### NCDI GUIDELINES FOR CONTRACTING WITH CONSULTANTS 2004

### **Selection Procedures**

The following guidelines are used by NCDI to contract with external consultants:

- 1. Get authorization from the President to hire a consultant at a specified professional fee.
- 2. Identify potential consultants and share information about the scope of work, fee schedule and timeline for the technical assistance project.
  - a. If applicable, issue an RFP describing the technical assistance project.
- 3. Request that the consultant submit a technical assistance plan with the following information:
  - a. Name
  - b. Contact information (Address, Phone, Fax, and E-Mail)
  - c. Scope of Work (Key Tasks, Timeline and Products)
  - d. Fees (Rate per Hour/Day; Estimated Hours/Days to Complete Scope of Work; and Total Estimated Fees)
- 4. Select a consultant (s) and finalize the technical assistance plan.
- 5. Prepare a contract to be signed by the consultant and the President.
- 6. NCDI retains the right to sever relationships with a consultant if that is in the best interest of our firm or a client organization.

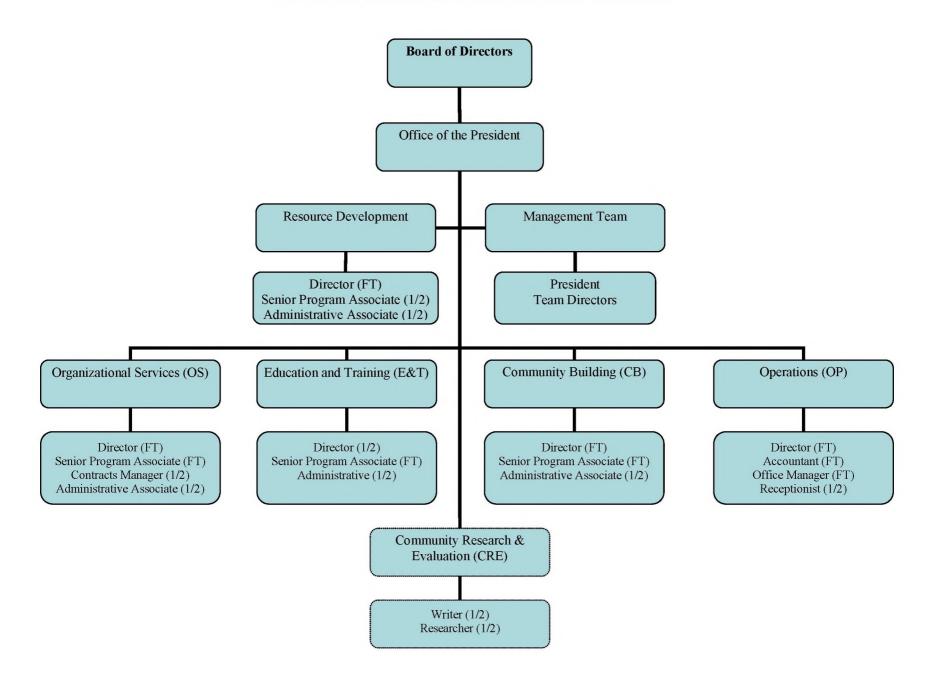
### **Matching Consultants with Client Organizations**

Selection of consultants is normally based on the following criteria (not in ranked order):

- 1. Ethnic or language match
- 2. Match between the client organization's technical assistance needs and consultant's skills, experiences and specializations
- 3. Previous field experience working on a similar NCDI project or *other* field experience working on a similar project
- 4. Successful completion of an NCDI training program (e.g., PDC or CBLI)
- 5. Positive feedback about our work from client organizations (callbacks)

NATION	NAL COMMUUNITY DEVELOPY ORGANIZATIONAL SNAPS 2003	
<b>Core Functions</b>	Where We Are Now?	Bridging the Gap
Programs and Services		
Program Model	Culturally-based capacity building for social change model developed	<ul> <li>Developing products to franchise our capacity building model</li> <li>Aligning current programs with strategic priorities</li> </ul>
Consultants	• 200 PDC alumni	<ul> <li>Engaging PDC alumni in the Bay Area</li> <li>Developing "pathway" training program for consultants in other regions</li> <li>Recruiting national pool of consultants</li> </ul>
Clients	Served over 1,200 client organizations in 38 states and 80 cities	<ul><li>Establishing fixed market</li><li>Identifying strategic partners in other regions</li></ul>
Expansion	Midwest Regional office established	Exploring feasibility of establishing a hub site in the South and Northeast/ Mid- Atlantic region by 2009
Evaluation	Various tools developed by NCDI staff	Developing an evaluation process to assess our fieldwork
Operations		
Finance	<ul><li>Financially stable</li><li>Key partnerships with local/national funders</li></ul>	<ul> <li>Preparing/implementing resource development plan</li> <li>Building donor base</li> <li>Establishing endowment</li> </ul>
Staff	Diverse capable staff	<ul> <li>Building cohesive team</li> <li>Managing workloads</li> <li>Defining/implementing leadership transition plan</li> </ul>
Board	Strong regional board with statewide and national reps	<ul><li>Developing national board</li><li>Engaging current board</li></ul>
Facility	Central located in quality space	Paying exorbitant rent     Buying a facility
Policies and Procedures	Various policies and procedures	<ul> <li>Updating manuals for clients and consultants</li> <li>Updating Personnel Manual</li> </ul>
Marketing	<ul> <li>Regional visibility/ credibility</li> <li>More national exposure</li> </ul>	<ul> <li>Implementing marketing strategy</li> <li>Increasing national visibility</li> <li>Positioning NCDI in the capacity-building field</li> <li>Branding NCDI</li> </ul>

