

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)

Department of the Treasury
Internal Revenue Service

▶ 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

and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization</p> <p>SEARCH FOR COMMON GROUND</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</p> <p>1601 CONNECTICUT AVENUE, NW 200</p> <p>City or town, state or country, and ZIP + 4</p> <p>WASHINGTON, DC 20009-2628</p>	<p>D Employer identification number</p> <p>52-1257425</p> <p>E Telephone number</p> <p>(202) 265-4300</p> <p>F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No
(If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ **WWW.SFCG.ORG**

J Organization type (check only one) 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

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. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **24,657,202.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

	1	Contributions, gifts, grants, and similar amounts received:			
Revenue	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	19,723,741.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	4,726,955.	
	e	Total (add lines 1a through 1d) (cash \$ 24,450,696. noncash \$)	1e	24,450,696.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	13,729.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
6b	Less: rental expenses	6b			
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe)	7			
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
		8a			
		8b			
		8c			
8d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
Revenue	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ 227,678. of contributions reported on line 1b)	9a	52,500.	
	b	Less: direct expenses other than fundraising expenses	9b	145,421.	
9c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 1		
Revenue	10a	Gross sales of inventory, less returns and allowances	10a		
	10b	Less: cost of goods sold	10b		
	10c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
Expenses	11	Other revenue (from Part VII, line 103)	11	140,277.	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	24,511,781.	
	13	Program services (from line 44, column (B))	13	17,092,254.	
	14	Management and general (from line 44, column (C))	14	2,311.	
	15	Fundraising (from line 44, column (D))	15	291,898.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17	17,386,463.	
	Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	7,125,318.
		19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	10,982,130.
		20	Other changes in net assets or fund balances (attach explanation)	20	0.
21		Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	18,107,448.	

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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	515,989.	163,755.	275,971.	76,263.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c 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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	4,592,834.	3,237,479.	1,116,106.	239,249.
27 Pension plan contributions not included on lines 25a, b, and c	25,147.	17,959.	6,258.	930.
28 Employee benefits not included on lines 25a - 27	58,246.	43,077.	12,054.	3,115.
29 Payroll taxes	194,738.	129,855.	52,898.	11,985.
30 Professional fundraising fees				
31 Accounting fees	96,502.		96,502.	
32 Legal fees	1,800.		1,800.	
33 Supplies				
34 Telephone	330,024.	237,766.	86,483.	5,775.
35 Postage and shipping	48,569.	36,316.	9,735.	2,518.
36 Occupancy	787,007.	482,539.	304,468.	
37 Equipment rental and maintenance				
38 Printing and publications	129,607.	58,743.	62,154.	8,710.
39 Travel	1,100,083.	944,640.	126,013.	29,430.
40 Conferences, conventions, and meetings	262,560.	194,648.	43,931.	23,981.
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	79,426.		79,426.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 2	9,163,931.	11,545,477.	<2,271,488.>	<110,058.>
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	17,386,463.	17,092,254.	2,311.	291,898.

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 \$ N/A; (ii) the amount allocated to Program services \$ N/A;

(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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? ► SEE STATEMENT 7	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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 3	3,789,825.
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b SEE STATEMENT 4	2,945,635.
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c SEE STATEMENT 5	2,523,167.
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d SEE STATEMENT 6	1,500,137.
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) SEE STATEMENT 8	6,333,490.
(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) ►	17,092,254.

Form 990 (2007)

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	547,272.	45 768,629.	
	46 Savings and temporary cash investments	613,505.	46 967,911.	
	47 a Accounts receivable	47a 346,214.	13,207.	47c 346,214.
	b Less: allowance for doubtful accounts	47b		
	48 a Pledges receivable	48a 293,604.	274,750.	48c 293,604.
	b Less: allowance for doubtful accounts	48b		
	49 Grants receivable	11,766,817.	49	17,571,234.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		51c
	b Less: allowance for doubtful accounts	51b		
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	65,361.	53	29,805.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55 a Investments - land, buildings, and equipment: basis	55a		55c
	b Less: accumulated depreciation	55b		
	56 Investments - other		56	
	57 a Land, buildings, and equipment: basis	57a 435,732.	84,831.	57c 168,523.
b Less: accumulated depreciation STMT 9	57b 267,209.			
58 Other assets, including program-related investments (describe ▶ DEPOSITS)	31,500.	58	30,000.	
59 Total assets (must equal line 74). Add lines 45 through 58	13,397,243.	59	20,175,920.	
Liabilities	60 Accounts payable and accrued expenses	1,415,113.	60 1,019,490.	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 10	1,000,000.	64b	1,000,000.
	65 Other liabilities (describe ▶ REFUNDABLE ADVANCES)	0.	65	48,982.
66 Total liabilities. Add lines 60 through 65	2,415,113.	66	2,068,472.	
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	78,553.	67 351,966.	
	68 Temporarily restricted	10,903,577.	68 17,755,482.	
	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)	10,982,130.	73	18,107,448.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	13,397,243.	74	20,175,920.	

