

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable	C Name of organization <b>Community Initiatives</b>		D Employer identification number <b>94-3255070</b>
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) <b>354 Pine Street</b> Room/Suite <b>700</b>		E Telephone number <b>415-230-7700</b>
	City or town, state or country, and ZIP + 4 <b>San Francisco, CA 94104</b>		F Gross receipts \$ <b>17,178,823.</b>
	F Name and address of principal officer M. Melanie Beene same as C above		G Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" 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	J Website: <a href="http://www.communityin.org">www.communityin.org</a>	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: <b>1997</b> M State of legal domicile: <b>CA</b>

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>Community Initiatives creates public benefit by providing fiscal sponsorship for nonprofit*</b>	
	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) <b>3</b> <b>9</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>9</b>	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) <b>5</b> <b>125</b>	
	6 Total number of volunteers (estimate if necessary) <b>6</b> <b>1080</b>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b> b Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>0.</b>	
Revenue	8 Contributions and grants (Part VIII, line 1h) <b>14,369,598.</b> <b>15,827,129.</b>	
	9 Program service revenue (Part VIII, line 2g) <b>293,473.</b> <b>870,953.</b>	
	10 Investment Income (Part VIII, column (A), lines 3, 4, and 7d) <b>62,540.</b> <b>31,573.</b>	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>433,976.</b> <b>449,168.</b>	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>15,159,587.</b> <b>17,178,823.</b>	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>3,967,508.</b> <b>3,554,820.</b>	
	14 Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>	
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>5,833,852.</b> <b>5,933,442.</b>	
	16a Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b>	
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>989,237.</b>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <b>8,029,675.</b> <b>8,182,087.</b>	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>17,831,035.</b> <b>17,670,349.</b>	
	19 Revenue less expenses. Subtract line 18 from line 12 <b>-2,671,448.</b> <b>-491,526.</b>	
	Prior Year Current Year	
Net Assets or Fund Balances	Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16) <b>16,883,725.</b>	<b>16,693,217.</b>
	21 Total liabilities (Part X, line 28) <b>814,650.</b>	<b>1,115,668.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20 <b>16,069,075.</b>	<b>15,577,549.</b>

## 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 <b>M. Melanie Beene, President/CEO</b>	Date <b>5/14/12</b>		
Print/Type preparer's name Preparer Use Only	Print/Type preparer's name <b>Carmen Mosley</b>	Preparer's signature 	Date <b>5/11/12</b>	Check <input type="checkbox"/> if self-employed PTIN <b>PTIN</b>
Firm's name Use Only	<b>Harrington Group, CRASH LLP</b>		Firm's EIN <b>13-3600000</b>	
Firm's address Use Only	234 East Colorado Blvd., Suite M150 Pasadena, CA 91101		Phone no. (626) 403-6801	

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

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1845-1078

For calendar year 2010, or fiscal year beginning JUL 1, 2010, and ending JUN 30, 2011**2010**

► Do not send to the IRS. Keep for your records.

► See instructions.

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

Community Initiatives

94-3255070

Name and title of officer

**M Melanie Beene  
President/CEO****Part I Type of Return and Return Information (Whole Dollars Only)**

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

- |                                      |                                     |   |           |                 |
|--------------------------------------|-------------------------------------|---|-----------|-----------------|
| <b>1a Form 990 check here ►</b>      | <input checked="" type="checkbox"/> | <b>b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....</b> | <b>1b</b> | <b>17178823</b> |
| <b>2a Form 990-EZ check here ►</b>   | <input type="checkbox"/>            | <b>b Total revenue, if any (Form 990-EZ, line 8) .....</b>                      | <b>2b</b> | <b></b>         |
| <b>3a Form 1120-POL check here ►</b> | <input type="checkbox"/>            | <b>b Total tax (Form 1120-POL, line 22) .....</b>                               | <b>3b</b> | <b></b>         |
| <b>4a Form 990-PF check here ►</b>   | <input type="checkbox"/>            | <b>b Tax based on investment income (Form 990-PF, Part VI, line 5) .....</b>    | <b>4b</b> | <b></b>         |
| <b>5a Form 8868 check here ►</b>     | <input type="checkbox"/>            | <b>b Balance Due (Form 8868, Part I, line 8c or Part II, line 8c) .....</b>     | <b>5b</b> | <b></b>         |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

 I authorize Harrington Group, CPAs, LLPto enter my PIN **54321**

ERO firm name

Enter five numbers, but  
do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ►

Date ►

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**96187254321**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-File Providers for Business Returns.