### NATIONAL COMMUNITY DEVELOPMENT INSTITUTE



### NATIONAL COMMUNITY DEVELOPMENT INSTITUTE STAFF AND CONSULTANT POSITIONS/ROLES 2007

Category	Position	Field Duties for Staff/Consultants	Experience/Qualifications
Program Staff	President	Manages foundation initiatives or other major projects and supervises staff and consultants	Extensive experience as project manager and technical support provider
	Vice President	Manages foundation initiatives or other major projects and supervises staff and consultants	Extensive experience as project manager and technical support provider
	Director	Manages foundation initiatives or other major projects and supervises staff and consultants	Extensive experience as project manager and technical support provider
	Senior Program Associate	Works independently on NCDI contracts or as part of a project team including supervision of staff and consultants as assigned	Able to do independent, unsupervised field work or manage key components of a multi-faceted project
	Program Associate	Provides field and project management support (back office) for senior staff	Able to provide field support for and manage projects of varying size and complexity
	Program Assistant	Provides program support for senior staff as assigned	Has experience providing programmatic/secretarial support to senior staff on multiple projects
Administrative Staff	Director	Manages administrative/ fiscal operations and supervises staff and consultants	Extensive experience managing administrative/ fiscal operations
	Senior Administrative Associate	Works independently on key administrative or fiscal functions including supervision of staff and consultants as assigned	Able to manage key administrative or fiscal functions and work independently without supervision
	Administrative Associate	Provides administrative or fiscal management support for senior staff with general supervision	Able to provide back office support for administrative/ fiscal functions of varying scope and complexity
	Administrative Assistant	Provides administrative support for staff as assigned	Has experience providing administrative/fiscal support to staff on multiple projects
	Secretary/Receptionist	Provides secretarial support for staff as assigned and serves as receptionist	Able to assist administrative staff as assigned

Category	Position	Field Duties for Staff/Consultants	Experience/Qualifications
Consultants	Senior Consultant	Senior Consultant  Works independently as a lead consultant on major projects/initiatives or has a key leadership role on a project team  Consultant  Functions as a Senior	
	Consultant	Functions as a Senior Program Associate, working independently on NCDI contracts or as part of a project team including supervision of other contract staff as assigned	Able to do independent, unsupervised field work or manage key components of a multi-faceted project
	Project Associate	Functions as a Program Associate, providing field and project management support (back office) for senior staff	Able to provide field support for and manage projects of varying size and complexity
	Project Assistant	Functions as Program Assistant, providing program support for senior staff or consultants	Has experience providing programmatic/secretarial support to senior staff on multiple projects



**DEMOGRAPHIC INFORMATION** 

## NATIONAL COMMUNITY DEVELOPMENT INSTITUTE

DATE:

900 Alice Street, Suite 300 • Oakland, CA 94607 • (510) 763-4120 (510) 763-5851 FAX • www.ncdinet.org

# Application Form For NCDI Consultants

FIRST NAME: LAST NAME:					·									
HOME ADDRESS:								-						
CITY:				;	STATE:			ZIP C	ODE:	*				
HOME TELEPHONE:			Fax:					Ем	MAIL:					
PAGER/CELL:								W	ORK PHO	NE:				
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AFRICAN AMERICAN			EURO	PEAN AN	MERIC	CAN				PACIFA	IC <b>I</b> SLAI	NDER	)	
Arab / Middle Eastern	)		LATIN	10				)		MULTI	-Race/	ETHNICITIES:		
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AGE GROUP:														
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EDUCATION (PLEASE INDI	CATE	FIEL	D OF ST	UDY):										
High School/Techn	ICAL							Ass	SOCIATES D	EGREE:				
Bachelors Degree:								Ma	STERS:					
<i>Рн.</i> D.:								OTI	HER:					
ARE YOU A GRADUATE OF (COMMUNITY BUILDERS LI						DEVELO YES		OF <b>N</b> C		TANTS)	OR TI	⊣E CBLI		

