

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

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 Room/suite 480		G Gross receipts \$ 46,625,945.
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	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	390
	6 Total number of volunteers (estimate if necessary)	6	1455
	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, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	30,111,902.	41,556,247.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,171,883.	3,630,280.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	223,137.	18,697.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	147,773.	27,960.
		33,654,695.	45,233,184.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,260,283.	9,630,539.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,909,491.	23,893,080.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	94,802.	146,152.
	b Total fundraising expenses (Part IX, column (D), line 25)	3,079,705.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,121,166.	7,386,901.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	35,385,742.	41,056,672.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,731,047.	4,176,512.	
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)	32,963,465.	38,228,924.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,482,300.	5,566,846.
	28,481,165.	32,662,078.	

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

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 16, 2022**, 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, 2020**, and ending **JUN 30, 2021**.

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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 33,877,730. including grants of \$ 9,630,539.) (Revenue \$ 3,659,403.) 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 33,877,730.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

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>	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>	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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		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>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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, unrelated 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 (13), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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

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) RUTH WILLIAMS PRESIDENT & CEO	40.00			X			287,463.	0.	19,076.	
(2) LUCY BLAKE PRESIDENT, NORTHERN SIERRA P'SHIP	40.00					X	187,297.	0.	32,768.	
(3) MARK BROMLEY COUNCIL CHAIR, COUNCIL FOR GLOBAL EQ	40.00					X	180,105.	0.	33,771.	
(4) JULIE DORF EXECUTIVE DIR, COUNCIL FOR GLOBAL EQ	40.00					X	179,668.	0.	32,869.	
(5) HEDY CHANG EXECUTIVE DIRECTOR, ATTENDANCE WORKS	40.00					X	170,047.	0.	32,511.	
(6) LOUISE WOODLEY ED, CTR FOR SCI COLLAB & COMM ENG	40.00					X	168,250.	0.	19,147.	
(7) KEITH CHRESTON CFO (THRU 7/01/20)	40.00			X			140,379.	0.	16,290.	
(8) CARL TAIBL CFO (STARTED 6/15/20)	40.00			X			99,155.	0.	32,885.	
(9) CHRIS MCCRUM DIRECTOR (CHAIR THRU 12/31/20)	1.00	X		X			0.	0.	0.	
(10) MARY ANN FAKE CHAIR (TREASURER THRU 12/31/20)	1.00	X		X			0.	0.	0.	
(11) PHILLIPPE WALLACE TREASURER	1.00	X		X			0.	0.	0.	
(12) DEE DEE MENDOZA SECRETARY	1.00	X		X			0.	0.	0.	
(13) STEVE BARTON DIRECTOR	1.00	X					0.	0.	0.	
(14) JANET CAMARENA DIRECTOR	1.00	X					0.	0.	0.	
(15) ABBAS MOLOO DIRECTOR	1.00	X					0.	0.	0.	
(16) LOGEN POGIR DIRECTOR	1.00	X					0.	0.	0.	
(17) BARBARA RHOMBERG DIRECTOR	1.00	X					0.	0.	0.	

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) KENJI TREANOR DIRECTOR	1.00	X						0.	0.	0.
(19) ROBERT WEINER DIRECTOR	1.00	X						0.	0.	0.
(20) MAYA TUSSING DIRECTOR	1.00	X						0.	0.	0.
(21) BETSY BLOCK DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal							1,412,364.	0.	219,317.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,412,364.	0.	219,317.	

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 **24**

	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	149,100.
CATHERINE MICHAEL COONEY 1611 ALTON PL NW, WASHINGTON, DC 20008	PROGRAM CONSULTING SERVICES	108,402.

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 **2**

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	116,500.				
	1 b	Membership dues	536,397.				
	1 c	Fundraising events					
	1 d	Related organizations					
	1 e	Government grants (contributions)	7,746,970.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above ...	33,156,380.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 283,246.				
	1 h	Total. Add lines 1a-1f		41,556,247.			
Program Service Revenue	2 a	SERVICE FEES	Business Code 541610	3,454,844.	3,454,844.		
	2 b	PRODUCT SALES	900099	86,627.	86,627.		
	2 c	MEMBERSHIP DUES	900099	57,482.	57,482.		
	2 d	ADMISSION FEES	541610	30,171.	30,171.		
	2 e	OTHER PROGRAM SERVICES	561000	1,156.	1,156.		
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f		3,630,280.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		22,658.		22,658.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		554.		554.	
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses ...					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				1,376,687.			
	7 b	Less: cost or other basis and sales expenses		1,380,648.			
7 c	Gain or (loss)		-3,961.				
7 d	Net gain or (loss)		-3,961.		-3,961.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
8 c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19		10,396.				
9 b	Less: direct expenses		12,113.				
9 c	Net income or (loss) from gaming activities		-1,717.		-1,717.		
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER REVENUE	Business Code 900099	29,123.	29,123.		
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		29,123.			
12	Total revenue. See instructions		45,233,184.	3,659,403.	0.	17,534.	

