

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)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning 2007, and ending

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Color of Change, 410 12th Street #350, Oakland, CA 94612 94607

D Employer Identification Number: 20-4496889, E Telephone number: 510-444-0144, F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations, H (a) Is this a group return for affiliates?, H (b) If 'Yes,' enter number of affiliates, H (c) Are all affiliates included?, H (d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: www.colorofchange.org

J Organization type (check only one): 501(c) 4

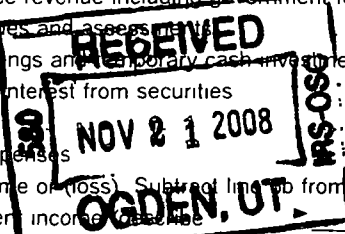
K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

I Group Exemption Number, M Check if the organization is not required to attach Schedule B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 513,073.

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

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes revenue from contributions, program services, and expenses.



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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|------------|-----------|----------------------|----------------------------|-----------------|
| 22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22a | | | | |
| 22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22b | | | | |
| 23 Specific assistance to individuals (attach schedule) | 23 | | | | |
| 24 Benefits paid to or for members (attach schedule) | 24 | | | | |
| 25a Compensation of current officers, directors, key employees, etc listed in Part V-A | 25a | 0. | 0. | 0. | 0. |
| b Compensation of former officers, directors, key employees, etc listed in Part V-B | 25b | 0. | 0. | 0. | 0. |
| c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 25c | 0. | 0. | 0. | 0. |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | 26 | 90,625. | 90,625. | | |
| 27 Pension plan contributions not included on lines 25a, b, and c | 27 | | | | |
| 28 Employee benefits not included on lines 25a - 27 | 28 | 1,129. | 1,129. | | |
| 29 Payroll taxes | 29 | 42,280. | 42,280. | | |
| 30 Professional fundraising fees | 30 | | | | |
| 31 Accounting fees | 31 | 429. | 429. | | |
| 32 Legal fees | 32 | 251,314. | 251,314. | | |
| 33 Supplies | 33 | 714. | 714. | | |
| 34 Telephone | 34 | | | | |
| 35 Postage and shipping | 35 | | | | |
| 36 Occupancy | 36 | | | | |
| 37 Equipment rental and maintenance | 37 | | | | |
| 38 Printing and publications | 38 | | | | |
| 39 Travel | 39 | | | | |
| 40 Conferences, conventions, and meetings | 40 | | | | |
| 41 Interest | 41 | | | | |
| 42 Depreciation, depletion, etc (attach schedule) | 42 | | | | |
| 43 Other expenses not covered above (itemize) | | | | | |
| a <u>Dues, licenses, fees</u> | 43a | 14,576. | 14,576. | | |
| b <u>Insurance</u> | 43b | 6,008. | 6,008. | | |
| c <u>Miscellaneous</u> | 43c | 2,075. | 2,075. | | |
| d _____ | 43d | | | | |
| e _____ | 43e | | | | |
| f _____ | 43f | | | | |
| g _____ | 43g | | | | |
| 44 Total functional expenses Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15) | 44 | 409,150. | 409,150. | 0. | 0. |

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? Social justice
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

| a See Statement 1 Please note that \$251K in legal fees was actually ^{State bar} monies collected and paid for the legal defense of the defendants named the "JENA 6" in Jena, Louisiana, a key program for Color of Change in 2007. For more, please see statement (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> | Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others) |
|--|--|
| b ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| c ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| d ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/> | 409,150. |

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

| | | (A) Beginning of year | | (B) End of year |
|--|---|--|-------------|--------------------|
| ASSETS | 45 Cash – non-interest-bearing | 2,874. | 45 | 42,799. |
| | 46 Savings and temporary cash investments | | 46 | 63,960. |
| | 47 a Accounts receivable | | 47 a | |
| | b Less allowance for doubtful accounts | | 47 b | 47 c |
| | 48 a Pledges receivable | | 48 a | |
| | b Less allowance for doubtful accounts | | 48 b | 48 c |
| | 49 Grants receivable | | 49 | |
| | 50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) | | 50 a | |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | 50 b | |
| | 51 a Other notes and loans receivable (attach schedule) | | 51 a | |
| | b Less allowance for doubtful accounts | | 51 b | 51 c |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | | 53 | |
| | 54 a Investments – publicly-traded securities | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54 a |
| | b Investments – other securities (attach sch) | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54 b |
| | 55 a Investments – land, buildings, & equipment basis | | 55 a | |
| | b Less accumulated depreciation (attach schedule) | | 55 b | 55 c |
| | 56 Investments – other (attach schedule) | | 56 | |
| | 57 a Land, buildings, and equipment basis | | 57 a | |
| | b Less accumulated depreciation (attach schedule) | | 57 b | 57 c |
| 58 Other assets, including program-related investments (describe ▶ _____) | | 58 | | |
| 59 Total assets (must equal line 74) Add lines 45 through 58 | 2,874. | 59 | 106,759. | |
| LIABILITIES | 60 Accounts payable and accrued expenses | 52. | 60 | 14. |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64 a Tax-exempt bond liabilities (attach schedule) | | 64 a | |
| | b Mortgages and other notes payable (attach schedule) | | 64 b | |
| | 65 Other liabilities (describe ▶ _____) | | 65 | |
| | 66 Total liabilities. Add lines 60 through 65 | 52. | 66 | 14. |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | |
| | 67 Unrestricted | 2,822. | 67 | 106,745. |
| | 68 Temporarily restricted | | 68 | |
| | 69 Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74 | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| | 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) | 2,822. | 73 | 106,745. |
| | 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | 2,874. | 74 | 106,759. |