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WHAT GOALS (PROFESSION	DNAL	PERSONAL) W	OULD	YOU LIK	KE TO ACH	IEVE B	Y JOINING THE	NC	DI Cor	NSULTING GRO	JP?
EMPLOYMENT											
CURRENT STATUS (CHECK A	LL TH	AT APPLY):									
EMPLOYED F/T	E	Employed P/T		Consu	LTANT F/T		CONSULTANT	P/T		Unemployed	
IF EMPLOYED:											
TYPE OF ORG:		Non-Profit		F	or <b>-</b> Profit		Governm	ENT		OTHER	
Name of Organization	ı:				Posi	TION: _					
IF CONSULTED IN THE PA											
IF CONSULTANT:											
Type of Practice:	S	OLE <b>-</b> Proprietor		PA	RTNERSHIP		Corporat	ION		OTHER	
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Arts/Culture	For-Profit Agencies	PHILANTHROPY	
Community Organizing	GOVERNMENT	POLICY	
Economic Development	HEALTH	Social Justice	
Education	HIV/AIDS	Social Services	
ENVIRONMENTAL	Housing/Homelessness	OTHER:	

WHICH TYPES OF SERVICES DO YOU HAVE EXPERIENCE PROVIDING?
PLEASE ALSO INDICATE IF YOU HAVE A STRONG INTEREST IN DEVELOPING SKILLS IN AN AREA.

	EXPERTISE	INTEREST
CONTENT AREAS		
COMMUNITY ENGAGEMENT		
COMMUNITY EDUCATION		
COMMUNITY OUTREACH		
COMMUNITY ORGANIZING		
LEADERSHIP DEVELOPMENT		
RESIDENT ENGAGEMENT		
YOUTH DEVELOPMENT		
OTHER		
COMMUNITY ORGANIZATIONS		
ASSET/NEEDS ASSESSMENT		
BOARD DEVELOPMENT		
BUSINESS PLANNING/DEVELOPMENT		
EXECUTIVE TRANSITIONS		
FINANCIAL PLANNING & FISCAL MANAGEMENT		
IDENTITY (MISSION/VISION/VALUES/NICHE)		
HUMAN RESOURCES		
Marketing/Public Relations		
Media Relations		
MERGERS / DEVOLUTION		
Nonprofit Incorporation / Start Up		
OFFICE MANAGEMENT		
ORGANIZATIONAL CULTURE		
PROGRAM EVALUATION		
Program/Project Management		

	EXPERTISE	INTEREST
RESOURCE DEVELOPMENT		
CAPITAL CAMPAIGNS		
Donor Development		
EVENT PLANNING		
GRANT WRITING		
Investment Planning		
PLANNED GIVING		
STRATEGIC PLANNING		
TECHNOLOGY		
OTHER		
COMMUNITY RELATIONSHIPS		
COLLABORATIONS/PARTNERSHIPS		
CROSS-CULTURE / CROSS-COMMUNITY BRIDGE BUILDING AND COMMUNICATIONS		
RACE RELATIONS! HUMAN RELATIONS		
OTHER		
COMMUNITY DEVELOPMENT		
CHILD DEVELOPMENT		
COMMUNITY ARTS		
COMMUNITY ASSESSMENT		
COMMUNITY PLANNING		
CRIMINAL JUSTICE/RE-ENTRY		
Education		
ECONOMIC DEVELOPMENT		
Environmental Justice		
HEALTH		
Housing		

	EXPERTISE	INTEREST
Human Services		
LAND USE		
Parks and Recreation		
Public Safety		
Transportation		
Youth Services		
OTHER		
COMMUNITY ADVOCACY		
ADVOCACY CAMPAIGNS		
ADMINISTRATIVE PETITIONS		
COALITION BUILDING		
LEGISLATIVE <b>A</b> DVOCACY		
Policy Analysis/Development		
OTHER		
COMMUNITY RESEARCH/EVALUATION		
Applied Research		
COMMUNITY ASSESSMENT/MAPPING		
Knowledge Transfer (e.g., Publishing/Blogging		
PROGRAM EVALUATION		
OTHER		
PROCESS AREAS		
Coaching		
Conflict Resolution		
CULTURALLY BASED/ CULTURALLY COMPETENT CAPACITY BUILDING		
FACILITATION		
MEETING MANAGEMENT		
PEER EXCHANGE		
RECORDING / GRAPHIC RECORDING		
TEAM BUILDING		
Training Services		
OTHER		

In addition to the above application, we would like you to submit a personal statement with responses to the following questions:

- 1. Please describe how your professional and personal experiences have shaped your philosophy and values about working towards social justice in communities of color and other marginalized communities.
- 2. Please describe what the phrase "building capacity for social change" means to you.
- 3. What is your approach to providing capacity-building services in communities of color or other marginalized communities?