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

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 ...	9,232,473.	9,232,473.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	339,054.	339,054.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	59,012.	59,012.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	577,088.		577,088.	
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	20,954,615.	16,754,619.	2,129,200.	2,070,796.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	321,038.	249,393.	43,935.	27,710.
9 Other employee benefits	1,165,549.	907,604.	157,100.	100,845.
10 Payroll taxes	874,790.	678,697.	120,682.	75,411.
11 Fees for services (nonemployees):				
a Management				
b Legal	81,622.	39,869.	37,323.	4,430.
c Accounting	50,348.	4,327.	45,540.	481.
d Lobbying	1,500.	1,500.		
e Professional fundraising services. See Part IV, line 17	146,152.			146,152.
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.)	2,960,098.	2,323,509.	388,480.	248,109.
12 Advertising and promotion	50,950.	45,855.		5,095.
13 Office expenses	617,172.	516,278.	37,084.	63,810.
14 Information technology	93,894.	65,211.	20,623.	8,060.
15 Royalties				
16 Occupancy	632,569.	397,357.	186,100.	49,112.
17 Travel	87,684.	76,608.	1,608.	9,468.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	129,231.	109,856.	5,797.	13,578.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	138,481.	114,542.	9,782.	14,157.
23 Insurance	171,696.	6,081.	164,863.	752.
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	1,816,575.	1,610,897.	6,578.	199,100.
b EQUIP, RENTAL, MAINT	320,152.	186,125.	111,023.	23,004.
c TAXES, FEES, LICENSES	76,879.	28,965.	44,334.	3,580.
d PRINTING, PUBLICATIONS	76,270.	64,688.	3,587.	7,995.
e All other expenses	81,780.	65,210.	8,510.	8,060.
25 Total functional expenses. Add lines 1 through 24e	41,056,672.	33,877,730.	4,099,237.	3,079,705.
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	3,846,064.	1	6,292,099.
	2 Savings and temporary cash investments	22,097,767.	2	23,929,601.
	3 Pledges and grants receivable, net	5,380,310.	3	6,037,049.
	4 Accounts receivable, net	1,029,959.	4	1,479,060.
	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	149,377.	9	105,242.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,337,198.		
	b Less: accumulated depreciation	10b 1,032,846.	403,560.	10c 304,352.
	11 Investments - publicly traded securities		11	5,068.
	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	56,428.	15	76,453.
16 Total assets. Add lines 1 through 15 (must equal line 33)	32,963,465.	16	38,228,924.	
Liabilities	17 Accounts payable and accrued expenses	1,647,490.	17	2,089,371.
	18 Grants payable	273,000.	18	1,348,266.
	19 Deferred revenue	30,359.	19	129,209.
	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	2,531,451.	24	2,000,000.
	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	4,482,300.	26	5,566,846.
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	1,810,410.	27	2,296,355.
	28 Net assets with donor restrictions	26,670,755.	28	30,365,723.
	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	28,481,165.	32	32,662,078.
33 Total liabilities and net assets/fund balances	32,963,465.	33	38,228,924.	

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	45,233,184.
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,056,672.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,176,512.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,481,165.
5	Net unrealized gains (losses) on investments	5	4,401.
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	32,662,078.

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
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2020)

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

2020

Open to Public Inspection

Name of the organization COMMUNITY INITIATIVES	Employer identification number 94-3255070
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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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,482,034.	33,474,328.	27,175,070.	30,111,902.	41,556,247.	154,799,581.
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	22,482,034.	33,474,328.	27,175,070.	30,111,902.	41,556,247.	154,799,581.
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)						1,584,877.
6 Public support. Subtract line 5 from line 4.						153,214,704.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	22,482,034.	33,474,328.	27,175,070.	30,111,902.	41,556,247.	154,799,581.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,417.	72,409.	274,744.	225,884.	23,212.	613,666.
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.)	623,608.	232,352.	239,078.	233,388.	10,396.	1,338,822.
11 Total support. Add lines 7 through 10						156,752,069.
12 Gross receipts from related activities, etc. (see instructions)					12	15,449,557.
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	97.74 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	96.22 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
1		
2		

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>		
1		

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 line 2, above, 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>		
1		
2		
3		

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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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>	Yes	No
b Did the activities described in line 2a, above, 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 lines 3a and 3b 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>If "Yes" or "No" 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>		
2a		
2b		
3a		
3b		

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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).		

Schedule A (Form 990 or 990-EZ) 2020

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

2016 AMOUNT: \$ 511,011.

2017 AMOUNT: \$ 106,741.

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

FUNDRAISING REVENUE

2016 AMOUNT: \$ 112,597.

2017 AMOUNT: \$ 125,611.

2018 AMOUNT: \$ 239,078.

2019 AMOUNT: \$ 233,388.

2020 AMOUNT: \$ 0.

RAFFLE REVENUE

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 10,396.

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

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), 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
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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	<hr/> <hr/> <hr/>	\$ 2,145,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,695,057.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,517,905.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,992,173.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,352,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,041,937.	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
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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/>	\$ 1,262,138.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 2,531,451.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<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

2020

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 <p style="text-align: center;">COMMUNITY INITIATIVES</p>	Employer identification number <p style="text-align: center;">94-3255070</p>
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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) 2020**

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)	4,139.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c	Total lobbying expenditures (add lines 1a and 1b)	4,139.													
d	Other exempt purpose expenditures	40,906,381.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	40,910,520.													
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) 2017	(b) 2018	(c) 2019	(d) 2020	(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	3,551.	4,139.	34,060.	4,139.	45,889.
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				4,139.	4,139.

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
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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

2020

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.

	(a) Donor advised funds	(b) Funds and other accounts
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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?

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)?

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.

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.

b 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) 2020

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		788,019.	585,081.	202,938.
d Equipment		90,987.	34,493.	56,494.
e Other		458,192.	413,272.	44,920.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				304,352.

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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 ...

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	45,249,698.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	4,401.
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	4,401.
3	Subtract line 2e from line 1	3	45,245,297.
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	-12,113.
c	Add lines 4a and 4b	4c	-12,113.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	45,233,184.