ERO's signature ►

Date ►

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**



**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VIII	11c X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11a? If "Yes," complete Schedule G, Part I	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gambling activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a X	
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

**Part IV Checklist of Required Schedules (continued)**

	<b>Yes</b>	<b>No</b>
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a X	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b X	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27 X	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations?	31 X	
If "Yes," complete Schedule N, Part I		
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32 X	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33 X	
34 Was the organization related to any tax-exempt or taxable entity?	34 X	
If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35 X	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36 X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37 X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 18?	38 X	
<b>Note:</b> 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 to any question in this Part V.

		Yes	No
1a	Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable	1a	389
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gambling (gambling) winnings to prize winners?	1c	<input checked="" type="checkbox"/>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	125
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</i>	2b	<input checked="" type="checkbox"/>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the foreign country: ► <i>See Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</i>	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<input checked="" type="checkbox"/>
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		7c	<input checked="" type="checkbox"/>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7d	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7e	<input checked="" type="checkbox"/>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7f	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7g	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7h	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	8	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	9a	<input checked="" type="checkbox"/>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9b	<input checked="" type="checkbox"/>
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the organization make any taxable distributions under section 4086?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
<b>10 Section 501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	11a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b	
<b>11 Section 601(c)(12) organizations.</b> Enter:			
a	Gross income from members or shareholders	12a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12b	
<b>12a Section 4847(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13a	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state?	13b	
<i>Note. See the instructions for additional information the organization must report on Schedule O.</i>			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c	
c	Enter the amount of reserves on hand	14a	<input checked="" type="checkbox"/>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14b	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14c	

**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 in Schedule O. See Instructions.

Check if Schedule O contains a response to any question in this Part VI.  X

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .....	1a	9
b	Enter the number of voting members included in line 1a, above, who are independent .....	1b	9
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .....	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	5	X
6	Does the organization have members or stockholders? .....	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8	
a	The governing body? .....	8a	X
b	Each committee with authority to act on behalf of the governing body? .....	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► CA, WA, OH, DC
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 

Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
 

Community Initiatives - M. Melanie Beene - 415-230-7700  
354 Pine Street, Suite 700, San Francisco, CA 94104

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
 Check if Schedule O contains a response to any question 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employee; and former such persons.

 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)				(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		
Cheryl Polk Chair	1.00	X	X				0.	0.	0.
Frances Phillips Treasurer	1.00	X	X				0.	0.	0.
Gene Takagi Secretary	1.00	X	X				0.	0.	0.
Alison Fong Director	1.00	X					0.	0.	0.
Janine Guillat Director	1.00	X					0.	0.	0.
Rick Mariano Director	1.00	X					0.	0.	0.
Jenny Pearlman Director	1.00	X					0.	0.	0.
Ruth Williams Director	1.00	X					0.	0.	0.
Sarah Bacon Director	1.00	X					0.	0.	0.
M. Melanie Beane President and CEO	37.50		X			205,571.	0.	6,644.	
Susan Scarborough Dir. Human Resources	37.50			X		116,655.	0.	6,850.	
Catherine Atkins Affl. President	40.00			X		165,000.	0.	18,501.	
Scott Moore Affl. Sr. Policy Adv.	40.00			X		135,000.	0.	10,692.	
Ernesto Saldana Affl. State Field Dir.	40.00			X		120,000.	0.	16,024.	
Diane Matzuda Affl. Exec. Dir.	40.00			X		120,000.	0.	6,889.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(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			
1b Sub-total							862,226.	0.	65,600.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							862,226.	0.	65,600.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 10

- |  |     |    |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   | Yes | No |
| 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? If "Yes," complete Schedule J for such individual | 3 X | 4  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       | 5   | 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.

