**Return of Organization Exempt From Income Tax**

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

**Do not enter social security numbers on this form as it may be made public.**

**Information about Form 990 and its instructions is at www.irs.gov/form990.**

### Part I: Summary

1. **Briefly describe the organization's mission or most significant activities:**
   - **TO BE A HOME AND A HUB FOR CHANGE AGENTS IN SOUTH FLORIDA.**

### Part II: Activities & Governance

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Number of voting members of the governing body (Part VI, line 1a)</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Number of independent voting members of the governing body (Part VI, line 1b)</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Total number of individuals employed in calendar year 2015 (Part V, line 2a)</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>6</td>
<td>Total number of volunteers (estimate if necessary)</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>7a</td>
<td>Total unrelated business revenue from Part VIII, column (C), line 12</td>
<td>7a</td>
<td>0</td>
</tr>
<tr>
<td>7b</td>
<td>Net unrelated business taxable income from Form 990-C, line 12</td>
<td>7b</td>
<td>0</td>
</tr>
</tbody>
</table>

### Part III: Signature Block

**William R. Burdette**

**President/Dir.**
Form 8879-EO
IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning
2015, and ending
Do not send to the IRS. Keep for your records.
Information about Form 8879-EO and its instructions is at www.irs.gov/Form8879EO.

Name of exempt organization
CENTER FOR SOCIAL CHANGE, INC.

Employer Identification number
27-2966443

PART I. Type of Return and Return Information (Whole Dollars Only)
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here □ □ Total revenue, if any (Form 990, Part VIII, column A, line 12) 1b 799,380
2a Form 990-EZ check here □ □ Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here □ □ Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here □ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 990-EZ check here □ □ Balance Due (Form 990, Part I, line 3c or Part II, line 8c) 5b

PART II. Declaration and Signature Authorization of Officer
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my immediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund, if applicable. I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-6537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only
X I authorize GERSTLE, ROSEN & GOLDENBERG, P.A. to enter my PIN 27296 as my signature

Other's signature □

PART III. Certification and Authentication
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.
60520965067 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4763, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

EEO Must Retain This Form—See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So.