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	41,068,785.
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	12,113.
e	Add lines 2a through 2d	2e	12,113.
3	Subtract line 2e from line 1	3	41,056,672.
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	41,056,672.

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:

RAFFLE EXPENSES RECLASSIFIED TO REVENUE -12,113.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RAFFLE EXPENSES RECLASSIFIED TO REVENUE 12,113.

**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

2020

Open to Public
Inspection

Name of the organization COMMUNITY INITIATIVES	Employer identification number 94-3255070
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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 CONSULTING	110,008.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	3	PROGRAM SERVICES	PROGRAM SUMMIT, PROGRAM WORKSHOP PANELIST, PROGRAM COMMUNICATIONS CONSULTING, PROGRAM	825,236.
NORTH AMERICA	0	1	PROGRAM SERVICES	PROGRAM CONSULTING	92,908.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PROGRAM COMMUNICATIONS CONSULTING, PROGRAM CONSULTING	50,512.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		59,012.
3 a Subtotal	0	4			1,137,676.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	4			1,137,676.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2020
SEE PART V FOR COLUMN (E) DESCRIPTIONS

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)
		SUB-SAHARAN AFRICA	ATHENA SUBGRANTS FOR UNAIDS HIV PREVENTION AND MENENGAGE	59,012.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1

3 Enter total number of other organizations or entities 0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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.

PART I, LINE 3, COLUMN (E):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROGRAM SUMMIT, PROGRAM

WORKSHOP PANELIST, PROGRAM COMMUNICATIONS CONSULTING, PROGRAM SOFTWARE

DEVELOPMENT, PROGRAM CONSULTING & WORKSHOP

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.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ 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			
CAMPBELL & COMPANY - 1 EAST WACKER DR., SUITE 2100,	FUNDRAISING CONSULTING		X	0.	46,008.	-46,008.
BLACK FOX PHILANTHROPY - 2872 CASALON CIR, SUPERIOR, CO	FUNDRAISING CONSULTING		X	0.	39,875.	-39,875.
ORCHESTRATED CONNECTING - 341 MONMOUTH STREET APT 408D,	FUNDRAISING CONSULTING		X	0.	25,000.	-25,000.
GREATER NONPROFITS - 330 TWIN DOLPHIN DR STE 131, REDWOOD	GRANT WRITING		X	0.	11,719.	-11,719.
RAISE AND SHINE CONSULTING LLC - 830 BALBOA STREET, SAN	FUNDRAISING CONSULTING		X	0.	5,600.	-5,600.
Total					128,202.	-128,202.

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
	11	Net income summary. Subtract line 10 from line 3, column (d)			

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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	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: CAMPBELL & COMPANY

(I) ADDRESS OF FUNDRAISER:

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

(I) NAME OF FUNDRAISER: BLACK FOX PHILANTHROPY

(I) ADDRESS OF FUNDRAISER: 2872 CASALON CIR, SUPERIOR, CO 80027

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: ORCHESTRATED CONNECTING

(I) ADDRESS OF FUNDRAISER:

341 MONMOUTH STREET APT 408D, JERSEY CITY, NJ 07302

(I) NAME OF FUNDRAISER: GREATER NONPROFITS

(I) ADDRESS OF FUNDRAISER:

330 TWIN DOLPHIN DR STE 131, REDWOOD CITY, CA 94065

(I) NAME OF FUNDRAISER: RAISE AND SHINE CONSULTING LLC

(I) ADDRESS OF FUNDRAISER: 830 BALBOA STREET, SAN FRANCISCO, CA 94118

**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

2020

**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
ALEUT COMMUNITY OF ST. PAUL ISLAND 2050 VENIA MINOR RD ST. PAUL, AK 99660	92-0060403	TRIBAL GOV	28,264.	0.			GENERAL SUPPORT
ANTELOPE VALLEY COLLEGE 3041 W AVE K LANCASTER, CA 93536	95-2228663	501(C)(3)	100,000.	0.			GENERAL SUPPORT
ASSOCIATION OF TEACHING ARTISTS 155 SOUTH MAIN STREET FAIRPORT, NY 14450	14-1808163	501(C)(3)	68,176.	0.			GENERAL SUPPORT
BAKERSFIELD COLLEGE 2100 CHESTER AVE BAKERSFIELD, CA 93301	95-6073950	501(C)(3)	70,700.	0.			GENERAL SUPPORT
BERKELEY COMMUNITY HEALTH PROJECT 2339 DURANT AVE BERKELEY, CA 94704	94-1697002	501(C)(3)	30,000.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUB OF THE PENINSULA - 401 PIERCE RD - MENLO PARK, CA 94025	94-1552134	501(C)(3)	6,853.	0.			GRANT - GALILEO INNOVATION FOR ALL PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 122.