(A) Name and business address	(B) Description of services	(C) Compensation
Community Planning & Research, LLC, 6050 Commerce Blvd., Ste. 204, Rohnert Park, CA Christine Sato P.O. Box 1705, San Mateo, CA 94401	Planning and management	816,430.
Twohig Consulting, 925 L. Street, Ste. 850, Sacramento, CA 95814	Strategic consulting	122,542.
	Strategic consulting	120,674.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 3

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a Federated campaigns .....</b>	1a			
	<b>b Membership dues .....</b>	1b			
	<b>c Fundraising events .....</b>	1c			
	<b>d Related organizations .....</b>	1d			
	<b>e Government grants (contributions) .....</b>	1e	1,488,689.		
	<b>f All other contributions, gifts, grants, and similar amounts not included above .....</b>	1f	14338440.		
	<b>g Noncash contributions included in lines 1a-1f. \$ .....</b>		418,727.		
	<b>h Total. Add lines 1a-1f .....</b>		► 15827129.		
<b>Program Service Revenue</b>	<b>2 a Service Fees .....</b>	Business Code 900099	705,964.	705,964.	
	<b>b Admission Fees .....</b>	900099	164,989.	164,989.	
	<b>c .....</b>				
	<b>d .....</b>				
	<b>e .....</b>				
	<b>f All other program service revenue .....</b>		► 870,953.		
	<b>g Total. Add lines 2a-2f .....</b>		► 870,953.		
<b>Other Revenue</b>	<b>3 Investment income (including dividends, interest, and other similar amounts) .....</b>		► 31,573.		31,573.
	<b>4 Income from investment of tax-exempt bond proceeds .....</b>		►		
	<b>5 Royalties .....</b>		►		
	<b>6 a Gross Rents .....</b>	(i) Real .....	(ii) Personal .....		
	<b>b Less: rental expenses .....</b>				
	<b>c Rental income or (loss) .....</b>				
	<b>d Net rental income or (loss) .....</b>	►			
	<b>7 a Gross amount from sales of assets other than inventory .....</b>	(i) Securities .....	(ii) Other .....		
	<b>b Less: cost or other basis and sales expenses .....</b>				
	<b>c Gain or (loss) .....</b>				
	<b>d Net gain or (loss) .....</b>	►			
	<b>8 a Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 .....</b>	a .....			
	<b>b Less: direct expenses .....</b>	b .....			
	<b>c Net income or (loss) from fundraising events .....</b>	►			
	<b>9 a Gross income from gambling activities. See Part IV, line 19 .....</b>	a .....			
	<b>b Less: direct expenses .....</b>	b .....			
	<b>c Net income or (loss) from gambling activities .....</b>	►			
	<b>10 a Gross sales of inventory, less returns and allowances .....</b>	a .....			
	<b>b Less: cost of goods sold .....</b>	b .....			
	<b>c Net income or (loss) from sales of inventory .....</b>	►			
	<b>Miscellaneous Revenue</b>	Business Code			
	<b>11 a Membership Dues .....</b>	900099	237,275.		237,275.
	<b>b Other Income .....</b>	900099	208,445.		208,445.
	<b>c Product Sales .....</b>	900099	2,785.		2,785.
	<b>d All other revenue .....</b>	900099	663.		663.
	<b>e Total. Add lines 11a-11d .....</b>		► 449,168.		
	<b>12 Total revenue. See Instructions .....</b>		► 17178823.	870,953.	0. 480,741.

