

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2019

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

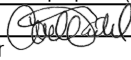
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY INITIATIVES		D Employer identification number 94-3255070
	Doing business as		E Telephone number 415-230-7700
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1000 BROADWAY		G Gross receipts \$ 33,930,603.
	City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94607		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: RUTH WILLIAMS SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: WWW.COMMUNITYIN.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1997	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SPONSORS PROJECTS FOR THE BENEFIT OF COMMUNITIES IN SERVICE TO SOCIAL CHANGE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	252
	6 Total number of volunteers (estimate if necessary)	6	2200
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	27,175,070.	30,111,902.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,822,174.	3,171,883.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	272,054.	223,137.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	157,766.	147,773.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	31,427,064.	33,654,695.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	8,792,890.	10,260,283.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	13,433,871.	15,909,491.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,225,097.	43,579.	94,802.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,301,560.	9,121,166.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,571,900.	35,385,742.
19 Revenue less expenses. Subtract line 18 from line 12	-1,144,836.	-1,731,047.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	32,789,457.	32,963,465.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,544,584.	4,482,300.
		30,244,873.	28,481,165.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 02/24/2021			
	CARL TAIBL, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MAGA E. KISRIV	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01008919
	Firm's name ▶ HOOD & STRONG LLP	Firm's EIN ▶ 94-1254756	Phone no. 415.781.0793		
	Firm's address ▶ 275 BATTERY ST, STE 900 SAN FRANCISCO, CA 94111				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. COMMUNITY INITIATIVES	Taxpayer identification number (TIN) 94-3255070
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1000 BROADWAY, NO. 480	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OAKLAND, CA 94607	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CARL TAIBL

- The books are in the care of ▶ **1000 BROADWAY, NO. 480 - OAKLAND, CA 94607**
Telephone No. ▶ **415-230-7700** 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 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 Forms 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: COMMUNITY INITIATIVES ACTS AS A THOUGHT-PARTNER AND PROVIDES PROFESSIONAL SERVICES TO NONPROFIT STARTUPS, ESTABLISHED INITIATIVES, NETWORKS, AND COLLABORATIONS. WE SPONSOR PROJECTS FOR THE BENEFIT OF COMMUNITIES IN SERVICE TO SOCIAL CHANGE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 29,810,076. including grants of \$ 10,260,283.) (Revenue \$ 3,198,312.) COMMUNITY INITIATIVES (CI) PROVIDES COMPLETE ADMINISTRATION IN THE AREAS OF FINANCIAL MANAGEMENT, HUMAN RESOURCES AND GRANTS MANAGEMENT, AS WELL AS NONPROFIT MANAGEMENT, PAYROLL, TAX FILING, LEGAL, AND COACHING TO ITS FISCALLY SPONSORED PROJECTS.

COMMUNITY INITIATIVES PROJECTS WORK ON A VARIETY OF ISSUES IN DIVERSE GEOGRAPHIC AREAS THAT CONTRIBUTE TO AND CREATE PUBLIC GOOD. OUR CURRENT FISCALLY SPONSORED PROJECTS BENEFIT ARTS AND CULTURE, EDUCATION, ENVIRONMENT, HEALTH, HUMAN SERVICES, PUBLIC AFFAIRS, AND SOCIAL JUSTICE.

(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 29,810,076.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 456	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 11; 1b Enter the number of voting members included... 11; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records CARL TAIBL - 415-230-7700 1000 BROADWAY, NO. 480, OAKLAND, CA 94607