Thank you! Please return this questionnaire, along with your resume/bio, three references, and personal statement to:

### NCDI Consulting Services Evaluation Form (2001)

The mission of the National Community Development Institute (NCDI) is to provide responsive, customized technical assistance and capacity-building services that promote and sustain social change in communities of color. We need your input to ensure that we are meeting the needs of organizations serving communities of color. Please take a moment to evaluate our services. Your feedback will assist us in achieving our mission.

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Person Completing Evaluation: Consultant Name:

Date Services Were Provided

### PLEASE ANSWER THE FOLLOWING QUESTIONS USING A SCALE OF 1-10

CUSTOMER SERVICE	Uns	ATISFA	CTORY	\$	SATISE	ACTO	<u>RY</u>	<u>E</u> 2	KCELL	<u>ENT</u>	
Did the consultant listen to and understand your needs?	1	2	3	4	5	6	7	8	9	10	
Did the consultant demonstrate genuine concern about working with your organization?	1	2	3	4	5	6	7	8	9	10	
Was the consultant able to communicate effectively with your board, staff, members and/or constituents?	1	2	3	4	5	6	7	8	9	10	
Did the consultant treat everyone with respect?	1	2	3	4	5	6	7	8	9	10	
Was the consultant able to work well with the diverse cultural groups in your organization?	1	2	3	4	5	6	7	8	9	10	
Was the consultant knowledgeable about and sensitive to other diversity issues?	1	2	3	4	5	6	7	8	9	10	
PROFESSIONAL SERVICE	<u>Uns</u>	ATISFA	CTORY	5	SATISE	ACTO	<u>RY</u>	<u>E</u> 2	KCELL	<u>ENT</u>	
Did the consultant have adequate knowledge and expertise to assist your organization?	1	2	3	4	5	6	7	8	9	10	
Did the consultant do adequate pre-planning with your organization?	1	2	3	4	5	6	7	8	9	10	
Did the consultant send appropriate informational materials prior to the site visit?	1	2	3	4	5	6	7	8	9	10	
Did the consultant arrive on time and stay on schedule during the site visit?	1	2	3	4	5	6	7	8	9	10	
Did the consultant meet the deadlines established for the project?	1	2	3	4	5	6	7	8	9	10	
Did the consultant use appropriate resource materials?	1	2	3	4	5	6	7	8	9	10	
										100	
Did the consultant refer you to other resources (i.e., people, places, or materials) that might be beneficial to your organization?	1	2	3	4	5	6	7	8	9	10	

1 2

timely basis?

Did the consultant submit a follow-up report on a

NCDI CONSULTING SERVICES E	VALUATION FORM	и (2001)
Was the consultant a good match for your organization?	YES	No
Comments:		
Are you willing to utilize this consultant again in the future?	YES	No
Comments:		
DI FACE DATE VOUD OVEDALL CATICEACTION WITH OUR CERVICE		
PLEASE RATE YOUR OVERALL SATISFACTION WITH OUR SERVICE		523.052.20
1=VERY DISSATISFIED 2=SOMEWHAT DISSATISFIED	3=SATISFIED	4=VERY SATISFIED
Comments:		
Is there anything that we could have done to improve	Yes	No
our services?		
Comments:		
Thank you for your feedback. Please contact us if you have pleasure to work with you.	any questions or cor	ncerns. It has been a
Please mail or fax this completed form to:		
Omowale Satterwhite President		
National Community Development Institute		

0 405 14<sup>th</sup> Street, Suite 1200 Oakland, CA 94612 (510)763-4120 (510)763-XXXX(fax)