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.**
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BRIGHTER BEGINNINGS 2744 EAST 11TH STREET SUITE H01 OAKLAND, CA 94601	94-2949749	501(C)(3)	95,000.	0.			GENERAL SUPPORT
BUTTE COLLEGE 3536 BUTTE CAMPUS DR. OROVILLE, CA 95965	94-1637174	501(C)(3)	115,000.	0.			GENERAL SUPPORT
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO PHILANTHROPIC FOUNDATION - 5500 UNIVERSITY PARKWAY, AD-104 - SAN BERNARDINO,	45-2255077	501(C)(3)	120,000.	0.			GENERAL SUPPORT
CALIFORNIA STATE UNIVERSITY, SAN MARCOS FOUNDATION - 333 SOUTH TWIN OAKS VALLEY ROAD - SAN MARCOS, CA 92096	80-0390564	501(C)(3)	100,500.	0.			GRANT - CAMPUS CATALYST FUND
CALIFORNIA STATE UNIVERSITY, STANISLAUS - 1 UNIVERSITY CIR - TURLOCK, CA 95382	77-0492209	501(C)(3)	100,000.	0.			GENERAL SUPPORT
CALMATTERS 1017 L STREET #261 SACRAMENTO, CA 95814	47-2474086	501(C)(3)	20,000.	0.			GRANT - "EQUITY & HEALTH REPORTING INITIATIVE"
CAPITOL REEF NATIONAL PARK HC 70/BOX 15 TORREY, UT 84775	87-6129427	501(C)(3)	18,000.	0.			CARE1
CARDEA SERVICES 401 GRAND AVE., SUITE 450 OAKLAND, CA 94610	94-2401949	501(C)(3)	95,000.	0.			GENERAL SUPPORT
CENTER FOR HEALTH PROGRESS P.O. BOX 18877 DENVER, CO 80218	43-2007393	501(C)(3)	10,000.	0.			CCLN NETWORK ACTIVATION FUND GRANT

Schedule I (Form 990)

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CENTRO DE SERVICIOS ALAMEDA COUNTY 525 H. ST UNION CITY, CA 94587	94-2489691	501(C)(3)	10,000.	0.			GRANT - COVID-19 RELIEF FUND
CENTRO LEGAL DE LA RAZA 3400 E. 12TH ST OAKLAND, CA 94601	23-7181456	501(C)(3)	50,000.	0.			COVID-19 RELIEF FUND GRANT
CHABOT COLLEGE 25555 HESPERIAN BOULEVARD HAYWARD, CA 94545	94-1670563	501(C)(3)	111,000.	0.			GENERAL SUPPORT
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD, MS# 97 LOS ANGELES, CA 90027	95-1690977	501(C)(3)	10,000.	0.			CCLN NETWORK ACTIVATION FUND GRANT
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U. LUM PLACE SAN FRANCISCO, CA 94108	94-2161304	501(C)(3)	85,000.	0.			GENERAL SUPPORT
COLLEGE OF THE DESERT 43-500 MONTEREY AVE PALM DESERT, CA 92260	33-0535430	501(C)(3)	124,000.	0.			GENERAL SUPPORT
COMMONWEAL P.O. BOX 316 BOLINAS, CA 94924	94-2366094	501(C)(3)	6,000.	0.			GRANT - WEB NETWORK ACTIVATION FUND
COMMUNITY BASED ORGANIZATION PARTNERS - P.O. BOX 442 - FLINT, MI 48501	30-0566417	501(C)(3)	10,000.	0.			CCLN NETWORK ACTIVATION FUND GRANT
COMMUNITY FOOD INITIATIVES 94 COLUMBUS ROAD ATHENS, OH 45701	31-1375388	501(C)(3)	5,950.	0.			GRANT - WEB ACTIVATION FUND

Schedule I (Form 990)

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CSU SAN MARCOS/MIRACOSTA COLLEGE COLLABORATION - 333 S TWIN OAKS VALLEY ROAD - SAN MARCOS, CA 92096	33-0535371	501(C)(3)	100,500.	0.			CAMPUS CATALYST FUND
CUESTA COLLEGE HIGHWAY 1 SAN LUIS OBISPO, CA 93405	52-2018681	501(C)(3)	110,000.	0.			GENERAL SUPPORT
DEATH VALLEY NATURAL HISTORY ASSOCIATION - PO BOX 188 - DEATH VALLEY, CA 92328	95-2083126	501(C)(3)	32,985.	0.			GENERAL SUPPORT
DEFY VENTURES, INC P.O. BOX 102117 PASADENA, CA 91189-2117	27-3611908	501(C)(3)	50,000.	0.			GENERAL SUPPORT
DIDI HIRSCH MENTAL HEALTH SERVICES 4760 S. SEPULVEDA BOULEVARD CULVER CITY, CA 90230	95-1816023	501(C)(3)	15,000.	0.			GRANT - ADDICTION AND MENTAL HEALTH CARE
DRK BEAUTY INC. 254 N. 6TH ST. #1A BROOKLYN, NY 11211	86-1697401		11,012.	0.			MODEL C FUND TRANSFER
DUQUESNE UNIVERSITY OF THE HOLY SPIRIT - 600 FORBES AVENUE, 308C ADMIN BLDG - PITTSBURGH, PA 15282	25-1035663	501(C)(3)	7,000.	0.			RWJF NETWORK ACTIVATION FUND GRANT
EARTH ISLAND INSTITUTE 2150 ALLSTON WAY, SUITE 460 BERKELEY, CA 94704-1375	94-2889684	501(C)(3)	85,000.	0.			COVID-19 RELIEF FUND GRANT - NUMI FOUNDATION
EAST BAY ASIAN YOUTH CENTER 2025 EAST 12TH STREET OAKLAND, CA 94606	94-2925799	501(C)(3)	50,000.	0.			GRANT - COVID-19 RELIEF FUND

Schedule I (Form 990)