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRIS MCCRUM CHAIR	1.00	X		X				0.	0.	0.
(2) MARY ANN FAKE TREASURER	1.00	X		X				0.	0.	0.
(3) CONNIE LEE SECRETARY (THRU 6/1/20)	1.00	X		X				0.	0.	0.
(4) DEE DEE MENDOZA SECRETARY	1.00	X		X				0.	0.	0.
(5) KENJI TREANOR DIRECTOR	1.00	X						0.	0.	0.
(6) STEVE BARTON DIRECTOR	1.00	X						0.	0.	0.
(7) LOREN POGIR DIRECTOR	1.00	X						0.	0.	0.
(8) PHILLIPPE WALLACE DIRECTOR	1.00	X						0.	0.	0.
(9) ROBERT WEINER DIRECTOR	1.00	X						0.	0.	0.
(10) ABBAS MOLOO DIRECTOR	1.00	X						0.	0.	0.
(11) BARBARA RHOMBERG DIRECTOR	1.00	X						0.	0.	0.
(12) JANET CAMARENA DIRECTOR	1.00	X						0.	0.	0.
(13) RUTH WILLIAMS PRESIDENT & CEO	40.00			X				275,073.	0.	17,646.
(14) KEITH CHRESTON CFO (THRU 7/2/20)	40.00			X				185,022.	0.	16,290.
(15) CARL TAIBL CFO (STARTED 6/15/20)	40.00			X				0.	0.	0.
(16) HEDY CHANG EXECUTIVE DIRECTOR, ATTENDANCE WORKS	40.00				X			204,104.	0.	41,836.
(17) JULIE DORF EXECUTIVE DIR, COUNCIL FOR GLOBAL EQ	40.00				X			189,464.	0.	39,955.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SARA MYERS ALLEN DIR, JEWISH TEEN EDU & ENGAGE FUNDER	40.00				X			196,068.	0.	30,455.
(19) LUCY BLAKE PRESIDENT, NORTHERN SIERRA P'SHIP	40.00				X			173,914.	0.	39,374.
(20) MARK BROMLEY COUNCIL CHAIR, COUNCIL FOR GLOBAL EQ	40.00				X			172,142.	0.	33,749.
1b Subtotal								1,395,787.	0.	219,305.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,395,787.	0.	219,305.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **34**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MICHAEL GUEST 255 SONOMA RIDGE RD, SANTA ROSA, CA 95404	PROGRAM CONSULTING SERVICES	161,001.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 125,000.				
	b	Membership dues	1b				
	c	Fundraising events	1c 113,688.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 2,366,963.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 27,506,251.				
	g	Noncash contributions included in lines 1a-1f	1g \$ 201,082.				
	h	Total. Add lines 1a-1f		30,111,902.			
	Program Service Revenue	2 a	SERVICE FEES	Business Code 541610	2,002,309.	2,002,309.	
b		MEMBERSHIP DUES	900099	951,129.	951,129.		
c		PRODUCT SALES	900099	146,705.	146,705.		
d		ADMISSION FEES	541610	38,881.	38,881.		
e		OTHER PROGRAM SERVICES	561000	32,859.	32,859.		
f		All other program service revenue					
g		Total. Add lines 2a-2f		3,171,883.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		224,240.		224,240.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		1,644.		1,644.	
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				161,117.			
	b	Less: cost or other basis and sales expenses	7b	162,220.			
c	Gain or (loss)	7c	-1,103.				
d	Net gain or (loss)		-1,103.		-1,103.		
8 a	Gross income from fundraising events (not including \$ 113,688. of contributions reported on line 1c). See Part IV, line 18						
		8a	233,388.				
b	Less: direct expenses	8b	113,688.				
c	Net income or (loss) from fundraising events		119,700.		119,700.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	CREDIT CARD AWARDS, REFUNDS	Business Code 900099	26,429.	26,429.		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		26,429.			
12	Total revenue. See instructions		33,654,695.	3,198,312.	0.	344,481.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	9,808,066.	9,808,066.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	452,217.	452,217.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	511,826.		511,826.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,658,664.	9,973,369.	1,577,143.	1,108,152.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	330,586.	257,979.	43,943.	28,664.
9 Other employee benefits	1,317,115.	1,026,407.	176,663.	114,045.
10 Payroll taxes	1,091,300.	845,410.	151,956.	93,934.
11 Fees for services (nonemployees):				
a Management				
b Legal	123,684.	68,167.	47,943.	7,574.
c Accounting	96,372.	7,875.	87,622.	875.
d Lobbying	18,333.	16,500.		1,833.
e Professional fundraising services. See Part IV, line 17	94,802.			94,802.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	4,625,554.	3,830,851.	369,052.	425,651.
12 Advertising and promotion	100,629.	89,938.	698.	9,993.
13 Office expenses	410,244.	334,491.	39,820.	35,933.
14 Information technology	82,895.	67,150.	8,284.	7,461.
15 Royalties				
16 Occupancy	716,921.	637,773.	8,284.	70,864.
17 Travel	846,928.	750,996.	12,488.	83,444.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	546,497.	476,966.	16,535.	52,996.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	134,910.	111,062.	11,508.	12,340.
23 Insurance	166,276.	11,366.	153,647.	1,263.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	687,952.	619,157.		68,795.
b EQUIP, RENTAL, MAINT	474,858.	366,037.	108,821.	
c TAXES, FEES, LICENSES	89,113.	58,299.	24,336.	6,478.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	35,385,742.	29,810,076.	3,350,569.	2,225,097.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,882,186.	1	3,846,064.
	2 Savings and temporary cash investments	19,692,648.	2	22,097,767.
	3 Pledges and grants receivable, net	8,377,108.	3	5,380,310.
	4 Accounts receivable, net	1,116,915.	4	1,029,959.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	162,302.	9	149,377.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,337,223.		
	b Less: accumulated depreciation	10b 933,663.	520,625.	10c 403,560.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	37,673.	15	56,428.
16 Total assets. Add lines 1 through 15 (must equal line 33)	32,789,457.	16	32,963,465.	
Liabilities	17 Accounts payable and accrued expenses	1,581,280.	17	1,647,490.
	18 Grants payable	933,000.	18	273,000.
	19 Deferred revenue	30,304.	19	30,359.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	2,531,451.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,544,584.	26	4,482,300.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,893,148.	27	1,810,410.
	28 Net assets with donor restrictions	28,351,725.	28	26,670,755.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	30,244,873.	32	28,481,165.
33 Total liabilities and net assets/fund balances	32,789,457.	33	32,963,465.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,654,695.
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,385,742.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,731,047.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,244,873.
5	Net unrealized gains (losses) on investments	5	-32,661.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	28,481,165.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

COMMUNITY INITIATIVES

Employer identification number

94-3255070

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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 exempt 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)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23910527.	22482034.	33474328.	27175070.	30111902.	137153861
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	23910527.	22482034.	33474328.	27175070.	30111902.	137153861
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3011780.
6 Public support. Subtract line 5 from line 4.						134142081

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	23910527.	22482034.	33474328.	27175070.	30111902.	137153861
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	32,481.	17,417.	72,409.	274,744.	225,884.	622,935.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	303,817.	623,608.	232,352.	239,078.	233,388.	1632243.
11 Total support. Add lines 7 through 10						139409039
12 Gross receipts from related activities, etc. (see instructions)					12	13,483,411.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	96.22 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	96.19 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2015 AMOUNT: \$ 275,786.

2016 AMOUNT: \$ 511,011.

2017 AMOUNT: \$ 106,741.

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 0.

FUNDRAISING REVENUE

2015 AMOUNT: \$ 28,031.

2016 AMOUNT: \$ 112,597.

2017 AMOUNT: \$ 125,611.

2018 AMOUNT: \$ 239,078.

2019 AMOUNT: \$ 233,388.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

COMMUNITY INITIATIVES

Employer identification number

94-3255070

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization COMMUNITY INITIATIVES	Employer identification number 94-3255070
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>806,922.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>796,611.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,295,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>1,344,982.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>639,997.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>845,530.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY INITIATIVES	Employer identification number 94-3255070
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>847,398.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY INITIATIVES	Employer identification number 94-3255070
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization COMMUNITY INITIATIVES	Employer identification number 94-3255070
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization COMMUNITY INITIATIVES	Employer identification number 94-3255070
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2019**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	34,060.													
c	Total lobbying expenditures (add lines 1a and 1b)	34,060.													
d	Other exempt purpose expenditures	35,256,880.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	35,290,940.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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.														
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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	7,778.	3,551.	4,139.	34,060.	49,528.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: COMMUNITY INITIATIVES; Employer identification number: 94-3255070

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		780,323.	488,588.	291,735.
d Equipment		103,136.	39,290.	63,846.
e Other		453,764.	405,785.	47,979.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				403,560.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other, and sub-rows (A) through (H).

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered (1) through (9).

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered (1) through (9).

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Section 1 includes (1) Federal income taxes and rows (2) through (9).