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	24657202.
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): <u>SEE STATEMENT 11</u>	b4	145,421.
	Add lines b1 through b4	b	145,421.
c	Subtract line b from line a	c	24511781.
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	0.
e	Total revenue (Part I, line 12). Add lines c and d	e	24511781.

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

a	Total expenses and losses per audited financial statements	a	17531884.
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): <u>SEE STATEMENT 12</u>	b4	145,421.
	Add lines b1 through b4	b	145,421.
c	Subtract line b from line a	c	17386463.
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	0.
e	Total expenses (Part I, line 17). Add lines c and d	e	17386463.

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 & deferred compensation plans	(E) Expense account and other allowances
----- SEE STATEMENT 13 -----		501,386.	14,603.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 22		
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) SEE STATEMENT 15	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." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
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.)				
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
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
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	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 SEE STATEMENT 14 and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	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

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? 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.)		X
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	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?		
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h	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?		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
86b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87a	N/A		
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
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
88b	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 0.; section 4912 0.; section 4955 0.		
89b	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
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	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? N/A		
90 a	List the states with which a copy of this return is filed DC, CA		
90b	Number of employees employed in the pay period that includes March 12, 2007		63
91 a	The books are in care of THE ORGANIZATION Telephone no. (202) 265-4300 Located at 1601 CONNECTICUT AVENUE, NW, WASHINGTON, DC ZIP + 4 20009-2628		
91b	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 STATEMENT 16 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	X	

Part VI Other Information (continued)

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

If "Yes," enter the name of the foreign country **SEE STATEMENT 17**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here 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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments ...			14	13,729.	
96 Dividends and 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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	<92,921.>	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					140,277.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		<79,192.>	140,277.
105 Total (add line 104, columns (B), (D), and (E))					61,085.

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).
103A	MISCELLANEOUS REVENUE EARNED FROM ACTIVITIES RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE.

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). **N/A**

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.

Yes	No

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

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.

Yes	No

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

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?

Yes	No

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.

Please Sign Here	Signature of officer _____ Date _____ JOHN MARKS, PRESIDENT Type or print name and title												
Paid Preparer's Use Only	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Preparer's signature _____</td> <td style="width: 10%;">Date _____</td> <td style="width: 10%;">Check if self-employed <input type="checkbox"/></td> <td style="width: 40%;">Preparer's SSN or PTIN (See Gen. Inst. X) _____</td> </tr> <tr> <td colspan="2">Firm's name (or yours if self-employed), address, and ZIP + 4</td> <td colspan="2">EIN _____</td> </tr> <tr> <td colspan="2"> GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE., SUITE 650 NORTH BETHESDA, MARYLAND 20814-2930 </td> <td colspan="2">Phone no. (301) 951-9090</td> </tr> </table>	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) _____	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN _____		GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE., SUITE 650 NORTH BETHESDA, MARYLAND 20814-2930		Phone no. (301) 951-9090	
Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) _____										
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN _____											
GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE., SUITE 650 NORTH BETHESDA, MARYLAND 20814-2930		Phone no. (301) 951-9090											

