Total of specified payments in the controlling opeasisation's grows income in column 10 (peas instructions) (1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (A) (5) (6) And column (A) (7) (8) (8) (9) Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (B) (9) (9) And column (A) (9) Add columns 6 and 11 Enter here and on page 1, Part 1, line 8, column (B) (9) (9) (9) And column (A) (9) Add columns 6 and 11 Enter here and on page 1, Part 1, line 8, column (B) (9) (9) Column (B) (9) Add columns 6 and 11 Enter here and on page 1, Part 1, line 8, column (B) (9) (9) Column (B) (9) And column (B) Add columns 6 and 11 Enter here and on page 1, Part 1, line 8, column (B) (9) (9) Column (B) 5. Total defactions on the column (B) (9) Column (B) (9) Column (B) 5. Total defactions on the column (B) (9) Column (B) 5. Total defactions on the column (B) (9) Column (B) 5. Total defactions on the column (B) (9) Column (B) 5. Total defactions on the column (B) (1) (2) (3) (4) Column (B) Column			L		<u> </u>						<u> </u>	
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Add columns 5 and 10 Enter here and on page 1, Part 1, time 8, column (5) (1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part 1, time 8, column (6) (see instructions) 1. Description of income 2. Amount of income 3. Description of income 4. Set-asides (strituch schedulu) (6) (6) (7) (8) (9) (1) (2) (3) (4) (5) (6) (6) (7) (7) (7) (7) (8) (7) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	(1)							,				
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Add columns 5 and 10 Enter here and on page 1, Part 1, time 8, column (9) 1. Description of Income 2. Amount of income 2. Amount of income 3. Description of Income (etable Exempt Activity Income, Other Than Advertising Income (see instructions) 3. Description of explorate beases unable beases (and or page 1, Part 1, time 8, column (9)) (attach schedule) 5. Total deductions (col 3 plus col 4) 5. Total deductions (col 3 plus col 4) 6. Expenses defining in Come (see instructions) 6. Expenses defining in Come (see instructions) 7. Excas seasons 1. Description of expenses of the income	• • • • • • • • • • • • • • • • • • • •											
Add acclumes 5 and 10 Enter have and on page 1, Part 1, line 8, column (A) O . O . O . O . O . O . O . O												
Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions (set instructions) 4. Set-saidse (attach schedule) (set of schedule) (set of schedule) (set of schedule)	- ·	_ 			I		•	Enter here and	on page	1, Part I,	Enter h	ere and on page 1, Part I,
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income directly connected (attach schedule) (attach schedule) (attach schedule) (2) (3) (4) Enter here and on page 1, part, line 9, column (A) sepicition of sepicition of see instructions) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income Iron (see instructions) 4. Set actach schedule) Column (A) Enter here and on page 1, part, line 9, column (B) Column (A) Enter here and on page 1, part, line 9, column (B) Column (•		
(see instructions) 1. Description of Income 2. Amount of Income 3. Deductions directly connected (entach schedule) 4. Ser-asides (cotal sphus cot 4) (cotal schedule) (d) Enter here and on pege 1. Part I, line 9, column (A) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) for the read on pege 1. Part I, line 9, column (B) 1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) from unrelated trade or business income from trade or business income from trade or business income from page 1. Part I, line 9, col I, line 10, cot (B) (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, col I, line 10, cot (B) I ine							<u> </u>	L		υ.		0
1. Description of Income 1. Description of Income 2. Amount of Income (attach schedule) (do 3 plus cel 4) (2) (3) (4) 7. Enter here and on page 1, Part I, line 9, column (A) (see instructions) 2. Gross unrelated business Income (ase instructions) 3. Expenses description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Not income flows (see instructions) 4. Not income flows (see instructions) 5. Gross income (see instructions) 7. Excess exempt (column 2) (column 2) (column 2) (column 2) (column 3) (column 4) (column 4) (column 4) (column 4) (column 4) (column 5) (column 4) (column 5) (column 4) (column 6)			me of a	Section	1 501(c)(7), (9), or	(17) Oı					
(2) (3) (4) (4) Enter here and on page 1 Pert I, line 9, column (A) Pert I, line 9, column (A) Colors on unrelated business income 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Cross unrelated business income with production of exploited activity in trade or business income with production of page 1, and the production of page 1, and the production of exploited activity in the exploited activity in th	1. Des	scription of inco	me			2. Amount of	income	directly conne	cted			and set-asides
(3) (4) Enter here and on page 1. Part I, line 9, column (A) Column (A) Column (B) Column (Column (B) Column	(1)								-			
(3) (4) : Enter here and on page Part , line 9, column (A)	(2)											
Enter here and on page 1, Part line 9, column (A) Part line 9, column (B) Part Pa									•			
Enter here and on page 1,			·		····							<u> </u>
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity urrelated business income from trade or business income from trade or business income in tra							lumn (A)					Part I, line 9, column (B)
1. Description of exploited activity unrelated business unrelated business and extension of unrelated with production of unrelated business income vade or business income vale vale vale vale vale vale vale val	Schedule I - Exploited		Activity	Incom	e, Othe	r Than Ad		ing Income	**************************************	THE PERSON NAMED AS PARTY	eradin e	<u> </u>
1. Description of exploited activity content to business column of trade or business column for trade or business column for trade or business column for trade or business income column for column fo	((((((((((((((((((((1	eroes.	3. Ex	penses	4. Net incom	e (loss)	5. Green Inco				7. Excess exempt
(2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Schedule J - Advertising Income (see instructions) Part II Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising Income 3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) 0. Column 4 Column 5, but not more through 7 Column 6, Baadership costs (column 6 minus column 6) Column 6, but not more through 7 Column 6, Baadership costs (column 6 minus column 6) Column 6, but not more through 7 Column 6, Baadership costs (column 6 minus column 6) Column 6, Baadership costs (column 6 minus column 6) Column 6, Baadership costs (column 6 minus column 6) Column 6, Baadership costs (column 6 minus column 6) Column 6, Baadership costs (column 6 minus column 6) Column 7 Column 7 Column 8 Column 8 Column 9 Col	1. Description of exploited activity	unrelated Incom	business e from	with pro of unr	oduction elated	business (co minus columi gain, compute	lumn 2 n 3) If a n cols 5	from activity t is not unrelat	hat ed	attribut	able to	expenses (column 6 minus column 5, but not more than
(2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Schedule J - Advertising Income (see instructions) Part II line 26 1. Name of periodical 2. Gross advertising Income 3. Direct advertising gain or (loss) (col 2 minus col 5 through 7 costs (column 6 minus column 5, but not more than column 6) (1) (2) (3) (4) Fotals (carry to Part II, line (5)) 0. Cotals (carry to Part II, line (5)) 0. Cotals (carry to Part II, line (5)) 0. Cotals (carry to Part II, line (5)) Cotals (carry to Part II, line (5))	(1) ""	1										N
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Fotals (carry to Part II, line (5)) • 0 • 0 • 0 •	1. Name of periodical		advertising			or (loss) (co	l 2 minus In, compu		ion			costs (column 6 minus column 5, but not more
Fotals (carry to Part II, line (5)) • 0 • 0 • 0 •	(1)						Market 1	4				ALM STANSON STANSON
Fotals (carry to Part II, line (5)) • 0 • 0 • 0 •				\neg								din Parkini da
Totals (carry to Part II, line (5)) • 0 • 0 • 0 •								<u> </u>				的一种的
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	otals (carry to Part II, line (5))	_		0.	0	•						