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	33,735,722.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-32,661.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-32,661.	
3	Subtract line 2e from line 1	3	33,768,383.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-113,688.	
c	Add lines 4a and 4b	4c	-113,688.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	33,654,695.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	35,499,430.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	113,688.	
e	Add lines 2a through 2d	2e	113,688.	
3	Subtract line 2e from line 1	3	35,385,742.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	35,385,742.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

COMMUNITY INITIATIVES (CI) IS EXEMPT FROM TAXATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701D.

CI FOLLOWS THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ACCORDING TO FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740. MANAGEMENT EVALUATED CI'S TAX POSITIONS AND CONCLUDED THAT CI HAD MAINTAINED ITS TAX-EXEMPT STATUS AND HAD NOT TAKEN UNCERTAIN TAX POSITIONS THAT REQUIRED ADJUSTMENT TO THE FINANCIAL STATEMENTS.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES RECLASSIFIED TO REVENUE -113,688.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES RECLASSIFIED TO REVENUE 113,688.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

Employer identification number

COMMUNITY INITIATIVES

94-3255070

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PROGRAM TRAVEL AND CONSULTING	55,203.
NORTH AMERICA	0	0	PROGRAM SERVICES	PROGRAM TRAVEL, CONSULTING, SUPPLIES AND ACCOMMODATIONS	47,845.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	PROGRAM TRAVEL, CONSULTING AND SUPPLIES	375,031.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PROGRAM TRAVEL, CONSULTING, SUPPLIES AND ACCOMMODATIONS	74,394.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	PROGRAM TRAVEL	10,000.
3 a Subtotal	0	0			562,473.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			562,473.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2019

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THOROUGH DUE DILIGENCE IS CONDUCTED IN ADVANCE OF FUNDING TO DETERMINE WHETHER A RECIPIENT WILL BE AN APPROPRIATE GRANTEE. POTENTIAL RECIPIENTS ARE REQUIRED TO PROVIDE PROOF OF TAX STATUS AND/OR REGISTRATION DOCUMENTS AND THEIR ORGANIZATIONAL DOCUMENTS. ALL GRANTEES ARE NOTIFIED OF THE TERMS AND CONDITIONS OF EACH GRANT SHOULD IT BE AWARDED, AND GRANTEES INDICATE ACCEPTANCE BY SIGNATURE. ALL INTERNATIONAL GRANTS ARE RESTRICTED TO A CLEARLY DEFINED CHARITABLE PURPOSE. ALL GRANTEES RECEIVE A WRITTEN GRANT AGREEMENT, AND BY ACCEPTING PAYMENT THE GRANTEE AGREES TO THE CONDITIONS OF THE AWARD. PERIODIC REPORTS ARE REQUIRED THAT ADDRESS (1) USE OF THE GRANT FUNDS, (2) COMPLIANCE WITH THE TERMS AND CONDITIONS OF THE GRANT, AND (3) PROGRESS TOWARD ACHIEVING THE GRANT'S PURPOSE. THE REPORTS ARE REVIEWED TO CONFIRM THAT ALL THE FUNDS HAVE BEEN USED FOR CHARITABLE PURPOSES AND WHETHER ALL THE FUNDS HAVE BEEN EXPENDED.

Multiple horizontal lines for supplemental information input.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **COMMUNITY INITIATIVES** Employer identification number **94-3255070**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BERNADETTE POWELL - 885 CONTRA COSTA AVE, BERKELEY, CAMPBELL & COMPANY - 1 EAST WACKER DR., SUITE 2100,	FUNDRAISING CONSULTING		X	0.	14,463.	-14,463.
CECILY ANN HARRIS - 710 BROADWAY ST., MARINE ON SAINT	FUNDRAISING CONSULTING		X	0.	6,323.	-6,323.
SEAN DANIEL MURPHY - 311 OAK STREET, PH21, OAKLAND, CA	FUNDRAISING CONSULTING		X	0.	20,000.	-20,000.
SOLUTIONS 2050 - 409 EAST MEADOW DRIVE, PALO ALTO, CA	FUNDRAISING CONSULTING		X	0.	5,000.	-5,000.
LOKHORST AUTOMATION AG - KNONAUERSTRASSE 52E,	FUNDRAISING CONSULTING		X	0.	5,050.	-5,050.
Total					90,998.	-90,998.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		SF HEP B FREE BAY AREWELL (event type)	THE HEALING WELL (event type)	22 (total number)		
Revenue	1	Gross receipts	145,254.	40,109.	161,713.	347,076.
	2	Less: Contributions	66,254.	469.	46,965.	113,688.
	3	Gross income (line 1 minus line 2)	79,000.	39,640.	114,748.	233,388.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes			703.	703.
	6	Rent/facility costs	12,812.	250.	32,356.	45,418.
	7	Food and beverages		175.	5,674.	5,849.
	8	Entertainment	4,335.		200.	4,535.
	9	Other direct expenses	49,107.	44.	8,032.	57,183.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				113,688.
11	Net income summary. Subtract line 10 from line 3, column (d)				119,700.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: BERNADETTE POWELL

(I) ADDRESS OF FUNDRAISER: 885 CONTRA COSTA AVE, BERKELEY, CA 94707

(I) NAME OF FUNDRAISER: CAMPBELL & COMPANY

(I) ADDRESS OF FUNDRAISER:

1 EAST WACKER DR., SUITE 2100, CHICAGO, IL 60601

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: CECILY ANN HARRIS

(I) ADDRESS OF FUNDRAISER:

710 BROADWAY ST., MARINE ON SAINT CROIX, MN 55047

(I) NAME OF FUNDRAISER: SEAN DANIEL MURPHY

(I) ADDRESS OF FUNDRAISER: 311 OAK STREET, PH21, OAKLAND, CA 94607

(I) NAME OF FUNDRAISER: SOLUTIONS 2050

(I) ADDRESS OF FUNDRAISER: 409 EAST MEADOW DRIVE, PALO ALTO, CA 94306

(I) NAME OF FUNDRAISER: LOKHORST AUTOMATION AG

(I) ADDRESS OF FUNDRAISER: KNONAUERSTRASSE 52E, SWITZERLAND 6330 CHAM

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **COMMUNITY INITIATIVES** Employer identification number **94-3255070**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SOUTHWESTERN COLLEGE 900 OTAY LAKES ROAD CHULA VISTA, CA 91910	95-6006659	501(C)(3)	115,300.	0.			GENERAL SUPPORT
SONOMA STATE UNIVERSITY 1801 E. COTATI AVE., SALAZAR HALL ROHNERT PARK, CA 94928	68-0338225	501(C)(3)	115,300.	0.			GENERAL SUPPORT
SIERRA JOINT COMMUNITY COLLEGE DISTRICT - 5100 SIERRA COLLEGE BLVD - ROCKLIN, CA 95677	94-6031260	SIERRA JOINT CCD	164,300.	0.			SUPPORT SCHOOL TO PROVIDE SERVICES AND SUPPLIES FOR UNDOCUMENTED STUDENTS.
SAN DIEGO COMMUNITY COLLEGE DISTRICT - 3375 CAMINO DEL RIO SOUTH - SAN DIEGO, CA 92108	95-2644299	SAN DIEGO CCD	335,300.	0.			SUPPORT SCHOOL TO PROVIDE SERVICES AND SUPPLIES FOR UNDOCUMENTED STUDENTS.
CALIFORNIA STATE UNIVERSITY, STANISLAUS - ONE UNIVERSITY CIRCLE - TURLOCK, CA 95382	77-0207337	501(C)(3)	122,300.	0.			GENERAL SUPPORT
BUTTE COLLEGE 3536 BUTTE CAMPUS DR. OROVILLE, CA 95965	94-1637174	501(C)(3)	117,300.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **91.**