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EASTERN SIERRA INTERPRETIVE ASSOCIATION - 190 E. YANEY STREET - BISHOP, CA 93514	23-7253530	501(C)(3)	44,760.	0.			GENERAL SUPPORT
EMPOWERMENT WORKS, INC 1801 LINCOLN BLVD, SUITE 138 VENICE, CA 90291-0000	31-1796801	501(C)(3)	175,466.	0.			GENERAL SUPPORT
EQUALITY FLORIDA INSTITUTE INC P.O. BOX 13184 ST. PETERSBURG, FL 33733	59-3435235	501(C)(3)	6,000.	0.			GRANT - WEB ACTIVATION FUND
EUGENE O'NEILL FOUNDATION P.O. BOX 402 DANVILLE, CA 94526	23-7401824	501(C)(3)	18,397.	0.			GRANT - EUON1
EUVALCREE 67 SW 2ND AVENUE ONTARIO, OR 97914	46-2224467	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FEATHER RIVER LAND TRUST 75 COURT STREET QUINCY, CA 95971	68-0449687	501(C)(3)	541,814.	0.			GENERAL SUPPORT
FORUM FOR EQUALITY FOUNDATION 4519 S. CLAIBORNE AVENUE NEW ORLEANS, LA 70125	72-1269734	501(C)(3)	10,000.	0.			CCLN NETWORK ACTIVATION FUND GRANT
FRIENDS OF FORT VANCOUVER NATIONAL HISTORIC SITE - 612 EAST RESERVE STREET - VANCOUVER, WA 98661	47-2631569	501(C)(3)	8,969.	0.			FOVA3 CANNON CARRIAGES
GIVING BACK FUND INC 5757 W CENTURY BLVD, SUITE 410 LOS ANGELES, CA 90045	04-3367888	501(C)(3)	7,000.	0.			RWJF NETWORK ACTIVATION FUND GRANT

Schedule I (Form 990)

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GREAT BASIN NATIONAL PARK FOUNDATION - 3895 WARREN WAY - RENO, NV 89509	88-0407290	501(C)(3)	24,327.	0.			GENERAL SUPPORT
GREEN HYDROGEN COALITION 2150 ALLSTON WAY BERKELEY, CA 94704	84-4085530	501(C)(3)	21,234.	0.			PROJECT TRANSFER OUT ASSET DISBURSEMENT
GROUNDWORK OHIO ORGANIZATION 4041 NORTH HIGH STREET COLUMBUS, OH 43214-3248	85-2807114	501(C)(3)	1,077,331.	0.			GENERAL SUPPORT GRANT
HARTNELL COLLEGE 411 CENTRAL AVE SALINAS, CA 93901	77-0086025	501(C)(3)	115,000.	0.			GENERAL SUPPORT
I.E. COMMUNICATIONS, LLC 350 GRAND AVE. SUITE 301 OAKLAND, CA 94610	91-2082734		68,933.	0.			GENERAL SUPPORT
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE, BOX 1620 - NEW YORK, NY 10029	13-6171197	501(C)(3)	10,000.	0.			GRANT - ALUMNI NETWORK ACTIVATION FUND
INDEPENDENT ARTS & MEDIA P.O. BOX 420442 SAN FRANCISCO, CA 94142	94-3355076	501(C)(3)	20,000.	0.			GRANT FOR EL TIMPANO
INQUIRING SYSTEMS, INC 887 SONOMA AVENUE SANTA ROSA, CA 95404	94-2524840	501(C)(3)	160,860.	0.			SF AID FOR ANIMALS
INTERSECTION FOR THE ARTS 1446 MARKET ST SAN FRANCISCO, CA 94102	94-1593216	501(C)(3)	97,810.	0.			GENERAL SUPPORT

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JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 32211	59-0624412	501(C)(3)	6,832.	0.			ALUMNI NETWORK ACTIVATION FUND GRANT
KALW PUBLIC MEDIA 500 MANSELL STREET SAN FRANCISCO, CA 94134	84-3580297	501(C)(3)	20,000.	0.			GRANT TO SUPPORT "EQUITY & HEALTH REPORTING INITIATIVE"
LEARN TO EARN DAYTON 200 S. KEOWEE STREET DAYTON, OH 45402	81-0823777	501(C)(3)	40,000.	0.			GRANT - FAMILY VOICE STRATEGY
LONG BEACH CITY COLLEGE 4901 E. CARSON LONG BEACH, CA 90808	95-2654140	501(C)(3)	100,000.	0.			GENERAL SUPPORT
LOS ANGELES ALLIANCE FOR A NEW ECONOMY - 464 LUCAS AVENUE, SUITE 202 - LOS ANGELES, CA 90017	95-4459427	501(C)(3)	10,000.	0.			RWJF WEB NETWORK ACTIVATION FUND GRANT
LOS ANGELES SOUTHWEST COLLEGE 1600 WEST IMPERIAL HIGHWAY LOS ANGELES, CA 90047	95-2587353	501(C)(3)	100,000.	0.			GENERAL SUPPORT
LOS ANGELES TRADE TECHNICAL COLLEGE - 400 W WASHINGTON BLVD. - LOS ANGELES, CA 90015	95-2587353	501(C)(3)	114,000.	0.			GENERAL SUPPORT
LOTUS BLOOM 555 19TH ST., STE. 131 OAKLAND, CA 94612	51-0662715	501(C)(3)	60,000.	0.			GRANT - COVID-19 RELIEF FUND
MAGNOLIA WOMENS RECOVERY PROGRAMS, INC. - 17 EMBARCADERO COVE - OAKLAND, CA 94606	81-0603045	501(C)(3)	50,000.	0.			GRANT - COVID-19 RELIEF FUND