**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) but are not required to complete columns (B), (C), and (D).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	<b>3,496,075.</b>	<b>3,496,075.</b>		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	<b>58,745.</b>	<b>58,745.</b>		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	<b>215,576.</b>		<b>215,576.</b>	
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 .....	<b>4,708,098.</b>	<b>3,767,999.</b>	<b>522,268.</b>	<b>417,831.</b>
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	<b>579,771.</b>	<b>517,919.</b>	<b>51,541.</b>	<b>10,311.</b>
10 Payroll taxes .....	<b>429,997.</b>	<b>335,398.</b>	<b>60,200.</b>	<b>34,399.</b>
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	<b>26,528.</b>	<b>8,926.</b>	<b>16,771.</b>	<b>831.</b>
c Accounting .....	<b>27,829.</b>	<b>9,183.</b>	<b>17,532.</b>	<b>1,114.</b>
d Lobbying .....	<b>611,668.</b>	<b>611,668.</b>		
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	<b>3,358,862.</b>	<b>3,017,901.</b>	<b>78,341.</b>	<b>262,620.</b>
12 Advertising and promotion .....	<b>343,749.</b>	<b>303,695.</b>	<b>7,475.</b>	<b>32,579.</b>
13 Office expenses .....	<b>902,433.</b>	<b>790,090.</b>	<b>55,841.</b>	<b>56,502.</b>
14 Information technology .....	<b>224,958.</b>	<b>182,444.</b>	<b>11,310.</b>	<b>31,204.</b>
15 Royalties .....				
16 Occupancy .....	<b>540,069.</b>	<b>428,241.</b>	<b>91,924.</b>	<b>19,904.</b>
17 Travel .....	<b>749,117.</b>	<b>721,647.</b>	<b>3,526.</b>	<b>23,944.</b>
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	<b>152,264.</b>	<b>138,803.</b>	<b>3,245.</b>	<b>10,216.</b>
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	<b>80,195.</b>	<b>29,209.</b>	<b>50,986.</b>	
23 Insurance .....	<b>91,065.</b>	<b>82,525.</b>	<b>8,540.</b>	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 26, column (A) amount, list line 24f expenses on Schedule D.) .....				
a Program activities .....	<b>799,394.</b>	<b>735,039.</b>	<b>226.</b>	<b>64,129.</b>
b Special events .....	<b>239,385.</b>	<b>224,159.</b>	<b>15.</b>	<b>15,211.</b>
c Taxes, fees and license .....	<b>34,571.</b>	<b>20,674.</b>	<b>5,455.</b>	<b>8,442.</b>
d .....				
e .....				
f All other expenses .....				
25 Total functional expenses. Add lines 1 through 24f .....	<b>17,670,349.</b>	<b>15,480,340.</b>	<b>1,200,772.</b>	<b>989,237.</b>
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 058-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**Part X Balance Sheet**

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing	1	29,396.
	2 Savings and temporary cash investments	14,336,417.	2 12,349,233.
	3 Pledges and grants receivable, net	2,184,370.	3 3,999,427.
	4 Accounts receivable, net	3,774.	4 10,380.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instructions)	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	147,194.	9 169,660.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 398,047.	10b 276,634.
	b Less: accumulated depreciation	172,402.	10c 121,413.
	11 Investments - publicly traded securities	11	
	12 Investments - other securities. See Part IV, line 11	12	
	13 Investments - program-related. See Part IV, line 11	13	
	14 Intangible assets	26,360.	14 0.
	15 Other assets. See Part IV, line 11	13,208.	15 13,708.
	<b>16 Total assets.</b> Add lines 1 through 16 (must equal line 34)	<b>16,883,725.</b>	<b>16,693,217.</b>
Liabilities	17 Accounts payable and accrued expenses	814,650.	17 1,031,864.
	18 Grants payable	18	
	19 Deferred revenue	19	83,804.
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities. Complete Part X of Schedule D	25	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>814,650.</b>	<b>1,115,668.</b>
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	1,254,905.	27 1,318,427.
	28 Temporarily restricted net assets	14,814,170.	28 14,259,122.
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	16,069,075.	33 15,577,549.
	<b>34 Total liabilities and net assets/fund balances</b>	<b>16,883,725.</b>	<b>16,693,217.</b>

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	<b>17,178,823.</b>
2 Total expenses (must equal Part IX, column (A), line 26) .....	<b>2</b>	<b>17,670,349.</b>
3 Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	<b>-491,526.</b>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	<b>16,069,075.</b>
5 Other changes in net assets or fund balances (explain in Schedule O) .....	<b>5</b>	<b>0.</b>
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) .....	<b>6</b>	<b>15,577,549.</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question 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? \_\_\_\_\_  
 2b Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
 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 in Schedule O.  
 d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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 in Schedule O and describe any steps taken to undergo such audits. \_\_\_\_\_

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

**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. ► See separate Instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

Community Initiatives

Employer identification number

94-3255070

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 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 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.)

- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.