3 Enter total number of other organizations listed in the line 1 table **6.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMUEL MERRITT UNIVERSITY 1130 LAUREL DR LAFAYETTE, CA 94549	94-2992642	501(C)(3)	6,000.	0.			GENERAL SUPPORT
DEATH VALLEY NATIONAL PARK P.O. BOX 579 DEATH VALLEY, CA 92328	95-2083126	501(C)(3)	25,000.	0.			GENERAL SUPPORT
UC REGENTS - DAVIS P.O. BOX 989062 WEST SACRAMENTO, CA 95798-9062	94-6036494	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WOMEN IN SECURITY AND PRIVACY 299 FREMONT SR, #2112 SAN FRANCISCO, CA 94105	83-1217303	501(C)(3)	87,791.	0.			GENERAL SUPPORT
TAKE BACK THE COURT FOUNDATION 2370 MARKET ST, #433 SAN FRANCISCO, CA 94114	84-2145297	501(C)(3)	20,000.	0.			GENERAL SUPPORT
HEPATITIS EDUCATION PROJECT 1621 S JACKSON ST, #201 SEATTLE, WA 98144	91-1658691	501(C)(3)	475,750.	0.			GENERAL SUPPORT
JEWISH FAMILY AND CHILDREN'S SERVICE - P.O. BOX 159004 - SAN FRANCISCO, CA 94115	94-1156528	501(C)(3)	20,893.	0.			GENERAL SUPPORT
RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT - 2323 NORTH BROADWAY, 4TH FLOOR - SANTA ANA, CA 92706	95-2696799	RANCHO SANTIAGO	120,250.	0.			SUPPORT SCHOOL TO PROVIDE SERVICES AND SUPPLIES FOR UNDOCUMENTED STUDENTS.
CHABOT COLLEGE 25555 HESPERIAN BOULEVARD HAYWARD, CA 94545	94-1670563	501(C)(3)	115,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LONG BEACH CITY COLLEGE 4901 EAST CARSON ST LONG BEACH, CA 90808	95-2654140	501(C)(3)	131,200.	0.			GENERAL SUPPORT
BAKERSFIELD COLLEGE 2100 CHESTER AVE BAKERSFIELD, CA 93301	51-0151490	501(C)(3)	129,400.	0.			GENERAL SUPPORT
MONTEREY PENINSULA COLLEGE 980 FREMONT ST MONTEREY, CA 93940	94-2314506	501(C)(3)	117,600.	0.			GENERAL SUPPORT
LOS ANGELES SOUTHWEST COLLEGE 1600 WEST IMPERIAL HIGHWAY LOS ANGELES, CA 90047	95-2587353	501(C)(3)	120,200.	0.			GENERAL SUPPORT
CSUSB PHILANTHROPIC FOUNDATION 5500 UNIVERSITY PARKWAY, AD-104 SAN BERNARDINO, CA 92407	45-2255077	501(C)(3)	125,300.	0.			GENERAL SUPPORT
COLLEGE OF THE DESERT 43-500 MONTEREY AVE PALM DESERT, CA 92260	33-0535430	501(C)(3)	125,350.	0.			GENERAL SUPPORT
VENTURA COUNTY COMMUNITY COLLEGE DISTRICT - 761 EAST DAILY DRIVE - CAMARILLO, CA 93010	95-2224338	VENTURA COUNTY C	100,300.	0.			SUPPORT SCHOOL TO PROVIDE SERVICES AND SUPPLIES FOR UNDOCUMENTED STUDENTS.
NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT - 1830 W. ROMNEYA DRIVE - ANAHEIM, CA 92801-1819	95-2394131	NORTH ORANGE COU	155,500.	0.			SUPPORT SCHOOL TO PROVIDE SERVICES AND SUPPLIES FOR UNDOCUMENTED STUDENTS.
LOS ANGELES TRADE TECHNICAL COLLEGE - 400 W WASHINGTON BLVD. - LOS ANGELES, CA 90015	95-2587353	501(C)(3)	97,640.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NATURE CONSERVANCY 201 MISSION ST, 4TH FLOOR SAN FRANCISCO, CA 94105	20-5797732	501(C)(3)	375,000.	0.			GENERAL SUPPORT
SOCIAL GOOD FUND 12651 SAN PABLO AVE, #547 RICHMOND, CA 94805	46-1323531	501(C)(3)	265,480.	0.			GENERAL SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, BERKELEY - 16 SPROUL HALL #1960 - BERKELEY, CA 94720-1960	94-6002123	501(C)(3)	7,400.	0.			GENERAL SUPPORT
CALIFORNIA CHILDREN AND FAMILIES FOUNDATION, INC. - 1115 ATLANTIC AVENUE - ALAMEDA, CA 94501	77-0561803	501(C)(3)	30,000.	0.			GENERAL SUPPORT
DEATH VALLEY NATURAL HISTORY ASSOCIATION - PO BOX 188 - DEATH VALLEY, CA 92328	95-2083126	501(C)(3)	31,845.	0.			GENERAL SUPPORT
RADIO BILINGUE, INC. 5005 E. BELMONT AVE FRESNO, CA 93727	94-2472322	501(C)(3)	20,000.	0.			GENERAL SUPPORT
INDEPENDENT ARTS AND MEDIA P.O. BOX 420442 SAN FRANCISCO, CA 94142	94-3355076	501(C)(3)	20,000.	0.			GENERAL SUPPORT
NOR CAL BLUEPEARL SPECIALTY & EMERGENCY PET HOSPITAL - 2201 JUNIPERO SERRA BLVD., STE. C - DALY CITY, CA 94014	90-0752539		10,420.	0.			INGRID TAUBER FUND FOR ANIMALS FOR VETERINARY HOSPITAL
STRATEGEN CONSULTING LLC 2150 ALLSTON WAY, SUITE 400 BERKELEY, CA 94704	81-0680092		22,500.	0.			TO IMPROVE OUTCOMES IN THE CALIFORNIA CHILD WELFARE SYSTEM.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VCA SAN FRANCISCO VETERINARY SPECIALISTS - 600 ALABAMA ST. - SAN FRANCISCO, CA 94110	27-3117966		72,771.	0.			INGRID TAUBER FUND FOR ANIMALS FOR VETERINARY HOSPITAL
LANEY COLLEGE 900 FALLON ST. OAKLAND, CA 94607	94-1590799	501(C)(3)	30,300.	0.			GENERAL SUPPORT
PINNACLES NATIONAL PARK FOUNDATION P.O. BOX 2080 HOLLISTER, CA 95024	76-0849623	501(C)(3)	39,635.	0.			GENERAL SUPPORT
PLACER TITLE COMPANY 2145 LARKSPURE LANE, SUITE A REDDING, CA 96002	68-0126778		1,079,822.	0.			TO SUPPORT THE ACQUISITION OF 2,234 ACRES IN PRIVATE HANDS (FROM SIERRA PACIFIC
GRATITUDE ALLIANCE 5111 TELEGRAPH AVENUE, #310 OAKLAND, CA 94609	45-4315806	501(C)(3)	15,000.	0.			GENERAL SUPPORT
TURN 2 U, INC 44 TEHAMA STREET SAN FRANCISCO, CA 94105	46-2899930	501(C)(3)	255,550.	0.			GENERAL SUPPORT
BAY CITY NEWS FOUNDATION 900 HILLDALE AVE BERKELEY, CA 94708	83-0654488	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ROSIE THE RIVETER TRUST P.O. BOX 71126 RICHMOND, CA 94807-1226	94-3335350	501(C)(3)	26,875.	0.			GENERAL SUPPORT
CALMATTERS 1017 L STREET #261 SACRAMENTO, CA 95814	47-2474086	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITYSIDE JOURNALISM INITIATIVE 2120 UNIVERSITY AVENUE BERKELEY, CA 94704	84-3448887	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EDSOURCE, INC. 436 14TH STREET SUITE 1005 OAKLAND, CA 94612	94-2434900	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EQUALITY UTAH FOUNDATION 8243 S. 1360 W. WEST JORDAN, UT 84088	84-1633004	501(C)(3)	20,000.	0.			GENERAL SUPPORT
FOUNDATION FOR NATIONAL PROGRESS 222 SUTTER ST. SUITE 600 SAN FRANCISCO, CA 94108	94-2282759	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BILINGUAL BROADCASTING FOUNDATION, INC. - P.O. BOX 7189 - SANTA ROSA, CA 95407	23-7134263	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE CENTER FOR INVESTIGATIVE REPORTING - 1400 65TH STREET, SUITE 200 - EMERYVILLE, CA 94608	94-2434026	501(C)(3)	20,000.	0.			GENERAL SUPPORT
NICHU BEI FOUNDATION P.O. BOX 15693 SAN FRANCISCO, CA 94115	27-0700443	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FEATHER RIVER LAND TRUST 75 COURT STREET QUINCY, CA 95971	68-0449687	501(C)(3)	514,125.	0.			GENERAL SUPPORT