# SCANNED DEC @ 9 2008

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Website: ➤ www.ncdinet.org  Organization type (check only one) ➤ ☑ 501(c) ( 3 ) ◄ (insert no ) □ 4947(c)(1) or □ 527  Check here ➤ □ of the organization is not a 500(c)(c) supporting organization and its gross recepts are normally not more than \$25,000 A return is not required, but if the organization choose recepts are normally not more than \$25,000 A return is not required, but if the organization choose recepts are normally not more than \$25,000 A return is not required.  Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ➤ 5,049,074  Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ➤ 5,049,074  Tontributions, gifts, grants, and similar amounts received: a Contributions of donor advised funds b Direct public support (not included on line 1a) 1b 4,022,366 c Indirect public support (not included on line 1a) 1b 4,022,366 c Indirect public support (not included on line 1a) 1b 4,022,366 c Indirect public support (not included on line 1a) 1d 0 0 d Government contributions (grants) (not included on line 1a) 1d 0 0 e Total (add lines 1a through 1d) (cash 5. 4,010,366 noncash 5. 12,000 ) 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 4 34,631 5 Dividends and interest from securities 6a Gross rental 5 Dividends and interest from securities 6a Gross rental 6a Gross rental 6a Gross rental 7 Other investment income (closs) bub fact line 6b from line 6a 0 7 Other investment income (closscribe ► (A) Securines 8a Gross amount from sales of assets other flan fundraising expenses 0 8b 0 0 b Less: cost of goods sold 0 Net gain or (loss) (statach schedule) if any amount is from gaining, check here ► □ 10a Gross sales of inventory, less returns and allowances 10a Gross sales of inventory, less returns and allowances 10a Gross sales of inventory, less returns and allowances 10a Gross sales of inventory, less returns and allowances 10a Gross sales of inventory, less returns and allowances 10a Gross sales of inventory, less returns and allowa	For t	he 2007 ca	alendar	year, or tax year beginning	1/1/2007	, an	d endi	ng 12/3	1/2007	
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## Agricultion pending   ## Section Sot(c)[3] erganizations and san/1a(1) nonexempt charitable husta must statch a completed Schedule A (Form 980 or 990-E2).    Website:   www.ncclinet.org				Oakland, CA 94607					The state of the s	
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d Government contributions (grants) (not included on line 1a) e Total (add lines 1a through 1d) (cash \$ 4,010,366 noncash \$ 12,000 ) 1e 4,022,366 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6a Gross rents 6b Less: rental expenses 6 Gross rents 6 Gross amount from securities 6 Gross amount from sales of assets other than inventory 6 Less: cost or other basis and sales expenses, 6 Gross amount from sales of assets other than inventory 7 Dividend or (loss). Combine line 8c, columns (A) and (B) 9 Special events and activities (attach schedule) If any amount is from gaming, check here do not including \$ 0 of contributions reported on line 1b). 9 Less: cost of goods sold. 10 Cer revenue (from Part VII, line 103) 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 PRECEIVED 13 Program services (from line 44, column (D)) 14 Management and general (from line 44, column (D)) 15 Payments to affiliates (attach schedule) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 1f and 44, column (D)) 18 Add of the transfer of the payments of the payments to affiliates (attach schedule) 19 Payments to affiliates (attach schedule) 10 Payments to affiliates (attach schedule) 11 Total expenses. Add lines 1f and 44, column (D)) 12 Payments to affiliates (attach schedule) 13 Payments to affiliates (attach schedule) 14 Payments to affiliates (attach schedule) 15 Payments to affiliates (attach schedule) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 1f and 44, column (D) 18 Payments to affiliates (attach schedule) 19 Payments to affiliates (	b							4,022,3	00	•
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12       Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11       12       5,049,074         13       Program services (from line 44, column (B))       13       4,135,687         14       Management and general (from line 44, column (C))       014       478,178         15       Fundraising (from line 44, column (D))       015       85,496         16       Payments to affiliates (attach schedule)       016       016         17       Total expenses. Add lines 16 and 44, column (A)       016       017         18       Excess or (deficit) for the year. Subtract line 17 from line 12       000       17         19       1,542,376         20       Other changes in net assets or fund balances (attach explanation)       Stmt 1       20       1,723,957         21       Net assets or fund balances at end of year. Combine lines 18, 19, and 20       21       3,616,046	C	Gross pr	ofit or (lo	oss) from sales of inventory (a	ittach schedule) Sub	tract line	10b fr	om line 10a	10c	0
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DLN: 93493320021919