- a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
- (ii) A family member of a person described in (i) above? \_\_\_\_\_
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)	1	0
11g(ii)	1	0
11g(iii)	1	0

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(IV) Is the organization in col. (I) listed in your governing document?	(V) Did you notify the organization in col. (I) of your support?		(VI) Is the organization in col. (I) organized in the U.S.?	(VII) Amount of support
				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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	15032873.	18937551.	17544678.	14369598.	15827129.	81711829.
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 .....	15032873.	18937551.	17544678.	14369598.	15827129.	81711829.
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) .....						11139184.
6 Public support. Subtract line 5 from line 4. ....						70572645.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	15032873.	18937551.	17544678.	14369598.	15827129.	81711829.
8 Gross Income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	586,931.	479,454.	221,387.	62,540.	31,573.	1381885.
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 IV.) .....	89,436.	122,122.	341,303.	433,976.	449,168.	1436005.
11 Total support. Add lines 7 through 10 .....						84529719.
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ....						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	83.49	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	96.38	%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 IV 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 - 2009. 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 IV 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 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$6,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7 from line 6) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12) .....						
<b>14 First five years.</b> 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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....	<b>18</b>	%
<b>19a</b> 33 1/3% support tests - 2010. 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 ► <input type="checkbox"/>		
<b>b</b> 33 1/3% support tests - 2009. 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 ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010****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 organizationForm 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA. For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

Community Initiatives

94-3255070

**Part II** Contributors (see Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>City and County of San Francisco</u> <u>City Hall, Room 104, 1 Carlton Goodlet</u> <u>Place</u>  <u>San Francisco, CA 94102</u>	\$ 729,465.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>Ford Foundation</u>  <u>320 E. 43rd Street</u>  <u>New York, NY 10017</u>	\$ 1,088,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>The Atlantic Philanthropies</u>  <u>125 Park Avenue, 21st Floor</u>  <u>New York, NY 10017</u>	\$ 1,225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<u>The California Endowment</u>  <u>1000 N. Alameda Street</u>  <u>Los Angeles, CA 90012</u>	\$ 342,269.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<u>The David &amp; Lucile Packard Foundation</u>  <u>300 Second Street, Suite 200</u>  <u>Los Altos, CA 94022</u>	\$ 1,899,466.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Community Initiatives

94-3255070

**Part II** Noncash Property (see instructions)

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

Name of organization

Employer identification number

Community Initiatives

94-3255070

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. 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 information once. See Instructions.) ► \$

(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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**2010**Open to Public  
Inspection► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.  
► See separate Instructions.

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 36a (Proxy Tax), then:

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

Name of organization

Employer identification number  
**94-3255070****Community Initiatives****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 expenditures ..... ► \$ \_\_\_\_\_  
3 Volunteer hours ..... \_\_\_\_\_**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) 2010

LHA

**Part IIA** 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.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 Total lobbying expenditures to influence public opinion (grass roots lobbying)  
 b Total lobbying expenditures to influence a legislative body (direct lobbying)  
 c Total lobbying expenditures (add lines 1a and 1b)  
 d Other exempt purpose expenditures  
 e Total exempt purpose expenditures (add lines 1c and 1d)  
 f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1a, 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 6% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

(a) Filing organization's totals	(b) Affiliated group totals
225,143.	
386,525.	
611,668.	
17,058,681.	
17,670,349.	
1,000,000.	

- g Grassroots nontaxable amount (enter 25% of line 1f)  
 h Subtract line 1g from line 1a. If zero or less, enter 0.  
 i Subtract line 1f from line 1c. If zero or less, enter 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?

 Yes 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 instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	1,000,000.	600.	1,000,000.	1,000,000.	3,000,600.
b Lobbying ceiling amount (150% of line 2a, column (e))					4,500,900.
c Total lobbying expenditures	27,407.	3,000.	430,251.	611,668.	1,072,326.
d Grassroots nontaxable amount	250,000.	150.	250,000.	250,000.	750,150.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,225.
f Grassroots lobbying expenditures	6,514.	3,000.	107,563.	225,143.	342,220.