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MAKE COMMUNITY, LLC 150 TODD ROAD, SUITE 200 SANTA ROSA, CA 95407	84-2051822		188,542.	0.			GRANT DISBURSEMENT TO MODEL C PROJECT, GRANT TO MAKE COMMUNITY LLC - 50% OF THE YEAR 1 PROJECT
MASS HEALTH SOLUTIONS INC. 1801 NORTH TUCKAHOE ST. ARLINGTON, VA 22205	82-2353197	501(C)(3)	6,000.	0.			GRANT - WEB ACTIVATION FUND
MOJAVE DESERT LAND TRUST P.O. BOX 1544 JOSHUA TREE, CA 92252	72-1603033	501(C)(3)	58,144.	0.			GENERAL SUPPORT
MONTEREY PENINSULA COLLEGE 980 FREMONT ST MONTEREY, CA 93940	94-2314506	501(C)(3)	121,000.	0.			GENERAL SUPPORT
MULTICULTURAL AIDS COALITION INC. 7 PALMER ST ROXBURY, MA 02119	04-3042926	501(C)(3)	10,000.	0.			CCLN NETWORK ACTIVATION FUND GRANT
NATIONAL PARK SERVICE - FORT VANCOUVER NATIONAL HISTORIC SITE - 612 E. RESERVE ST. - VANCOUVER, WA 98661	53-0197094	GOVERNMENT	8,969.	0.			FOVA3 CANNON CARRIAGES
NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD JENKINTOWN, PA 19046	23-7825575	501(C)(3)	268,987.	0.			REISSUE - GRANT - DONOR ADVISED FUND
NATURALLY ACQUIRING KNOWLEDGE AND EMPOWERING DECISIONS INC. - 2304 WESTCHESTER LANE NE - ATLANTA, GA 30345	85-1935667	501(C)(3)	6,000.	0.			WEB NETWORK ACTIVATION FUND GRANT
NEEDLE EXCHANGE EMERGENCY DISTRIBUTION - 2339 DURANT AVE - BERKELEY, CA 94704	26-0529276	501(C)(3)	25,000.	0.			GRANT - COVID-19 RELIEF FUND

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NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT - 1830 W. ROMNEYA DRIVE - ANAHEIM, CA 92801-1819	95-2394131	NORTH ORANGE COU	224,000.	0.			GENERAL SUPPORT
OAKLAND LGBTQ COMMUNITY CENTER, INC - 3207 LAKESHORE AVE - OAKLAND, CA 94610	82-2258008	501(C)(3)	85,000.	0.			GRANT - COVID-19 RELIEF FUND
OAKLAND TRYBE 1341B E. 25TH ST OAKLAND, CA 94606	46-4328520	501(C)(3)	95,000.	0.			GENERAL SUPPORT
OPEN HEART KITCHEN 1141 CATALINA DRIVE, SUITE 137 LIVERMORE, CA 94550	94-3396038	501(C)(3)	50,000.	0.			GRANT - COVID-19 RELIEF FUND
PANORAMA GLOBAL 2101 FOURTH AVENUE SEATTLE, WA 98121	81-4204119	501(C)(3)	28,625.	0.			PROJECT EXITING - TRANSFER ASSETS TO NEW FISCAL SPONSOR
PASO DEL NORTE COMMUNITY FOUNDATION - 221 N KANSAS ST. STE 1900 - EL PASO, TX 79901	46-1997449	501(C)(3)	7,000.	0.			RWJF ALUMNI NETWORK ACTIVATION FUND GRANT
PENN ASIAN SENIOR SERVICES 6926 OLD YORK ROAD PHILADELPHIA, PA 19126	20-2643138	501(C)(3)	7,000.	0.			RWJF ALUMNI NETWORK ACTIVATION FUND GRANT
PINNACLES NATIONAL PARK FOUNDATION P.O. BOX 2080 HOLLISTER, CA 95024	76-0849623	501(C)(3)	9,000.	0.			GRANT - PINN5
PROSPERA COMMUNITY DEVELOPMENT 1072 60TH STREET, #3 OAKLAND, CA 94608	77-0373186	501(C)(3)	85,000.	0.			GENERAL SUPPORT

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PUBLIC HEALTH FOUNDATION ENTERPRISES - 13300 CROSSROADS PARKWAY NORTH, SUITE 450 - CITY OF INDUSTRY, CA 91746	95-2557063	501(C)(3)	7,000.	0.			RWJF ALUMNI NETWORK ACTIVATION FUND GRANT
RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT - 2323 NORTH BROADWAY, 4TH FLOOR - SANTA ANA, CA 92706	95-2696799	RANCHO SANTIAGO	110,000.	0.			GENERAL SUPPORT
RAP SESSIONS P.O. BOX 450832 WESTLAKE, OH 44145			142,900.	0.			GENERAL SUPPORT
RED STICK BRAS AND ALL PROJECT 1529 RIDGELAND DR BATON ROUGE, LA 70810	81-5465914	501(C)(3)	20,000.	0.			CCLN NETWORK ACTIVATION FUND GRANT
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1855 FOLSOM ST, BOX 0812 - SAN FRANCISCO, CA 94143	94-1539563	501(C)(3)	100,000.	0.			GRANT - YOUTH OUTPATIENT SUBSTANCE USE PROGRAM
REGENTS OF THE UNIVERSITY OF CALIFORNIA, IRVINE - 120 THEORY, SUITE 200 - IRVINE, CA 92617	95-2226406	501(C)(3)	25,000.	0.			GENERAL SUPPORT
RESEARCH FOUNDATION OF CUNY O/B/O HUNTER COLLEGE - 230 WEST 41ST STREET, 7TH FLOOR - NEW YORK, NY 20036	13-1988190	501(C)(3)	10,000.	0.			GRANT - ALUMNI NETWORK ACTIVATION FUND
RIO HONDO COLLEGE 3600 WORKMAN MILL ROAD WHITTIER, CA 90601	95-6006673	501(C)(3)	100,000.	0.			GENERAL SUPPORT
ROSIE THE RIVETER TRUST P.O. BOX 71126 RICHMOND, CA 94807-1226	94-3335350	501(C)(3)	23,687.	0.			RORI3

