

2008

Open to Public Inspection

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning, and ending

Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: San Diego Foundation for Change. D Employer identification number: 33-0628755. E Telephone number: 619-692-0527. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method: Cash [ ] Accrual [X].

I Website: www.foundation4change.org

J Organization type (check only one): [X] 501(c) ( 3 ) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 356,342

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 21 rows for Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for 5a-c, 6a-c, 7a-c. Total revenue: 356,342. Total expenses: 391,560. Net assets at end of year: 101,021.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets (lines 22-27). Columns: (A) Beginning of year, (B) End of year. Total assets: 111,596. Total liabilities: 10,575. Net assets: 101,021.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? <u>Supporting community activist organizations</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	The Organization funds, trains and supports community-led efforts which promote social equality, economic justice, and environmental sustainability in San Diego County and the Tijuana border region. In 2008, 15 grants for a total of \$75,000 were awarded to local non-profit groups. (Grants \$ 75,000 ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	329,606
29	  (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30	  (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses.</b> (add lines 28a through 31a) <input type="checkbox"/>	32	329,606

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name John Fanestil Str City above address ST ZIP	Title Executive Director Hr/WK 40.00	84,383	0	0
Name Lou Terrell Str City above address ST ZIP	Title President Hr/WK 2.00	0	0	0
Name Nicole Trombley Str City above address ST ZIP	Title Vice President Hr/WK 2.00	0	0	0
Name Jayme Fagan Str City above address ST ZIP	Title Secretary Hr/WK 2.00	0	0	0
Name Curtis Lubben Str City above address ST ZIP	Title Treasurer Hr/WK 2.00	0	0	0
Name Michael Brau Str City above address ST ZIP	Title Director Hr/WK 1.00	0	0	0
Name Michelle Ciccarelli Str City above address ST ZIP	Title Director Hr/WK 1.00	0	0	0
Name Gordon Clanton Str City above address ST ZIP	Title Director Hr/WK 1.00	0	0	0
Name Jeff Duby Str City above address ST ZIP	Title Director Hr/WK 1.00	0	0	0
Name Eric Isaacson Str City above address ST ZIP	Title Director Hr/WK 1.00	0	0	0
Name Armin Kuhlman Str City above address ST ZIP	Title Director Hr/WK 1.00	0	0	0
Name Leiana Naholowaa Str City above address ST ZIP	Title Director Hr/WK 1.00	0	0	0
Name OliviaPuentes-Reynol Str City above address ST ZIP	Title Director Hr/WK 1.00	0	0	0
Name Helen Warren Ross Str City above address ST ZIP	Title Director Hr/WK 1.00	0	0	0
Name Peter Zschiesche Str City above address ST ZIP	Title Director Hr/WK 1.00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0



**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	X	
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b 0		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39a		
b Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
d Enter amount of tax on line 40c reimbursed by the organization. ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X

41 List the states with which a copy of this return is filed. ▶ CA

42 a The books are in care of ▶ Name John Fanestil Telephone no. ▶ (619) 692-0527

Located at ▶ 3758 30TH STREET City San Diego ST CA ZIP + 4 ▶ 92104

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.  Yes  No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.  Yes  No
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.  Yes  No
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?  Yes  No
- b If "Yes," was the related organization(s) a section 527 organization?  Yes  No
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City ST ZIP	Title Hr/WK	.00	0	0
Name City ST ZIP	Title Hr/WK	.00	0	0
Name City ST ZIP	Title Hr/WK	.00	0	0
Name City ST ZIP	Title Hr/WK	.00	0	0
Name City ST ZIP	Title Hr/WK	.00	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Total number of other independent contractors each receiving over \$100,000 . . . ▶		0

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

Sign Here ▶ *John Fanestil* Signature of officer Date Nov. 11 2009

▶ JOHN FANESTIL, EXECUTIVE DIRECTOR Type or print name and title.

Paid Preparer's Use Only ▶ Preparer's signature *John Fanestil* Date 8/17/2009 Check if self-employed  Preparer's Identifying Number (see instructions) P00287581

Firm's name (or yours if self-employed), address, and ZIP +4 ▶ Sonnenberg & Co. CPAs EIN ▶ 95-3749711

5190 Governor Dr, Ste. 201, San Diego, CA 92122 Phone no. ▶ 858-457-5252

May the IRS discuss this return with the preparer shown above? See instructions . . . ▶  Yes  No