SAN FRANCISCO PUBLIC PRESS 44 PAGE STREET, SUITE #504 SAN FRANCISCO, CA 94102	27-1275141	501(C)(3)	30,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH RADIO 1701 BROADWAY OAKLAND, CA 94612	94-3180825	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ACCION LATINA 2958 24TH ST SAN FRANCISCO, CA 94110	94-3039956	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ATMA CONNECT 4200 PARK BLVD, #546 OAKLAND, CA 94602	81-2938272	501(C)(3)	8,000.	0.			GENERAL SUPPORT
FRACTURED ATLAS, INC. P.O. BOX 10530 HARTSDALE, NY 10530	11-3451703	501(C)(3)	8,000.	0.			GENERAL SUPPORT
HURRICANE RELIEF INFORMATION NETWORK - 4917 THIRD ST. - SAN FRANCISCO, CA 94124	20-4324012	501(C)(3)	10,000.	0.			GENERAL SUPPORT
KALW PUBLIC MEDIA 500 MANSELL STREET SAN FRANCISCO, CA 94134	84-3580297	501(C)(3)	10,000.	0.			GENERAL SUPPORT
KQED, INC. 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	10,000.	0.			GENERAL SUPPORT
RICHMOND FRIENDS OF RECREATION P.O. BOX 70105 RICHMOND, CA 94807	94-2600126	501(C)(3)	6,980.	0.			GENERAL SUPPORT
OUTRIGHT ACTION INTERNATIONAL 80 MAIDEN LANE, SUITE 1505 NEW YORK, NY 10038	94-3139952	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION ON HOMELESSNESS 280 TURK ST SAN FRANCISCO, CA 94102	94-3111898	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CENTER FOR ADDICTION TREATMENT 830 EZZARD CHARLES DR CINCINNATI, OH 45214	31-0792742	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DAVIS STREET COMMUNITY CENTER INC. 3081 TEAGARDEN STREET SAN LEANDRO, CA 94577	94-3121699	501(C)(3)	75,000.	0.			GENERAL SUPPORT
CENTRO DE SERVICIOS ALAMEDA COUNTY 525 H. ST UNION CITY, CA 94587	94-2489691	501(C)(3)	65,000.	0.			GENERAL SUPPORT
A SAFE PLACE P.O. BOX 23006 OAKLAND, CA 94623-0006	94-2491881	501(C)(3)	35,000.	0.			GENERAL SUPPORT
SOCIETY OF ST. VINCENT DE PAUL OF ALAMEDA COUNTY - 2272 SAN PABLO AVE. - OAKLAND, CA 94612	94-1156493	501(C)(3)	75,000.	0.			GENERAL SUPPORT
ALAMEDA COUNTY BEHAVIOR HEALTH CARE SERVICES - 2000 EMBARCADERO COVE, SUITE 400 - OAKLAND, CA 94606	94-6000501	501(C)(3)	65,751.	0.			GENERAL SUPPORT
FIRST AMERICAN TITLE COMPANY 3001 I ST, SUITE 100 SACRAMENTO, CA 95816	26-1911571	501(C)(3)	317,019.	0.			GENERAL SUPPORT
TRUCKEE DONNER LAND TRUST PO BOX 8816 TRUCKEE, CA 96162	68-0245327	501(C)(3)	1,002,163.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KE KULA NUI O WAIMANALO P.O. BOX 723 WAIMANALO, HI 96795	82-3955043	501(C)(3)	10,000.	0.			GENERAL SUPPORT
VILLAGE OF WISDOM, INC. 600 E. UMSTEAD ST DURHAM, NC 27701	47-2060936	501(C)(3)	15,000.	0.			GENERAL SUPPORT
COASTAL HEALTH ALLIANCE 63 THIRD ST, SUITE 22 POINT REYES STATION, CA 94956	68-0172541	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HARLEM UNITED COMMUNITY AIDS CENTER, INC. - 306 MALCOLM X BLVD., 3RD FLOOR - NEW YORK, NY 10027	13-3461695	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ALAMEDA MEALS ON WHEELS P.O. BOX 2534 ALAMEDA, CA 94501	94-2299811	501(C)(3)	34,000.	0.			GENERAL SUPPORT
CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION - 1395 BANCROFT AVENUE - SAN LEANDRO, CA 94577	94-3100741	501(C)(3)	75,000.	0.			GENERAL SUPPORT
SAUSALITO SISTER CITIES 1001 BRIDGEWAY #468 SAUSALITO, CA 94965	94-3136042	501(C)(3)	6,193.	0.			GENERAL SUPPORT
STEP UP ON SECOND STREET INC 11693 SAN VICENTE BLVD. #902 LOS ANGELES, CA 90049	95-4109386	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CENTER FOR STRATEGIC COMMUNITY INNOVATION - 2560 9TH STREET - BERKELEY, CA 94710	77-0395654	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUNDACION DE INVESTIGACION SCIENCE AND EDUCATION, INC. - 998 MUNOZ RIVERA AVENUE - SAN JUAN, PR 00927-4308	66-0764480	501(C)(3)	15,000.	0.			GENERAL SUPPORT
HAZELDEN BETTY FORD FOUNDATION 15251 PLEASANT VALLEY RD CENTER CITY, MN 55012	41-0682405	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SHIELDS FOR FAMILIES 11601 S WESTERN AVE LOS ANGELES, CA 90047	95-4336420	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TRI-VALLEY HAVEN FOR WOMEN 3663 PACIFIC AVE LIVERMORE, CA 94550	94-2462357	501(C)(3)	80,000.	0.			GENERAL SUPPORT
GREAT BASIN NATIONAL PARK FOUNDATION - 3895 WARREN WAY - RENO, NV 89509	88-0407290	501(C)(3)	65,840.	0.			GENERAL SUPPORT
MYC INSTITUTE OF INTEGRATIVE HEALTH - 6090 SURETY DR, SUITE 200 - EL PASO, TX 79905	82-5147217	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BRIGHTMOOR ALLIANCE, INC 17421 TELEGRAPH RD DETROIT, MI 48219	06-1744841	501(C)(3)	10,000.	0.			GENERAL SUPPORT
URBAN NEIGHBORHOOD INITIATIVES INC. - 8300 LONGWORTH ST - DETROIT, MI 48209	38-3417161	501(C)(3)	10,000.	0.			GENERAL SUPPORT
B4 YOUTH THEATRE, INC 1722 CLOVER VALLEY CT EDGEWOOD, MD 21040	32-0394195	501(C)(3)	6,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U. LUM PLACE SAN FRANCISCO, CA 94108	94-2161304	501(C)(3)	8,000.	0.			GENERAL SUPPORT
RESTOREHER US AMERICA INC. P.O. BOX 141 RED OAK, GA 30272	83-0907216	501(C)(3)	7,000.	0.			GENERAL SUPPORT
UNIVERSITY OF ORANGE, INC. P.O. BOX 998 ORANGE, NJ 07051	27-3939616	501(C)(3)	6,000.	0.			GENERAL SUPPORT
I.E. COMMUNICATIONS, LLC 1212 PRESERVATION PARK WAY, SUITE 3 OAKLAND, CA 94612	91-2082734		54,346.	0.			TO ADVANCE THE USE OF GREEN HYDROGEN TO ACCELERATE THE TRANSITION TO A CARBON-FREE ENERGY
DICKINSON CORPORATION 31 COMMERCIAL BLVD, SUITE C NOVATO, CA 94949	46-4663379		29,910.	0.			TO MANUFACTURE COVID-19-RELATED FACE SHIELDS, PERSONAL PROTECTIVE EQUIPMENT AND
ASIAN HEALTH SERVICES 101 8TH ST, SUITE 100 OAKLAND, CA 94607	94-2235908	501(C)(3)	80,000.	0.			GENERAL SUPPORT
THE LIBRA FOUNDATION 1 LETTERMAN DRIVE SUITE C4-420 SAN FRANCISCO, CA 94129	36-4812310	501(C)(3)	200,000.	0.			GENERAL SUPPORT
NOVO FOUNDATION 401 STATE ST BROOKLYN, NY 11217	47-0824753	501(C)(3)	350,000.	0.			GENERAL SUPPORT
RESTORATIVE JUSTICE FOR OAKLAND YOUTH - 173 FILBERT ST - OAKLAND, CA 94607	84-5154317	501(C)(3)	409,851.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PROGRAM FELLOWSHIP GRANTS	378	452,217.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS TO GOVERNMENTS AND ORGANIZATIONS IN THE UNITED STATES:

A HANDFUL OF COMMUNITY INITIATIVES' FISCALLY SPONSORED PROJECTS MAKE

GRANTS. EACH PROGRAM DESIGNS REVIEW CRITERIA BEFORE ANNOUNCING ITS PROGRAM.

IT THEN REVIEWS APPLICATIONS FOR FUNDING. THESE APPLICATIONS ARE REVIEWED

BY IMPARTIAL, QUALIFIED DECISIONMAKERS. GRANTS ARE AWARDED THROUGH A

WRITTEN GRANT AGREEMENT WHICH DETAILS THE TERMS AND REPORTING REQUIREMENTS.

EACH PROJECT MONITORS ITS GRANT AWARDS THROUGH PERIODIC REPORTS AND

FOLLOW-UP WITH AWARDEES. COMMUNITY INITIATIVES' ACCOUNTING TEAM TRACKS AND

Part IV Supplemental Information

REPORTS ON MATCHING REQUIREMENTS, WHERE APPLICABLE.

GRANTS TO DOMESTIC INDIVIDUALS:

THOROUGH DUE DILIGENCE IS CONDUCTED IN ADVANCE OF FUNDING TO DETERMINE WHETHER A RECIPIENT WILL BE AN APPROPRIATE GRANTEE. ALL GRANTEES ARE NOTIFIED OF THE TERMS AND CONDITIONS OF EACH GRANT SHOULD IT BE AWARDED AND GRANTEES INDICATE ACCEPTANCE BY SIGNATURE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: PLACER TITLE COMPANY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ACQUISITION OF 2,234 ACRES IN PRIVATE HANDS (FROM SIERRA PACIFIC INDUSTRIES ADJACENT TO LOWER CARPENTER VALLEY) SO THAT IT CAN BE FOREVER IN THE PUBLIC DOMAIN.

NAME OF ORGANIZATION OR GOVERNMENT: I.E. COMMUNICATIONS, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADVANCE THE USE OF GREEN HYDROGEN TO ACCELERATE THE TRANSITION TO A CARBON-FREE ENERGY SUPPLY, GREATER ENERGY INDEPENDENCE, AND THE DECARBONIZATION OF THE POWER, GAS, INDUSTRIAL, TRANSPORTATION, BUILDING, PUBLIC INFRASTRUCTURE, AND AGRICULTURAL SECTORS.

NAME OF ORGANIZATION OR GOVERNMENT: DICKINSON CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MANUFACTURE COVID-19-RELATED FACE SHIELDS, PERSONAL PROTECTIVE EQUIPMENT AND SUPPORT MATERIALS, TO BE DONATED TO THOSE IN NEED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

COMMUNITY INITIATIVES

Employer identification number

94-3255070

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RUTH WILLIAMS PRESIDENT & CEO	(i)	275,073.	0.	0.	10,218.	7,428.	292,719.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KEITH CHRESTON CFO (THRU 7/2/20)	(i)	185,022.	0.	0.	7,470.	8,820.	201,312.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HEDY CHANG EXECUTIVE DIRECTOR, ATTENDANCE WORKS	(i)	204,104.	0.	0.	8,600.	33,236.	245,940.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JULIE DORF EXECUTIVE DIR, COUNCIL FOR GLOBAL EQ	(i)	189,464.	0.	0.	6,667.	33,288.	229,419.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SARA MYERS ALLEN DIR, JEWISH TEEN EDU & ENGAGE FUNDER	(i)	196,068.	0.	0.	8,272.	22,183.	226,523.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LUCY BLAKE PRESIDENT, NORTHERN SIERRA P'SHIP	(i)	173,914.	0.	0.	7,483.	31,891.	213,288.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARK BROMLEY COUNCIL CHAIR, COUNCIL FOR GLOBAL EQ	(i)	172,142.	0.	0.	606.	33,143.	205,891.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

COMMUNITY INITIATIVES

Employer identification number

94-3255070

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	11	162,220.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (FOOD)	X	3	37,987.	FAIR MARKET VALUE
26 Other (PROGRAMMATIC)	X	1	750.	FAIR MARKET VALUE
27 Other (GIFT BASKETS)	X	1	125.	FAIR MARKET VALUE
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THIS COLUMN REPRESENTS THE NUMBER OF DONORS, NOT THE NUMBER OF ITEMS DONATED.

SCHEDULE M, LINE 32B:

COMMUNITY INITIATIVES RETAINS CAR DONATION SERVICES, INC. TO PROCESS AND SELL DONATED AUTOS. DONATIONS ARE MADE DIRECTLY TO CAR DONATION SERVICES WHO THEN PROVIDES CASH DONATIONS TO COMMUNITY INITIATIVES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

COMMUNITY INITIATIVES

Employer identification number

94-3255070

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FOR FINANCIAL MANAGEMENT, CI PROVIDED FISCALLY SPONSORED PROJECTS

ACCOUNTING SERVICES, MONTHLY FINANCIAL REPORTS, FINANCIAL OVERSIGHT,

TRACKING OF GRANT REVENUES, AND AUDITING SUPPORT FOR INDIVIDUAL FUNDING

AGENCY AUDITS, AS WELL AS FOR THE ORGANIZATIONAL AUDIT.

FOR HUMAN RESOURCES, CI PROVIDED FISCALLY SPONSORED PROJECTS SERVICES

INCLUDING HIRING/TERMINATION PROCESSING, A 401(K) PROGRAM, AND ALL

BENEFITS TO OVER 250 EMPLOYEES.

IN THE AREA OF GRANTS MANAGEMENT, CI MANAGED THE PHILANTHROPIC

RELATIONSHIPS OF OUR PROJECTS WITH APPROXIMATELY 347 INSTITUTIONAL

DONORS. CI RECEIVED MORE THAN 2,000 CASH DONATIONS AND 183 GRANTS,

OPERATED A WEBSITE FOR ITS PROJECTS THROUGH WHICH DONATIONS WERE MADE,

AND PROVIDED A PROCESS FOR RECEIPT OF STOCK DONATIONS. WE ALSO TRACKED

THE INTERIM AND FINAL REPORTING ON GRANTS RECEIVED AND PROVIDED

FINANCIAL AND PROGRAMMATIC OVERSIGHT FOR THESE GRANTS.