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Form 990 (2007)

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions)

| | | | | |
|---|----|--|---|-----|
| a Total revenue, gains, and other support per audited financial statements | | | a | N/A |
| b Amounts included on line a but not on Part I, line 12 | | | | |
| 1 Net unrealized gains on investments | b1 | | | |
| 2 Donated services and use of facilities | b2 | | | |
| 3 Recoveries of prior year grants | b3 | | | |
| 4 Other (specify) _____ | b4 | | | |
| Add lines b1 through b4 | | | b | |
| c Subtract line b from line a | | | c | |
| d Amounts included on Part I, line 12, but not on line a : | | | | |
| 1 Investment expenses not included on Part I, line 6b | d1 | | | |
| 2 Other (specify) _____ | d2 | | | |
| Add lines d1 and d2 | | | d | |
| e Total revenue (Part I, line 12). Add lines c and d | | | e | |

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

| | | | | |
|---|----|--|---|-----|
| a Total expenses and losses per audited financial statements | | | a | N/A |
| b Amounts included on line a but not on Part I, line 17 | | | | |
| 1 Donated services and use of facilities | b1 | | | |
| 2 Prior year adjustments reported on Part I, line 20 | b2 | | | |
| 3 Losses reported on Part I, line 20 | b3 | | | |
| 4 Other (specify) _____ | b4 | | | |
| Add lines b1 through b4 | | | b | |
| c Subtract line b from line a | | | c | |
| d Amounts included on Part I, line 17, but not on line a : | | | | |
| 1 Investment expenses not included on Part I, line 6b | d1 | | | |
| 2 Other (specify) _____ | d2 | | | |
| Add lines d1 and d2 | | | d | |
| e Total expenses (Part I, line 17) Add lines c and d | | | e | |

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

| (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 and deferred compensation plans | (E) Expense account and other allowances |
|--|--|---|---|--|
| James Rucker 410 12th Street, Ste. 350 Oakland, CA 94612 94607 | Executive Dir. 40.00 | 0. | 0. | 0. |
| Van Jones 410 12th Street, Ste. 350 Oakland, CA 94612 94607 | Board Member 1.00 | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 2

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)

75b X

c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'

75c X

If 'Yes,' attach a statement that includes the information described in the instructions

d Does the organization have a written conflict of interest policy?

75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances. All rows contain 'None'.

Part VI Other Information (See the instructions.)

Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change

76 X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes

77 X

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If 'Yes,' has it filed a tax return on Form 990-T for this year?

78a X

78b N/A

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement

79 X

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

80a X

b If 'Yes,' enter the name of the organization N/A and check whether it is exempt or nonexempt

81a Enter direct and indirect political expenditures (See line 81 instructions)

81a 0.

b Did the organization file Form 1120-POL for this year?

81b X

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Part VI Other Information (continued)

| | | Yes | No |
|--|---|-----|-----|
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | X | |
| b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) | | | |
| 82 b | | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| 83 b | Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | X | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | |
| 84 b | | N/A | |
| 85 a | 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members? | | X |
| 85 b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | X |
| If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | | | |
| 85 c | Dues, assessments, and similar amounts from members | 0. | |
| 85 d | Section 162(e) lobbying and political expenditures | 0. | |
| 85 e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 0. | |
| 85 f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 0. | |
| 85 g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | | N/A |
| h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | | | |
| 85 h | | | N/A |
| 86 | 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 | | |
| 86 a | | N/A | |
| 86 b | Gross receipts, included on line 12, for public use of club facilities | N/A | |
| 87 | 501(c)(12) organizations Enter a Gross income from members or shareholders | | |
| 87 a | | N/A | |
| 87 b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | N/A | |
| 88 a | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX | | X |
| 88 b | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI | | X |
| 89 a | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A | | |
| 89 b | 501(c)(3) and 501(c)(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,' attach a statement explaining each transaction | | X |
| 89 c | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0. | | |
| 89 d | Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0. | | |
| 89 e | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | | X |
| 89 f | All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? | | X |
| 89 g | For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | X |
| 90 a | List the states with which a copy of this return is filed ▶ CA | | |
| 90 b | Number of employees employed in the pay period that includes March 12, 2007 (See instructions) | | 3 |
| 91 a | The books are in care of ▶ The Organization Telephone number ▶ 510-903 1809 Located at ▶ 410 12th Street, Ste. 350 Oakland CA ZIP + 4 ▶ 94612 94607 | | |
| 91 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 ▶ | | X |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | | |

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Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c Yes No