Form 990

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue

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

Open to Public

Please use IRS label or print or type. See Specific Instructions.  The print or type of the print or type of the print or type of the print or the print or type	C Name of organization National Community Development Institute  Doing Business As  Number and street (or P O box if mail is not delive 900 Alice Street  City or town, state or country, and ZIP + 4 Oakland, CA 94607  The and address of Principal Officer  (3) (insert no) 4947(a)(1) or 527	t activities  ons or disposed of the 1a)	H(a) Is this affiliate  H(b) Are all (If "No Group  L Year of Ford  more than 2:	affiliates included:  o," attach a list S Exemption Num  mation 2001 M St  % of its assets  3	ber 20 \$ 3,153,628  Or Yes No Pee Instructions ) ber > tate of legal domicile CA
use IRS label or print or type. See Specific Instruc- tions.  The print of type. The print	National Community Development Institute  Doing Business As  Number and street (or P O box if mail is not delive 900 Alice Street  City or town, state or country, and ZIP + 4 Oakland, CA 94607  The and address of Principal Officer  (3)  (insert no)	t activities  ons or disposed of the 1a)	H(a) Is this affiliate  H(b) Are all (If "No Group  L Year of Ford  more than 2:	52-2354975 E Telephone num (510) 763-41 G Gross receipts a group return for es? affiliates included? b," attach a list S Exemption Num mation 2001 M St	ber 20 \$ 3,153,628  Property of the property o
Iabel or print or type. See Specific Instructions.  Instructions.  The Specific Instru	Number and street (or P O box if mail is not delive 900 Alice Street  City or town, state or country, and ZIP + 4 Oakland, CA 94607  The and address of Principal Officer  (3)  (insert no)	t activities  ons or disposed of the 1a)	H(a) Is this affiliate  H(b) Are all (If "No Group  L Year of Ford  more than 2:	a group return for a services?  affiliates included of attach a list Services Number 2001 M St. Services Servic	\$ 3,153,628  Property of the second of the s
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F Name  tus 501(c)  www.ncdinet.com  fly describe the list Mission is a second point of the period o	Oakland, CA 94607  The and address of Principal Officer  (3) (insert no) 4947(a)(1) or 527  Trig  Ton trust association other   e organization's mission or most significant to build capacity for Social Change  If the organization discontinued its operation members of the governing body (Part VI, line dent voting members of the governing body imployees (Part V, line 2a)	ons or disposed of ie 1a) y (Part VI, line 1b)	H(b) Are all (If "No H(c) Group  L Year of For	affiliates included  of attach a list S  Exemption Num  mation 2001 M St  % of its assets  3	Yes ▼ No Yes ▼ No See Instructions ) ber ► tate of legal domicile CA
F Name  tus 501(c)  www.ncdinet.com  fly describe the list Mission is a second point of the period o	(3) (insert no) 4947(a)(1) or 527  rg  ion trust association other  e organization's mission or most significant to build capacity for Social Change  if the organization discontinued its operation members of the governing body (Part VI, lined and tooling members of the governing body inployees (Part V, line 2a)	ons or disposed of ie 1a) y (Part VI, line 1b)	H(b) Are all (If "No H(c) Group  L Year of For	affiliates included  of attach a list S  Exemption Num  mation 2001 M St  % of its assets  3	Yes ▼No Yes ▼No See Instructions ) ber ► tate of legal domicile CA
mmary  fly describe the composition of the confindence of the confinence of the conf	e organization's mission or most significant to build capacity for Social Change  if the organization discontinued its operation members of the governing body (Part VI, linited and voting members of the governing body imployees (Part V, line 2a)	ons or disposed of ie 1a) y (Part VI, line 1b)	H(b) Are all (If "No H(c) Group  L Year of Form  more than 2:	affiliates included:  o," attach a list S Exemption Num  mation 2001 M St  % of its assets  3	Yes ▼ No See Instructions ) ber ► tate of legal domicile CA
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immary fly describe the classic state of the content of the conten	e organization's mission or most significant to build capacity for Social Change  If the organization discontinued its operation members of the governing body (Part VI, line dent voting members of the governing body imployees (Part V, line 2a)	ons or disposed of ie 1a) y (Part VI, line 1b)	more than 2!	of its assets	7
immary fly describe the classic state of the content of the conten	e organization's mission or most significant to build capacity for Social Change  If the organization discontinued its operation members of the governing body (Part VI, line dent voting members of the governing body imployees (Part V, line 2a)	ons or disposed of ie 1a) y (Part VI, line 1b)		3	7
fly describe the I's Mission is ck this box of the second part of the	to build capacity for Social Change  if the organization discontinued its operation members of the governing body (Part VI, line) ident voting members of the governing body imployees (Part V, line 2a)	ons or disposed of ie 1a) y (Part VI, line 1b)		3	7