FORM 990, PART VI, SECTION B, LINE 11B:

AFTER THE DRAFT FORM 990 WAS PREPARED, IT WAS REVIEWED BY THE BOARD OF

DIRECTORS AND SENIOR MANAGEMENT. THEN THE FINAL FORM 990 WAS DISTRIBUTED TO

ALL BOARD MEMBERS FOR THEIR REVIEW AND COMMENT BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

AT THE BOARD MEETING DURING WHICH A NEW DIRECTOR IS ELECTED, HE/SHE IS

ASKED TO SIGN THE CONFLICT OF INTEREST POLICY FORMS PREPARED BY OUR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization COMMUNITY INITIATIVES	Employer identification number 94-3255070
---	--

ATTORNEY. AT THE ANNUAL MEETING IN JANUARY, ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES UPDATE THEIR FORMS FOR THE FOLLOWING YEAR. POTENTIAL CONFLICTS ARE REVIEWED AND DETERMINED BY THE BOARD OR A COMMITTEE IN A MEETING THAT DOES NOT INCLUDE THE PERSON UNDER REVIEW. IF A CONFLICT EXISTS, THE BOARD OR COMMITTEE SHALL DECIDE WHETHER TO ENTER ANY PROPOSED TRANSACTION AND, IF SO, TO ENSURE THAT THE TERMS OF THE TRANSACTION ARE REASONABLE. IF A DIRECTOR IS INVOLVED, THE DIRECTOR SHALL NOT VOTE ON ANY TRANSACTION IN WHICH THE DIRECTOR HAS AN INTEREST, AND THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

THE INDEPENDENT BOARD OF DIRECTORS, IN EXECUTIVE SESSION, ANNUALLY REVIEWS THE PERFORMANCE OF ITS CEO AND APPROVES CHANGES IN COMPENSATION WHICH ARE COMPARED AGAINST DATA FOR SIMILAR POSITIONS IN THE NONPROFIT SECTOR. THEY THEN INSTRUCT THE DIRECTOR OF HUMAN RESOURCES TO IMPLEMENT CHANGES. THIS DELIBERATION IS RECORDED IN THE MINUTES OF THE MEETING AND FILED WITH ITS CORPORATE DOCUMENTS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST DURING REGULAR BUSINESS HOURS AND WHEN APPROPRIATE STAFF IS AVAILABLE. THESE DOCUMENTS ARE AVAILABLE FOR THE SAME PERIOD OF TIME SET FORTH IN SEC. 6104(D). AN ANNUAL REPORT IS PUBLISHED WHICH INCLUDES A SUMMARY OF THE INDEPENDENT AUDIT. THIS REPORT IS

Name of the organization

COMMUNITY INITIATIVES

Employer identification number

94-3255070

WIDELY DISTRIBUTED AND IS AVAILABLE ON OUR WEBSITE AND UPON REQUEST TO THE
GENERAL PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OUTSIDE TEMPORARY SUPPORT:

PROGRAM SERVICE EXPENSES	57,364.
MANAGEMENT AND GENERAL EXPENSES	12,580.
FUNDRAISING EXPENSES	6,374.
TOTAL EXPENSES	76,318.

INTERNS:

PROGRAM SERVICE EXPENSES	13,949.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,550.
TOTAL EXPENSES	15,499.

CONSULTANTS - GENERAL:

PROGRAM SERVICE EXPENSES	1,736,062.
MANAGEMENT AND GENERAL EXPENSES	71,729.
FUNDRAISING EXPENSES	192,896.
TOTAL EXPENSES	2,000,687.

CONSULTANTS - TECHNICAL:

PROGRAM SERVICE EXPENSES	88,238.
MANAGEMENT AND GENERAL EXPENSES	39,570.
FUNDRAISING EXPENSES	9,804.
TOTAL EXPENSES	137,612.

Name of the organization COMMUNITY INITIATIVES	Employer identification number 94-3255070
--	---

CONSULTANTS - PROGRAM:

PROGRAM SERVICE EXPENSES	1,385,512.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	153,946.
TOTAL EXPENSES	1,539,458.

CONSULTANTS - OTHER:

PROGRAM SERVICE EXPENSES	13,086.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,454.
TOTAL EXPENSES	14,540.

CONSULTANTS - COMMUNICATIONS:

PROGRAM SERVICE EXPENSES	418,237.
MANAGEMENT AND GENERAL EXPENSES	76,639.
FUNDRAISING EXPENSES	46,471.
TOTAL EXPENSES	541,347.

CONSULTANTS - FACILITATOR:

PROGRAM SERVICE EXPENSES	34,835.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	3,871.
TOTAL EXPENSES	38,706.

TRANSLATION SERVICES:

PROGRAM SERVICE EXPENSES	9,821.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,091.

Name of the organization COMMUNITY INITIATIVES	Employer identification number 94-3255070
--	---

TOTAL EXPENSES	10,912.
-----------------------	----------------

CHILD CARE:

PROGRAM SERVICE EXPENSES	2,017.
---------------------------------	---------------

MANAGEMENT AND GENERAL EXPENSES	0.
--	-----------

FUNDRAISING EXPENSES	224.
-----------------------------	-------------

TOTAL EXPENSES	2,241.
-----------------------	---------------

EMPLOYEE RECRUITING:

PROGRAM SERVICE EXPENSES	396.
---------------------------------	-------------

MANAGEMENT AND GENERAL EXPENSES	128,125.
--	-----------------

FUNDRAISING EXPENSES	44.
-----------------------------	------------

TOTAL EXPENSES	128,565.
-----------------------	-----------------

PAYROLL PROCESSING EXPENSE:

PROGRAM SERVICE EXPENSES	22.
---------------------------------	------------

MANAGEMENT AND GENERAL EXPENSES	40,409.
--	----------------

FUNDRAISING EXPENSES	2.
-----------------------------	-----------

TOTAL EXPENSES	40,433.
-----------------------	----------------

VIDEOGRAPHY:

PROGRAM SERVICE EXPENSES	71,312.
---------------------------------	----------------

MANAGEMENT AND GENERAL EXPENSES	0.
--	-----------

FUNDRAISING EXPENSES	7,924.
-----------------------------	---------------

TOTAL EXPENSES	79,236.
-----------------------	----------------

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,625,554.
---	-------------------