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization SEARCH FOR COMMON GROUND	Employer identification number 52 1257425
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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
<u>ROB FERSH</u> 1601, CONNECTICUT AVE., NW, WASHINGTON	EXECUTIVE DIR 40.00	142,625.	13,390.	0.
<u>FRANCES FORTUNE</u> 1601, CONNECTICUT AVE., NW, WASHINGTON	REGIONAL DIR 40.00	90,000.	19,628.	0.
<u>LONG NGUYEN</u> 1601, CONNECTICUT AVE., NW, WASHINGTON	FINANCE DIR 40.00	90,000.	7,150.	0.
<u>JANE SHAW</u> 1601, CONNECTICUT AVE., NW, WASHINGTON	CO-DIR 40.00	89,225.	7,210.	0.
<u>EARN FRAENKEL</u> 1601, CONNECTICUT AVE., NW, WASHINGTON	REGIONAL DIR 40.00	84,803.	22,100.	0.
Total number of other employees paid over \$50,000 ▶	15			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>VIDEO CAIRO SAT</u> 1129 CORNICHE EL NILE MASPIRO, CAIRO-11221, EGYPT	TELEVISIONING PLC	791,703.
<u>MA'AN TV NETWORK</u> BETHLEHEM, PALESTINE	TV NETWORK	454,462.
<u>K FORCE</u> P.O. BOX 277997, ATLANTA, GA 30384	TEMP EMPLOYEES	282,651.
<u>DOWNTOWN COMMUNITY TELEVISION CENTER</u> 87 LAFAYETTE STREET, NEW YORK, NY 10013	PRODUCTION	171,998.
<u>GELMAN, ROSENBERG & FREEDMAN</u> 4550 MONTGOMERY AVE., BETHESDA, MD 20814	ACCOUNTING	91,040.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>LENA SLACHMUIJLD</u> CENTRE LOKOLE BUKAVO, #39, BUKAVU, SUD-KIVU, DRC	FIELD SERVICES	62,250.
<u>JENNY NEVILLE</u> CFCG, P.O. BOX 1542, BARRIO DO MACULUSSO, LUANDA	FIELD SERVICES	57,000.

Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III **Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	20069572.	12401680.	22170414.	5,953,884.	60,595,550.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	45,843.				45,843.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	12,983.	4,717.	1,612.	3,163.	22,475.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	158,337.	62,447.	SEE STATEMENT 18 31,012.	157,909.	409,705.
23 Total of lines 15 through 22	20286735.	12468844.	22203038.	6,114,956.	61,073,573.
24 Line 23 minus line 17	20240892.	12468844.	22203038.	6,114,956.	61,027,730.
25 Enter 1% of line 23	202,867.	124,688.	222,030.	61,150.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,220,555.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 1,279,445.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 61,027,730.
d Add: Amounts from column (e) for lines: 18 22,475. 19 22 409,705. 26b 1,279,445.					26d 1,711,625.
e Public support (line 26c minus line 26d total)					26e 59,316,105.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 97.1953%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V

Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h .)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash		<input checked="" type="checkbox"/>
	(ii) Other assets		<input checked="" type="checkbox"/>
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization		<input checked="" type="checkbox"/>
	(ii) Purchases of assets from a noncharitable exempt organization		<input checked="" type="checkbox"/>
	(iii) Rental of facilities, equipment, or other assets		<input checked="" type="checkbox"/>
	(iv) Reimbursement arrangements		<input checked="" type="checkbox"/>
	(v) Loans or loan guarantees		<input checked="" type="checkbox"/>
	(vi) Performance of services or membership or fundraising solicitations		<input checked="" type="checkbox"/>
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		<input checked="" type="checkbox"/>

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MANAGEMENT AND GENERAL											
1	EQUIPMENT	VARI	ESSL	7.00	16	79,006.			79,006.	33,633.		10,997.
2	FURNITURE & FIXTURES	VARI	ESSL	7.00	16	214,510.			214,510.	154,150.		53,659.
3	SOFTWARE	VARI	ESSL	7.00	16	142,216.			142,216.			14,770.
	* 990 PAGE 2 TOTAL											
	MANAGEMENT AND GENERAL					435,732.		0.	435,732.	187,783.	0.	79,426.
	* GRAND TOTAL 990 PAGE											
	2 DEPR					435,732.		0.	435,732.	187,783.	0.	79,426.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT 1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
NEW YORK AWARDS CEREMONY SAN FRANCISCO FUNDRAISING EVENT	280,178.	227,678.	52,500.	145421.	<92,921.> 0.
TO FM 990, PART I, LINE 9	280,178.	227,678.	52,500.	145421.	<92,921.>