If 'Yes,' enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here N/A

and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|--|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue | | | | | |
| a Program sales revenue | | | | | 9,237. |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees & contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings & temporary cash invmnts | | | 14 | 2,147. | |
| 96 Dividends & interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from pers prop | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 2,147. | 9,237. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 11,384. |

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) |
|----------|--|
| 93a | Revenue received in exchange for program related material. |
| | |
| | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
| N/A | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

| | |
|-----|----|
| Yes | No |
| | X |

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- ----- ----- | | | |
| b | ----- ----- ----- | | | |
| c | ----- ----- ----- | | | |
| Totals | | | | |

| | |
|-----|----|
| Yes | No |
| | X |

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

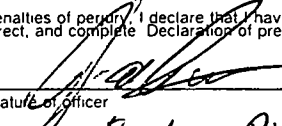
| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- ----- ----- | | | |
| b | ----- ----- ----- | | | |
| c | ----- ----- ----- | | | |
| Totals | | | | |

| | |
|-----|----|
| Yes | No |
| | X |

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please Sign Here

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.

Signature of officer:  Date: 11-14-08

Type of print name and title: Executive Director James Ruder

Paid Preparer's Use Only

Preparer's signature: Crosby & Kaneda Date: 11/12/08

Firm's name (or yours if self-employed), address, and ZIP + 4: Crosby & Kaneda, CPAs, 1611 Telegraph Ave Ste 318, Oakland, CA 94612-2151

Check if self-employed: Preparer's SSN or PTIN (See General Instruction X):

EIN: 94-3243888

Phone no: (510) 835-2727

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

| | | |
|---|---|--|
| Type or print File by the extended due date for filing the return See instructions | Name of Exempt Organization Color of Change | Employer identification number 20-4496889 For IRS use only |
| | Number, street, and room or suite number If a P O box, see instructions 410 12th Street #350 | |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions Oakland, CA 94612 94607 | |

Check type of return to be filed (File a separate application for each return)

- | | | | |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of The Organization
 Telephone No 510-903 1809 FAX No
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 11/15, 2008
- 5 For calendar year 2007, or other tax year beginning _____, 20____, and ending _____, 20____
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

| | |
|--|--------------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions | 8a \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | 8b \$ |
| c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs | 8c \$ |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Crosby & Kaneda Title CPAs Date 8.12.08

Notice to Applicant. (To be Completed by the IRS)

- We **have** approved this application Please attach this form to the organization's return
- We **have not** approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return Please attach this form to the organization's return
- We **have not** approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

| | |
|---------------|--|
| Type or print | Name Crosby & Kaneda, CPAs |
| | Number and street (include suite, room, or apartment number) or a P.O box number 1611 Telegraph Ave Ste 318 |
| | City or town, province or state, and country (including postal or ZIP code) Oakland, CA 94612-2151 |
| | |

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

| | | |
|---|--|---|
| Type or print | Name of Exempt Organization Color of Change | Employer identification number 20-4496889 |
| File by the due date for filing your return. See instructions | Number, street, and room or suite number. If a P O box, see instructions 410 12th Street #350 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions Oakland, CA 94612 94607 | |

Check type of return to be filed (file a separate application for each return)

| | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ The Organization -----

Telephone No ▶ 510-903 1809 ----- FAX No ▶ -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 8/15, 20 08, to file the exempt organization return for the organization named above.
The extension is for the organization's return for

- ▶ calendar year 20 07 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

| | | |
|--|-----------|-------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3a | \$ 0. |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b | \$ 0. |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 3c | \$ 0. |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

Client COC07

Color of Change

20-4496889

11/12/08

05 22PM

Statement 1
Form 990, Part III, Line a
Statement of Program Service Accomplishments

| Description | Grants and Allocations | Program Service Expenses |
|--|---------------------------|--------------------------------|
| <p>Satellite voting for Katrina Evacuees When Lousiana Governor Kathleen Blanco refused to protect voting rights for displaced New Orleanians, our members bombarded her office with 440 telephone calls and 45000 emails. They contributed \$8,000 to run a full-page ad in The Advocate, the state capitol's newspaper to publicly shame the governor. We didn't get what we wanted; legislation or an executive order to create satellite voting centers for Katrina evacuees living outside Lousiana; but, our members' efforts helped make satellite voting a major issue; and calls from our members to the state legislature were instrumental in keeping a key satellite voting bill alive.</p> <p>Video the vote Colorofchange.org teamed up with Ian Inaba, director of the landmark documentary American Blackout, to create Video the Vote-a project that put a spotlight on the issues of suppression and disenfranchisement during Election Day. Over 1300 volunteers signed up in 48 states and the effort garnered a massive amount of media attention, including coverage on Nightline, CBS Evening News, NPR, USA Today, and the Boston Globe.</p> <p>Jobless Benefits for Hurricane Katrina and Rita survivors Three times during 2006, Colorofchange.org members have pressed Congress to continue assistance for those who lost their jobs to Hurricane Katrina and Rita. After our first push, which was followed by other organizations and scathing newspaper editorials on the subject, Congress extended the assistance.</p> | | 409,150. |
| Includes Foreign Grants: No | | |
| | <u>\$ 0.</u> | <u>\$ 409,150.</u> |