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SAN DIEGO COMMUNITY COLLEGE DISTRICT - 3375 CAMINO DEL RIO SOUTH - SAN DIEGO, CA 92108	95-2644299	SAN DIEGO CCD	321,000.	0.			GENERAL SUPPORT
SAN FRANCISCO STUDY CENTER 1663 MISSION ST, SUITE 310 SAN FRANCISCO, CA 94103	94-2168838	501(C)(3)	20,000.	0.			GRANT TO SUPPORT EMS'S EQUITY & HEALTH REPORTING INITIATIVE
SAN JOAQUIN DELTA COLLEGE 5151 PACIFIC AVENUE, HORTON ADMINISTRATION BUILDING, ROOM 107 - STOCKTON, CA	94-1044400	501(C)(3)	101,000.	0.			GENERAL SUPPORT
SAN LORENZO FAMILY HELP CENTER 100 HACIENDA AVE SAN LORENZO, CA 94580	30-0554038	501(C)(3)	40,000.	0.			GRANT - COVID-19 RELIEF FUND
SEQUOIA PARKS CONSERVANCY 47050 GENERALS HIGHWAY, UNIT 10 THREE RIVERS, CA 93271	94-1379633	501(C)(3)	30,000.	0.			GRANT - SEKI1
SIERRA JOINT COMMUNITY COLLEGE DISTRICT - 5100 SIERRA COLLEGE BLVD - ROCKLIN, CA 95677	94-6031260	SIERRA JOINT CCD	105,029.	0.			GENERAL SUPPORT
SOCIAL GOOD FUND 12651 SAN PABLO AVE RICHMOND, CA 94805	46-1323531	501(C)(3)	182,600.	0.			GENERAL SUPPORT
SONOMA STATE UNIVERSITY 1801 E. COTATI AVE., SALAZAR HALL ROHNERT PARK, CA 94928	68-0338225	501(C)(3)	95,000.	0.			GENERAL SUPPORT
SOUTHWEST ORGANIZING PROJECT 211 10TH STREET SW ALBUQUERQUE, NM 87102-2919	36-4090773	501(C)(3)	10,000.	0.			CCLN NETWORK ACTIVATION FUND GRANT

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SOUTHWESTERN COLLEGE 900 OTAY LAKES ROAD CHULA VISTA, CA 91910	95-6006659	501(C)(3)	100,000.	0.			GENERAL SUPPORT
STATE CENTER COMMUNITY COLLEGE DISTRICT - 1171 FULTON STREET - FRESNO, CA 93721	94-1574802	STATE CENTER CCD	55,000.	0.			CAMPUS CATALYST FUND
STRATEGEN CONSULTING LLC 2150 ALLSTON WAY, SUITE 400 BERKELEY, CA 94704	81-0680092		116,048.	0.			GRANT - MODEL C - JANUARY-JULY, 2020
THE ALLIANCE FOR COMMUNITY WELLNESS - 24301 SOUTHLAND DRIVE - HAYWARD, CA 94545	94-2297155	501(C)(3)	75,000.	0.			COVID-19 RELIEF FUND GRANT
THE FRUIT GUYS 490 ECCLES AVE SOUTH SAN FRANCISCO, CA 94080	94-3292703		139,200.	0.			GENERAL SUPPORT
THE HANNAH PROJECT 3001 BRIDGEWAY #422 SAUSALITO, CA 94965	27-1897134	501(C)(3)	7,500.	0.			SPONSORSHIP OF 5 STUDENTS TO FREEDOM SCHOOL
THE NATURE CONSERVANCY 830 S ST SACRAMENTO, CA 95811	53-0242652	501(C)(3)	40,000.	0.			RE-GRANT OF RLF FUNDING FOR FORESTRY RESTORATION
TOUCH THE FUTURE INC. 100 CONSTRUCTION WAY, UNIT B ANDERSON, SC 29625	02-0510668	501(C)(3)	10,000.	0.			GRANT - NETWORK ACTIVATION FUND
TURN 2 U, INC PMB 60414 SAN FRANCISCO, CA 94104	46-2899930	501(C)(3)	460,225.	0.			THE LAST MILE