FORM 990	OTHER EXPENSES			STATEMENT 2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS & PROFESSIONAL SERVICES	2,368,993.	1,823,955.	532,212.	12,826.
OFFICE EXPENSE	892,974.	566,126.	324,441.	2,407.
MISCELLANEOUS	795,384.	633,722.	153,928.	7,734.
RESEARCH & DEVELOPMENT	450,945.	446,017.	1,022.	3,906.
TV/VIDEO/RADIO PRODUCTION	2,496,399.	2,493,896.	811.	1,692.
AUTO EXPENSE	765,207.	755,581.	5,140.	4,486.
BANK CHARGES AND OTHER FEES	51,632.	54,114.	<3,324.>	842.
DUES & SUBSCRIPTIONS	10,060.	4,063.	5,106.	891.
OVERHEAD ALLOCATION	0.	3,386,733.	<3,386,733.>	
EDUCATIONAL SEMINAR	710,744.	640,205.	69,971.	568.
PASSTHROUGHS AND SUBGRANTS	446,452.	426,452.	20,000.	
EQUIPMENT	320,562.	314,613.	5,938.	11.
SPECIAL EVENT EXPENSES	<145,421.>			<145,421.>
TOTAL TO FM 990, LN 43	9,163,931.	11,545,477.	<2,271,488.>	<110,058.>

DESCRIPTION OF PROGRAM SERVICE ONE

SIERRA LEONE: SEARCH FOR COMMON GROUND'S OPERATIONS IN SIERRA LEONE COMMENCED IN 2000 AND HAVE CONTINUALLY CHANGED WITH THE EVOLVING SITUATION IN THE COUNTRY. SFCG-SL'S WORK SUPPORTS THE GLOBAL MISSION OF SEARCH FOR COMMON GROUND, USING MEDIA AND OUTREACH AS ITS PLATFORMS TO EMPOWER COMMUNITIES TO BUILD A TOLERANT AND INCLUSIVE SOCIETY. THE ROUTE TO THIS GOAL IS THE HOST OF PROJECTS CARRIED OUT, EACH OF WHICH IS CHOSEN TO STRATEGICALLY COMPLEMENT THE OVERALL WORK OF SFCG-SL (OR TALKING DRUM STUDIO, AS IT IS BETTER KNOWN IN SIERRA LEONE).

SFCG'S OBJECTIVE IS TO BRINGING TOGETHER DIFFERENT SECTORS OF SOCIETY IN THE NAME OF PRODUCTIVE DIALOGUE TO EMPOWER PEOPLE TO TAKE ON ISSUES THAT MATTER TO THEM, WHETHER IN THEIR OWN COMMUNITY OR AT THE NATIONAL LEVEL. TO MEET THE CHANGING NATURE OF THESE ISSUES OVER TIME SFCG-SL'S STRATEGY HAS ADAPTED SINCE ITS WORK BEGAN FROM DECREASING THE VIOLENCE, DISARMAMENT, AND REINTEGRATION OF EX-COMBATANTS TO THE CURRENT FOCUS ON STRENGTHENING DEMOCRATIC GOVERNANCE.

BUILDING INFORMATION AND COMMUNICATION NETWORKS: A KEY PROBLEM IN SIERRA LEONE HAS BEEN LACK OF INFORMATION AND HOW INFORMATION HAS BEEN USED AS A TOOL FOR MANIPULATION LEADING TO OUTRIGHT CONFLICT AND VIOLENCE. TO REMEDY THIS SITUATION SFCG-SL HAS FACILITATED THE LAUNCHING OF COMMUNITY RADIO STATIONS ACROSS THE COUNTRY AND PROVIDED THEM WITH PROBLEM SOLVING MECHANISMS. TALKING DRUM STUDIO MAKES TEN RADIO PROGRAMMES THAT ARE AIRED BY ITS 24 LOCAL PARTNER STATIONS AROUND THE COUNTRY - THIS KEEPS THE PUBLIC ABREAST OF WHAT IS HAPPENING AROUND SIERRA LEONE AND SOLUTIONS FOUND BY OTHER COMMUNITIES FACING SIMILAR ISSUES AND PROBLEMS. THROUGH THIS MECHANISM, LESSONS AND EXPERIENCES ARE SHARED, BUILDING A SENSE OF NATIONHOOD. EXAMPLES INCLUDE THE INSIDE THE HAGUE PROGRAMME THAT KEEPS THE POPULATIONS OF SIERRA LEONE AND LIBERIA INFORMED ABOUT THE TRIAL OF CHARLES TAYLOR AS WELL AS SPECIAL RADIO PROGRAMMES THAT PROVIDE A VENUE FOR WOMEN (SALONE UMAN) AND CHILDREN (GOLDEN KIDS NEWS) TO ADVOCATE FOR ISSUES THAT MATTER TO THEM. RADIO DRAMA IS ALSO A PROVEN AND EFFECTIVE WAY OF ANONYMOUSLY BROACHING SENSITIVE ISSUES WHILE ALSO ENTERTAINING, IN THIS WAY ATUNDA AYENDA GIVES YOUTH VOICE AND PROVIDES A CHANNEL FOR DECREASING THEIR TENSIONS AND FRUSTRATIONS BY HIGHLIGHTING THE PROBLEMS THEY FACE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	_____	_____
	_____	3,789,825.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE TWO