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

	(a)	(b)	
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers? .....			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....			
c Media advertisements? .....			
d Mailings to members, legislators, or the public? .....			
e Publications, or published or broadcast statements? .....			
f Grants to other organizations for lobbying purposes? .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
i Other activities? If "Yes," describe in Part IV .....			
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	1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	2
3 Did the organization agree to carryover lobbying and political expenditures from the prior year? .....	3	3

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if 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).	2
a Current year .....	2a
b Carryover from last year .....	2b
c Total .....	2c
3 Aggregate amount reported in section 8033(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**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1645-0017

**2010**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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	2	
2 Aggregate contributions to (during year) .....	1,021,660.	
3 Aggregate grants from (during year) .....	471,000.	
4 Aggregate value at end of year .....	459,093.	

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to 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 (e.g., recreation or education)  Preservation of an 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	
2a	
2b	
2c	
2d	

- a Total number of conservation easements .....

- b Total acreage restricted by conservation easements .....

- c Number of conservation easements on a certified historic structure included in (a) .....

- d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

- 4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....  Yes  No

- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....  Yes  No

- 9 In Part XIV, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.

- 1b If the organization elected, as permitted under SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ..... ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ► \$ \_\_\_\_\_

**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 are a significant use of its collection items (check all that apply):

- |  |  |
|--|--|
| a <input type="checkbox"/> Public exhibition                   | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research                  | e <input type="checkbox"/> Other _____               |
| c <input type="checkbox"/> Preservation for future generations |  |

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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" to 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 XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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 year end balance held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		
3a(ii)		
3b		

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of Investment	(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		37,478.	9,810.	27,668.
d Equipment		356,543.	264,515.	92,028.
e Other		4,026.	2,309.	1,717.
Total. Add lines 1a through 1e. (Column (a) must equal Form 990, Part X, column (B), line 10(c).)				121,413.

**Part VII Investments - Other Securities.** 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)		
(I)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of Investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►

FIN 45 (ASC 740) Footnote: "a Part XIV, provides the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 45 (ASC 740)."

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,178,823.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	17,670,349.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	-491,526.
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	
9 Total adjustments (net). Add lines 4 through 8	9	0.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-491,526.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements	1	17,444,552.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	265,729.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	265,729.
3 Subtract line 2e from line 1	3	17,178,823.
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 XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,178,823.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements	1	17,936,078.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	265,729.
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	265,729.
3 Subtract line 2e from line 1	3	17,670,349.
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 XIV.)	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	17,670,349.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part X, Line 2: CI is exempt from taxation under Internal Revenue Code****Section 501(c)(3) and California Revenue and Taxation Code Section 23701d.**

Generally accepted accounting principles provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that all of the positions taken by CI in their federal and state exempt organization tax returns are more likely than not to be sustained.

**Part XIV Supplemental Information (continued)**

upon examination. CI's returns are subject to examination by federal and state taxing authorities, generally for three and four years respectively, after they are filed.

  

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**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" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

**2010**

Open to public  
Inspection

OMB No. 1545-0047

Name of the organization

**Community Initiatives**

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ►

1 (a) Name and address of organization or government	1(b) EIN	1(c) IRC section if applicable	1(d) Amount of cash grant	1(e) Amount of non-cash assistance	1(f) Method of valuation (book, FMV, appraisal, other)	1(g) Description of non-cash assistance	1(h) Purpose of grant or assistance
Angels of Grace 2211 N. Pine Ave. Fresno, CA 93727			10,567.	0.			Homeless youth capacity building
Arizona Community Foundation 2201 E. Camelback Rd. Phoenix, AZ 85016			35,000.	0.			Civic engagement of older adults
At The Crossroads 333 Valencia St., Ste. 320 San Francisco, CA 94103			15,000.	0.			Homeless youth capacity building
Baltimore Community Foundation 2 E. Read St., 8th Floor Baltimore, MD 21202			157,000.	0.			Civic engagement of older adults
Beyond Emancipation 675 Regenberger Rd., Ste. 100 Oakland, CA 94621				11,018.	0.		Homeless youth capacity building
Bill Wilson Center 3490 The Alameda Santa Clara, CA 95050				8,500.	0.		Homeless youth capacity building
							► <input type="checkbox"/>
							► <input type="checkbox"/>
							► <input type="checkbox"/>
							► <input type="checkbox"/>