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I's Mission is the ck this box particle aber of voting aber of indeperal al number of earlinumber of v	to build capacity for Social Change  if the organization discontinued its operation members of the governing body (Part VI, line) ident voting members of the governing body imployees (Part V, line 2a)	ons or disposed of ie 1a) y (Part VI, line 1b)		3	<u>7</u>
ck this box place of voting aber of independent of the number of each number of values of values of the larest subsection	if the organization discontinued its operation members of the governing body (Part VI, linguident voting members of the governing body imployees (Part V, line 2a)	ne 1a) y (Part VI, line 1b)		3	<u>7</u>
nber of voting nber of indepe al number of e al number of v al gross unrela	members of the governing body (Part VI, lindent voting members of the governing body nployees (Part V, line 2a)	ne 1a) y (Part VI, line 1b)		3	<u>7</u>
nber of voting nber of indepe al number of e al number of v al gross unrela	members of the governing body (Part VI, lindent voting members of the governing body nployees (Part V, line 2a)	ne 1a) y (Part VI, line 1b)		3	
nber of indepe al number of e al number of v al gross unrela	ndent voting members of the governing body inployees (Part V, line 2a)	y (Part VI, line 1b)		. 4 <u> </u>	6
al number of e al number of v al gross unrela	nployees (Part V, line 2a)			. 4	6
al number of v	olunteers (estimate if necessary)			=	
al gross unrela	STATE OF THE PARTY OF THE STATE OF THE PARTY			· · ·	35
	ted business revenue from Part VIII, line 1			6	and the second s
ST 120			7a	0	
unrelated bus	iness taxable income from Form 990-T, line	e 34		7Ь	
			Prio	r Year	Current Year
	d grants (Part VIII, line 1h)	J	4,022,366	2,180,700	
	revenue (Part VIII, line 2g)		991,787	950,314	
	me (Part VIII, column (A), lines 3, 4, and 7		34,631	21,510	
	Part VIII, column (A), lines 5, 6d, 8c, 9c, 1		290	1,104	
tai revenue—a )	dd lines 8 through 11 (must equal Part VII		5,049,074	3,153,628	
	ar amounts paid (Part IX, column (A), lines	1-3)		554,911	442,766
nefits paid to	or for members (Part IX, column (A), line 4)			H.	C
laries, other o	ompensation, employee benefits (Part IX, c	olumn (A), lines 5	-	1 024 696	1,539,692
)			1,024,686 4,005	1,539,692	
	draising fees (Part IX, column (A), line 11e)	-	4,005		
	(Doort IX, column (D), line 25 180,724	-	3,115,759	2,161,294	
	(Part IX, column (A), lines 11a-11d, 11f-2		4,699,361	4,143,752	
	-add lines 13-17 (must equal Part IX, line penses Subtract line 18 from line 12		-990,124		
venue less ex	penses Subtract line 18 nom line 12	Carles I en	Reginni	349,713	End of Year
			Degillin		3,580,985
STATES SEASON IN THE SEASON IN					
	The state of the s			955,061	
				3,616,046	2,625,924
der penalties of p i belief, it is true	erjury, I declare that I have examined this return, in- correct, and complete Declaration of preparer (other	cluding accompanying er than officer) is base	schedules and s d on all informat	tatements, and to the ion of which prepare	r has any knowledge
*****			2009	-11-16	
Signature of offi	er		Date		
the state of the s					
Type or print na	ne and title				
Preparer's k	Date	Check if			
signature	Eva Konigsberg				
	- vours k				
	0,	EIN >			
Firm's name (o if self-employe	SAWY TAX			La Company	
Firm's name (o if self-employe	4200 PARK BLVD 531			Phone no h /	510) 928-5067
Firm's name (o if self-employe	1200 111111 0010 -71			PHONE NO P (	210, 220 3007
	ignature Bider penalties of office.  Kelley Gulley Prenalties of penalties of penalties of office.  Kelley Gulley Prenalties of penalties of penalti	belief, it is true, correct, and complete Declaration of preparer (other ******  Signature of officer  Kelley Gulley President & CEO Type or print name and title  Preparer's signature  Eva Konigsberg  Firm's name (or yours if self-employed), address, and ZIP + 4	et assets or fund balances Subtract line 21 from line 20  ignature Block der penalties of perjury, I declare that I have examined this return, including accompanying discher, it is true, correct, and complete Declaration of preparer (other than officer) is based  ******  Signature of officer  Kelley Gulley President & CEO Type or print name and title  Preparer's signature  Eva Konigsberg  Firm's name (or yours if self-employed), address, and ZIP + 4  SAVVY TAX  4200 PARK BLVD 531	tal lassets (Part X, line 16)  tal liabilities (Part X, line 26)  et assets or fund balances Subtract line 21 from line 20  ignature Block  der penalties of perjury, I declare that I have examined this return, including accompanying schedules and so belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all informated the service of the self-self-self-self-self-self-self-empolyed), address, and ZIP + 4  SAWY TAX	tal liabilities (Part X, line 26)  assets or fund balances. Subtract line 21 from line 20  3,616,046  ignature Block der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare.  ******    2009-11-16     Signature of officer     Date     Preparer's signature     Eva Konigsberg     Eva Konigsberg     Eva Konigsberg     Ein     Firm's name (or yours if self-employed), address, and ZIP + 4     SAWY TAX     A200 PARK BLVD 531     Phone no   (5)