CGP TV AND RADIO : COMMON GROUND PRODUCTIONS(CGP) IS A WORLD LEADER IN CREATING INNOVATIVE TELEVISION AND RADIO PROGRAMMING FOR THE REDUCTION OR PREVENTION OF CONFLICT. CGP PRODUCES PROGRAMS THAT ENDEAVOR TO CHANGE THE WAY INDIVIDUALS AND SOCIETIES DEAL WITH CONFLICT: AWAY FROM ADVERSARIAL APPROACHES, TOWARD COOPERATIVE SOLUTIONS. THESE PROGRAMS PROVE THAT CONTENTIOUS ISSUES CAN BE EXAMINED IN WAYS THAT INFORM AND ENTERTAIN, WHILE STILL PROMOTING THE SEARCH FOR SOLUTIONS. WHETHER COUNTERING "HATE RADIO" IN AFRICA OR HATE CRIME, CGP IS DEDICATED TO HARNESSING THE POWER OF THE MEDIA FOR PEACE AND PROGRESS.

GRANTS

EXPENSES

TO FORM 990, PART III, LINE B

2,945,635.

DESCRIPTION OF PROGRAM SERVICE THREE

CONGO: TO CONTRIBUTE TO THE TRANSFORMATION OF CONFLICTS THROUGH SUPPORTING COMMUNICATION, DIALOGUE AND GOOD GOVERNANCE INITIATIVES. TO REPAIR RELATIONSHIPS AND ENHANCE SOCIAL COHESION IN AREAS AFFECTED BY THE WAR AND ONGOING INSECURITY.

OUR OBJECTIVE IS TO SHARPEN OUR CONFLICT TRANSFORMATION TOOLS AND MAXIMISE THEIR IMPACT BY WORKING WITH STRATEGIC TARGET GROUPS, ENCOURAGING DUPLICATION AND REPLICATION THROUGH STRATEGIC PARTNERSHIPS AND INNOVATION. WE WILL BUILD ON OUR CURRENT TOOLS (MEDIA, THEATRE, COLLABORATION, DIALOGUE, TRAINING) BUT ENHANCE PROFESSIONALISM, EXPLORE NEW FORMATS, AND REINFORCE NEW PARTNERSHIPS PARTICULARLY WITH THE SECURITY SECTOR AND CIVIL SOCIETY.

OUR ACTIVITIES INCLUDE: RADIO PROGRAM PRODUCTION AND DISTRIBUTION FOR BROADCAST TO 100 PARTNER RADIO STATIONS; IN-SITU TRAINING FOR JOURNALISTS FROM PARTNER RADIO STATIONS; PRODUCTION OF POSTERS, BILLBOARDS, COMIC BOOKS AND OTHER FORMATS; DIALOGUE AND ADVOCACY WORK WITH UNIVERSITY NETWORK; CIVIL SOCIETY - MEDIA COLLABORATION AND PRODUCTIONS; REGIONAL YOUTH COLLABORATION; TRAINING AND MONITORING OF CONGOLESE ARMY; TRAINING OF THEATRE PRACTITIONERS AND USE OF PARTICIPATORY THEATRE FOR CONFLICT TRANSFORMATION;

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C	<u> </u>	<u>2,523,167.</u>

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE FOUR

MIDDLE EAST: THROUGH A MULTI-TRACK PROGRAM, THE MIDDLE EAST PROGRAM'S AIM IS TO WORK AT PROMOTING PEACE, COOPERATION AND SECURITY IN THE MIDDLE EAST.