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

Schedule I (Form 990) (2010)

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

(e) 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, appraised, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSS 2065 Kittredge St., Ste. B Berkeley, CA 94704			5,000.	0.			Homeless youth capacity building
California Coalition for Youth 1220 H St. Sacramento, CA 95814			13,410.	0.			Homeless youth capacity building
California Community Foundation 445 S. Figueroa St., Ste. 3400 Los Angeles, CA 90071			167,000.	0.			Civic engagement of older adults
California Family Life Center 930 N. State St. Bemidji, MN 92543			14,204.	0.			Homeless youth capacity building
Center for Migrant Worker Justice 1121 Broadway Toledo, OH 43609			100,000.	0.			Building Rider strength Today Grant
City of Fresno PARCS 1915 E. Divisadero St. Fresno, CA 93721							Youth science workshop
City of Watsonville Public Works 120 2nd St. Watsonville, CA 95076							Youth science workshop
Condition for Responsible Community Development - 3101 S. Grand Ave. - Los Angeles, CA 90007							Homeless youth capacity building
Eva Solter Performance & Media Artz - P.O. Box 416 - Joshua Tree, CA 92252							General operating grant

Schedule I (Form 990)

LHA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Exploratorium 3601 Lyon St. San Francisco, CA 94123			12,349.	0.			Bay Area Science Fair Consortium grant
Foundation for the Mid South 134 East Main St. Jackson, MS 39201			35,000.	0.			Civic engagement of older adults
Fred Finch Youth Center 1800 Coolidge Ave. Oakland, CA 94602			15,000.	0.			Homeless youth capacity building
Fresno County Economic Opportunities Commission - 1920 Mariposa Mall, Ste. 300 - Fresno, CA 93721			6,563.	0.			Homeless youth capacity building
Grand Rapids Community Foundation 185 Oakes St. SW Grand Rapids, MI 49503			166,500.	0.			Civic engagement of older adults
Hamilton Family Center 1531 Hayes St. San Francisco, CA 94117			14,940.	0.			Homeless youth capacity building
Heritage Fund - The Community Foundation of Bartolomew County - P.O. Box 1547 - Columbus, IN 47262			23,000.	0.			Civic engagement of older adults
High Desert Domestic Violence Program - 15075 7th St. - Victorville, CA 92395			9,000.	0.			Homeless youth capacity building
Hillsides Home For Children 940 Ave. 64 Pasadena, CA 91105			15,000.	0.			Homeless youth capacity building

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Huckleberry Youth Programs 3310 Geary Blvd. San Francisco, CA 94118			12,246.	0.			Homeless youth capacity building
Inland Temporary Homes P.O. Box 239 Loma Linda, CA 92354			11,250.	0.			Homeless youth capacity building
InnVision The Way Home 1900 The Alameda, Ste. 400 San Jose, CA 95126			9,200.	0.			Homeless youth capacity building
Inspire Life Skills Training 2279 Eagle Glen Pkwy #112 Corona, CA 92883			14,375.	0.			Policy research development
Institute for Policy Studies 1112 16th St. NW, Ste. 600 Washington, DC 20036			60,000.	0.			Building Elder Strength Today Grant
Interfaith Education Fund 1106 Clayton Lane 120W Austin, TX 78723			96,000.	0.			Building Elder Strength Today Grant
International Gay and Lesbian Human Rights Commission - 80 Maiden Ln., Ste. 1505 - New York, NY 10018			13,000.	0.			General operating
Intertribal Friendship House 523 International Blvd. Oakland, CA 94605			33,219.	0.			General operating
InterValley Project 1075 Washington Street West Newton, MA 02450			75,000.	0.			General operating

Schedule I (Form 990)