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

allian Allian	Revenue	Service Treasury  The organization may have to use a copy of this return to satisfy state rep	orting requir	Ciricita	Inspectio	10
		2009 calendar year, or tax year beginning 01/01 , 2009, and ending	12/3	Commence of the last of the la	, 20 09	
	eck if app	- C Name of aggregation National Community Development Institute		Employe	er identification n	
7.600	dress c	use IRS Doing Business As	S MANUT - NO. MANUTAGE MANUTAG	52	235497	5
1	me cha	print or Number and street (or P O box if mail is not delivered to street address) Room/suite	E	SCEANS OF	ne number	220
3	tial retur	See 900 Alice Street Suite 300	Alberta meneral de	(510)	763-412	0
-	rminate	Instruc- City or town, state or country, and ZIP + 4				4 647
-	nended	return tions. Oakland, CA 94607	The second secon	Gross rec		4,647
] Ap	plication	pending F Name and address of principal officer Kelley Gulley			for affiliates? Yes	
- 1111		900 Alice Street, Suite 300, Oakland, CA 94607			ncluded? LYes	□N
Т	ax-exen	pt status	-		list (see instruction	ns)
	Vebsite		H(c) Group ex		legal domicile C	Α :
-	COLUMN TO SERVICE STATE OF THE PERSON NAMED IN COLUMN TO SERVICE STATE OF THE PERSON NAMED STATE STATE OF THE PERSON NAMED STATE STATE STATE OF THE PERSON NAMED STATE STATE STATE STATE STATE STATE STATE STATE STAT	ganization ☑ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation	2001	M State of	legal dufficile C	<u> </u>
Par	-	Summary	mission is	to build	capacity for	
١		letty describe the organization's mission of most significant activities.	1111551011 15	to band	capacity ioi	
	S	ocial change.				
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E		o 2504 of more than 2504	of to not seed			•••••
8		neck this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of				7
<b>5</b>	3 N	umber of voting members of the governing body (Part VI, line 1a)		-		•
1163		umber of independent voting members of the governing body (Part VI, line 1b)		5		23
ctivities		otal number of employees (Part V, line 2a)		6		(
Ř		otal number of volunteers (estimate if necessary)		7a		(
	h	tom Form COO.T line 3/		7b		(
		et unrelated business taxable, income ironi rom 990-1, inte 34	Prior Yea	ar	Current Yes	ar
	8 0	ontributions and grants (Part VIII, line-th).	2,1	80,700	1,02	29,420
aune	9 P	rogram service revenue (PartIVfil, அந் 2g) இ	9	950,314		83,41
-	10 lr	vestment income (Part-VIII, column (A), lines 3, 4, and 7d)		21,510		4,10
Rev	11 (	ther revenue (Part VIII) Column (A)-lines 5:36d, 8c, 9c, 10c, and 11e)	1,104			7,712
	12 T	otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,153,628		1,82	24,647
	7	rants and similar amounts paid (Part IX, column (A), lines 1-3)		42,766	3	51,73
		enefits paid to or for members (Part IX, column (A), line 4)		0		(
		alanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,539,692		1,4	28,319
pen		rofessional fundraising fees (Part IX, column (A), line 11e)		U		
A		otal fundraising expenses (Part IX, Column (D), line 25)		104 004	4.7	04.46
		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		61,294		04,16
	18 7	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,143,752 -990,124		84,22 59,57
_ us	19 F	evenue less expenses. Subtract line 18 from line 12	eginning of Cu		End of Yes	
18 O				3,580,985		08,88
Absers   Balan	20 7	otal assets (Part X, line 16)	955,061			13,05
ופי	21 1	otal liabilities (Part X, line 26)	2,625,924			95,83
Section 1997						ilev e
Pa	rt II	Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying scheduling	les and staten	nents, and t	to the best of my k	now
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on a	all information	of which pr	eparer has any kn	owled
Sig	n	1 1- Acre		IIII	2/20	16
He		Signature of officer	Date			
		Kelley Gulley Chief Executive Officer		Marine Commission		
		Type or print name and title				
		Preparer's A Self	eck if	Preparer's (see instruc	identifying number	
Paid		signature 11/11/10 em	ployed ▶ 🔲	(200 HISTRUC		
	20	anner of the	γ			
Preparer's Use Only		Firm's name (or yours Nonprofit/Suite	EIN	▶20	478855	7
15.6	LIMIN	rt selt-employed)		504	A A	Ani
Use		address, and ZIP + 4 510 3rd Street Suite 200, Oakland, CA 94607  RS discuss this return with the preparer shown above? (see instructions) .	Phone n	0 ▶ (51	0 ) 350-20 . ✓ Yes	□ N