TO REACH THIS AIM THE PROGRAM'S OBJECTIVES ARE TO OPEN NEW, SOLUTION ORIENTED WINDOWS OF REFLECTION, TO HUMANIZE AND BREAK STEREOTYPES, CATALYSE COOPERATIVE PROCESSES BETWEEN AND AMONG OPPOSING PARTIES AND BUILD CAPACITIES - ESPECIALLY AT THE CIVIL SOCIETY LEVEL.

PROJECTS CONCENTRATE ON DEVELOPING INDEPENDENT MEDIA, USING THE MEDIA TO DISCUSS CRITICAL ISSUES, PRINT MEDIA COMMISSIONING AND DISSEMINATION (THROUGH THE COMMON GROUND NEWS SERVICE - WWW.COMMONGROUNDNEWS.ORG), BUILDING REGIONAL COOPERATION THROUGH REGIONAL PROGRAMS ON MEDIA AND INFECTIOUS DISEASE SURVEILLANCE, AND CONVENING REGIONAL INTER-RELIGIOUS DIALOGUE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		1,500,137.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
PART III

EXPLANATION

TO FIND WORKABLE SOLUTIONS TO DIVISIVE NATIONAL AND INTERNATIONAL CONFLICTS THROUGH PROGRAMS AIMED AT CHANNELING CONFLICT TOWARD CONSTRUCTIVE OUTCOMES IN ORDER TO BUILD A MORE SECURE AND PEACEFUL WORLD.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 8

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
ANGOLA	0.	1128436.
LIBERIA	0.	1073487.
BURUNDI	0.	909,622.

CHILDREN AND YOUTH	0.	576,289.
MOROCCO	0.	387,156.
PARTNERS IN HUMANITY	0.	376,464.
US	0.	360,372.
IVORY COAST	0.	323,428.
GUINEA	0.	260,237.
OTHER	0.	245,493.
NEPAL	0.	212,602.
MACEDONIA	0.	166,254.
IRAN	0.	118,600.
UKRAINE	0.	103,333.
SYRIA	0.	60,473.
CHAD	0.	31,649.
INDONESIA	0.	<405.>
TOTAL TO FORM 990, PART III, LINE E		6333490.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	9
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	79,006.	44,630.	34,376.
FURNITURE & FIXTURES	214,510.	207,809.	6,701.
SOFTWARE	142,216.	14,770.	127,446.
TOTAL TO FORM 990, PART IV, LN 57	435,732.	267,209.	168,523.

FORM 990	OTHER NOTES AND LOANS PAYABLE	STATEMENT 10
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LENDER'S NAME		TERMS OF REPAYMENT	
SUN TRUST BANK		ON MATURITY	
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
12/18/07	07/31/08	2,000,000.	2.00%
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN	

ASSETS

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	1,000,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		1,000,000.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 11
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DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSES SHOWN AS EXPENSES ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON LINE 9B OF FORM 990	145,421.
TOTAL TO FORM 990, PART IV-A	145,421.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 12
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DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSES SHOWN AS EXPENSES ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON LINE 9B OF FORM 990	145,421.
TOTAL TO FORM 990, PART IV-B	145,421.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 13
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN MARKS ALL MAY BE REACHED C/O ORGANIZATION	PRESIDENT 40.00	121,826.	4,525.	0.
SUSAN COLLIN MARKS	VICE PRESIDENT 40.00	26,660.	958.	0.
JACK DEEDS	CFO AND TREASURER 40.00	130,000.	4,671.	0.
SANDRA MELONE	EX. DIRECTOR AND SECRETARY 40.00	114,000.	1,080.	0.
STEVE UTTERWULGHE	EXECUTIVE DIRECTOR BELGIUM 40.00	108,900.	3,369.	0.
SHAMIL IDRIS	BOARD MEMBER 0.50	0.	0.	0.
ANDREA BARTOLI	BOARD MEMBER 0.50	0.	0.	0.
ROGER BERLINER	BOARD MEMBER 0.50	0.	0.	0.
AMB. ELINOR CONSTABLE	BOARD MEMBER 0.50	0.	0.	0.
AMB. ANDRE DE SCHUTTER	BOARD MEMBER 0.50	0.	0.	0.