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UNETE 27 N IVY ST MEDFORD, OR 97501	26-1810916	501(C)(3)	5,215.	0.			FLOR COHORT PARTICIPATION
UNIVERSITY OF CALIFORNIA LOS ANGELES - 10889 WILSHIRE BLVD, SUITE 700 - LOS ANGELES, CA 90095-1406	95-6006143	501(C)(3)	10,000.	0.			CCLN NETWORK ACTIVATION FUND GRANT
UNIVERSITY OF CALIFORNIA REGENTS 5200 LAKE ROAD MERCED, CA 95343	94-3250114	501(C)(3)	55,000.	0.			GENERAL SUPPORT
UNIVERSITY OF MARYLAND 7809 REGENTS DRIVE, 3112 LEE BLDG. COLLEGE PARK, MD 20742	52-6002033	501(C)(3)	6,000.	0.			GRANT - WEB ACTIVATION FUND
UNIVERSITY OF MICHIGAN 3003 S. STATE STREET, 1002 WOLVERINE TOWER - ANN ARBOR, MI 48109-1274	38-6006309	501(C)(3)	8,600.	0.			NETWORK ACTIVATION FUND GRAND
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104-6205	23-1352685	501(C)(3)	6,500.	0.			GRANT - ALUMNI NETWORK ACTIVATION FUND
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET, SUITE 414 COLUMBIA, SC 29208	51-0517254	501(C)(3)	10,000.	0.			GRANT - MIDLANDS OF SOUTH CAROLINA BLACK NURSE ASSOCIATION
UNIVERSITY OF TENNESSEE 201 ANDY HOLT TOWER KNOXVILLE, TN 37966-0100	62-6001636	501(C)(3)	6,930.	0.			RWJF ALUMNI ACTIVATION FUND GRANT
VENTURA COUNTY COMMUNITY COLLEGE DISTRICT - 761 EAST DAILY DRIVE, SUITE 200 - CAMARILLO, CA 93010	95-2224338	VENTURA COUNTY C	100,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
VIETNAMESE AMERICAN COMMUNITY CENTER OF THE EAST BAY - 655 INTERNATIONAL BLVD - OAKLAND, CA 94606	20-5358946	501(C)(3)	85,000.	0.			GENERAL SUPPORT
WEST COAST UNIVERSITY 1130 LAUREL DR LAFAYETTE, CA 94549	95-4647739	501(C)(3)	7,000.	0.			GENERAL SUPPORT
WEST HILLS COMMUNITY COLLEGE DISTRICT - 9900 CODY STREET - COALINGA, CA 93210	74-0323447	WEST HILLS CCD	47,000.	0.			GENERAL SUPPORT
WOMEN IN SECURITY AND PRIVACY 1000 ROLLING WOODS WAY CONCORD, CA 94521-5401	83-1217303	501(C)(3)	16,917.	0.			GENERAL SUPPORT
WORLD CENTRAL KITCHEN 655 NEW YORK AVE. NW 6TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	90,000.	0.			GENERAL SUPPORT
ALAMEDA MEALS ON WHEELS P.O. BOX 2534 ALAMEDA, CA 94501	94-2299811	501(C)(3)	6,000.	0.			GENERAL SUPPORT
ASIAN HEALTH SERVICES 101 8TH STREET, SUITE 100 OAKLAND, CA 94607	94-2235908	501(C)(3)	30,000.	0.			GENERAL SUPPORT
ATLANTA HARM REDUCTION COALITION, INC - 1231 JOSEPH E BOONE BLVD NW - ATLANTA, GA 30314	58-2227958	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION - 1395 BANCROFT AVENUE - SAN LEANDRO, CA 94577	26-0079199	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
DAVIS STREET COMMUNITY CENTER INC. 3081 TEAGARDEN STREET SAN LEANDRO, CA 94577	94-3121699	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HELP A MOTHER OUT 101 BROADWAY OAKLAND, CA 94607	83-2001085	501(C)(3)	10,000.	0.			GENERAL SUPPORT
RESTORATIVE JUSTICE FOR OAKLAND YOUTH - 173 FILBERT STREET - OAKLAND, CA 94607	84-5154317	501(C)(3)	268,208.	0.			GENERAL SUPPORT
SOCIETY OF ST. VINCENT DE PAUL OF ALAMEDA COUNTY - 2272 SAN PABLO AVE. - OAKLAND, CA 94612	94-1156493	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TRI-VALLEY HAVEN FOR WOMEN 3663 PACIFIC AVE LIVERMORE, CA 94550	94-2462357	501(C)(3)	20,000.	0.			GENERAL SUPPORT

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
COVID-19 RELIEF GRANTS	1110	111,054.	0.		
PROGRAM FELLOWSHIPS	137	218,000.	0.		
ENTREPRENEURSHIP KICKSTARTER GRANTS	2	10,000.	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: MAKE COMMUNITY, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT DISBURSEMENT TO MODEL C

PROJECT, GRANT TO MAKE COMMUNITY LLC - 50% OF THE YEAR 1 PROJECT BUDGET

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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
1b		
2		
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) 2020

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)	287,463.	0.	0.	11,700.	7,376.	306,539.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LUCY BLAKE PRESIDENT, NORTHERN SIERRA P'SHIP	(i)	187,297.	0.	0.	6,850.	25,918.	220,065.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARK BROMLEY COUNCIL CHAIR, COUNCIL FOR GLOBAL EQ	(i)	180,105.	0.	0.	7,853.	25,918.	213,876.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JULIE DORF EXECUTIVE DIR, COUNCIL FOR GLOBAL EQ	(i)	179,668.	0.	0.	7,770.	25,099.	212,537.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) HEDY CHANG EXECUTIVE DIRECTOR, ATTENDANCE WORKS	(i)	170,047.	0.	0.	6,593.	25,918.	202,558.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LOUISE WOODLEY ED, CTR FOR SCI COLLAB & COMM ENG	(i)	168,250.	0.	0.	12,347.	6,800.	187,397.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KEITH CHRESTON CFO (THRU 7/01/20)	(i)	140,379.	0.	0.	7,470.	8,820.	156,669.	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

2020

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	X	1	30,466.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	157,167.	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, CLOTHIN)	X	250	95,613.	FAIR MARKET VALUE
26 Other ()				
27 Other ()				
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 V, 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) 2020

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

2020

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 ALMOST 400 INSTITUTIONAL DONORS. CI

RECEIVED OVER 2,000 CASH DONATIONS AND OVER 150 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) 2020

032211 11-20-20

Name of the organization COMMUNITY INITIATIVES	Employer identification number 94-3255070
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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, 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
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WIDELY DISTRIBUTED AND IS AVAILABLE ON OUR WEBSITE AND UPON REQUEST TO THE

GENERAL PUBLIC.