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1, Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	***************************************			-	·	
(2)						<u> </u>
(3)						
(4)						
Totals from Part I . •	0.	0.	第7次開始。1995年1985			0
, p ²¹	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

317	. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4) ⁽⁻⁾			%	
Total Enter here and on page	l, Part II, line 14		•	0.

Form 990-T (2017)

CENTER FOR COMMUNITY CHANGE

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
SCHEDULE I CHARITABLE CONTRIBUTIONS	N/A	2,457,494.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	2,457,494.
De C		
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX PREP FEES		500.
TOTAL & TO FORM 990-T, PAGE 1, L	INE 28	500.

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CENTER FOR COMMUNITY CHANGE

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	3
QUALIFIED CONTRIBU	TIONS SUBJECT TO 100% LIMIT			
CARRYOVER OF PRIOR	YEARS UNUSED CONTRIBUTIONS			
FOR TAX YEAR 201 FOR TAX YEAR 201				
FOR TAX YEAR 201				
FOR TAX YEAR 201	~			
FOR TAX YEAR 201	0			
TOTAL CARRYOVER				•
TOTAL CURRENT YEAR	10* CONTRIBUTIONS	2,457,494		
TOTAL CONTRIBUTION		2,457,494	ام وه سور د	
TAXABLE INCOME LIM	TATION AS ADJUSTED	- 0		,
EXCESS 10% CONTRIB		2,457,494		
EXCESS 100% CONTRI		0 2,457,494		
, TOTAL EXCEDS CONTR		2,437,434		٠,
ALLOWABLE CONTRIBU	TIONS DEDUCTION			0
'TOTAL CONTRIBUTION	DEDUCTION			0
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