PATRICK DE WOLF	BOARD MEMBER 0.50	0.	0.	0.
GARY DIBIANCO	BOARD MEMBER 0.50	0.	0.	0.
JOHN GROSSMAN	BOARD MEMBER 0.50	0.	0.	0.
JO-ANNE HART	BOARD MEMBER 2.00	0.	0.	0.
TED HOWARD	CHAIRMAN OF THE BOARD 2.00	0.	0.	0.
MICHAEL K. LEWIS	BOARD MEMBER 2.00	0.	0.	0.
TOM MANLEY	BOARD MEMBER 2.00	0.	0.	0.
AHMED CHARAI	BOARD MEMBER 0.50	0.	0.	0.
AMB. GEORGE MOOSE	BOARD MEMBER 0.50	0.	0.	0.
AMB. AHMEDOU OULD-ABDALLAH	BOARD MEMBER 0.50	0.	0.	0.
JENNIFER JANDAK WOOD	BOARD MEMBER 0.50	0.	0.	0.
DAVID ROSS	BOARD MEMBER 2.00	0.	0.	0.
ABDUL AZIZ SAID	BOARD MEMBER 0.50	0.	0.	0.

SEARCH FOR COMMON GROUND

52-1257425

CATHERINE STECK	BOARD MEMBER 2.00	0.	0.	0.
SIMONE SUSSKIND	BOARD MEMBER 0.50	0.	0.	0.
RANDY WRIGHT	BOARD MEMBER 2.00	0.	0.	0.
DOV ZAKHEIM	BOARD MEMBER 0.50	0.	0.	0.
JOHN E. MULLINS	BOARD MEMBER 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>501,386.</u>	<u>14,603.</u>	<u>0.</u>

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 14
PART VI, LINE 80B

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
SEARCH FOR COMMON GROUND EUROPEAN HEADQUARTERS	X	

FORM 990	EXPLANATION OF RELATIONSHIP PART V-A, LINE 75B	STATEMENT 15
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INDIVIDUAL'S NAME	TITLE OR ROLE
JOHN MARKS	PRESIDENT

INDIVIDUAL'S NAME	TITLE OR ROLE
SUSAN COLLINS MARKS	VICE PRESIDENT

EXPLANATION OF RELATIONSHIP

HUSBAND AND WIFE

FORM 990	NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST	STATEMENT 16
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NAME OF COUNTRY

ANGOLA
 BELGIUM
 BURUNDI
 COTE D'IVOIRE (IVORY COAST)
 CONGO (DEMOCRATIC REPUBLIC)
 GUINEA
 INDONESIA
 ISRAEL
 LIBERIA
 MACEDONIA
 MOROCCO
 NEPAL
 NIGERIA
 RWANDA
 SIERRA LEONE
 UKRAINE

FORM 990	NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS AN OFFICE	STATEMENT 17
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NAME OF COUNTRY

ANGOLA
 BELGIUM
 BURUNDI
 COTE D'IVOIRE (IVORY COAST)
 CONGO (DEMOCRATIC REPUBLIC)
 GUINEA
 INDONESIA
 ISRAEL
 LIBERIA
 MACEDONIA
 MOROCCO
 NEPAL
 NIGERIA
 RWANDA
 SIERRA LEONE
 UKRAINE

SCHEDULE A	OTHER INCOME			STATEMENT 18
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DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS	158,337.	62,447.	31,012.	157,909.
TOTAL TO SCHEDULE A, LINE 22	158,337.	62,447.	31,012.	157,909.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

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 <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization		Employer identification number		
	SEARCH FOR COMMON GROUND		52-1257425		
	Number, street, and room or suite no. If a P.O. box, see instructions. 1601 CONNECTICUT AVENUE, NW, NO. 200		For IRS use only		
City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20009-2628					

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

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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 the care of **THE ORGANIZATION**
Telephone No. **(202) 265-4300** 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 **NOVEMBER 15, 2008**.
- 5 For calendar year **2007**, or other tax year beginning _____, and ending _____.
- 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

ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE 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 instructions.	8c	\$	N/A

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 Title **PRESIDENT** Date