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
La Casa de Las Madres 1663 Mission St., Ste. 225 San Francisco, CA 94103			17,500.	0.			Homeless youth capacity building
Markin Street Youth Services 701 Sutter St., 3rd Floor San Francisco, CA 94109			9,350.	0.			Homeless youth capacity building
Maine Community Foundation 1 Monument Way Portland, ME 04101			191,239.	0.			Civic engagement of older adults
Massachusetts Senior Action Council - 565 Warren St. - Boston, MA 02121			50,000.	0.			Building Elder Strength Today
Metro IAP, Inc 85-18 61st Rd. Rego Park, NY 11374			100,000.	0.			Building Elder Strength Today Grant
My Friend's Place 5650 Hollywood Blvd. Los Angeles, CA 90018			15,000.	0.			Homeless youth capacity building
NextDoor Solutions to Domestic Violence - 234 E. Gish Rd., Ste. 200 - San Jose, CA 95112			10,250.	0.			Homeless youth capacity building
Northland Foundation 202 W. Superior St., Ste. 610 Duluth, MN 55802			166,500.	0.			Civic engagement of older adults
Optimist Youth Homes & Family Services - 6957 N. Figueroa St. - Los Angeles, CA 90041			10,717.	0.			Homeless youth capacity building

Schedule I (Form 990)

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) [IRC section if applicable]	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
Oregon Community Foundation 1221 SW Yamhill St., Ste. 100 Portland, OR 97205			247,500.	0.		Civic engagement of older adults
Sans Equality Center P.O. Box 2311 San Francisco, CA 94126			422,523.	0.		Re-grant for general operating
Pathways to Your Future 408 E. Braden Hall Dr. Carson, CA 90746			12,450.	0.		Homeless youth capacity building
Rochester Area Community Foundation - 500 East Ave. - Rochester, NY 14607			150,821.	0.		Civic engagement of older adults
Rose Community Foundation 600 South Cherry St., Ste. 1200 Denver, CO 80246			249,500.	0.		Civic engagement of older adults
San Francisco Arts Commission 25 Van Ness Ave., Ste. 240 San Francisco, CA 94102			9,000.	0.		Arts and education projects
Sunny Hills Services 300 Sunny Hills Drive San Anselmo, CA 94960			15,000.	0.		Homeless youth capacity building
The Dallas Foundation 909 Jackson St., Ste. 705 Dallas, TX 75202			37,000.	0.		Civic engagement of older adults
The New York Community Trust 909 3rd Ave., 22nd Floor New York, NY 10022			249,500.	0.		Civic engagement of older adults

Schedule I (Form 990)

## Schedule I (Form 990) Community Initiatives

94-3255070 Page 1

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
The Regents of the University of California - 2610 Channing Way - Berkeley, CA 94720			50,000.	0.		Building Elder Strength Today Grant
Unite-LA 350 S. Bixel St., Ste. 160 Los Angeles, CA 90017			45,000.	0.		Education
Walden Family Services 6150 Mission Gorge Road, Ste. 210 San Diego, CA 92120			15,001.	0.		Homeless youth capacity building
West Marin Fund P.O. Box 567 Inverness, CA 94937			7,853.	0.		General operating
WestCare California, Inc 4944 E. Clinton Way, Ste. 101 Paso Robles, CA 93476			15,000.	0.		Homeless youth capacity building
Working for Quality Child Care 221 Main St., Ste. 300 Sacramento, CA 94105			5,000.	0.		Challenge grant
Youth Together, Inc 449 15th St., Ste. 402 Oakland, CA 94612			28,750.	0.		Homeless youth capacity building
YouthForce Foundation P.O. Box 601 Redlands, CA 92373			15,000.	0.		Homeless youth capacity building
YWCA Santa Monica / Westside 2019 14th St. Santa Monica, CA 90405			11,364.	0.		Homeless youth capacity building

Schedule I (Form 990)

Part II

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 (block, FMV, appraisal, other)	(f) Description of non-cash assistance
Arts and education scholarships grants	15	40,015.	0.		
First 5 parent action grants	10	18,720.	0.		

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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 reports on matching requirements, where applicable.

**SCHEDULE J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

- Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.
- Attach to Form 990. ► See separate instructions.

**2010**Open to Public  
Inspection

Name of the organization

**Community Initiatives**Employer identification number  
**94-3255070****Part III Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 (e.g., 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....

- 3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <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 in 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 from the organization or a related organization? .....

- 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) and 501(c)(4) organizations must complete lines 5-9.**

- 5** For persons listed in 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" to line 5a or 5b, describe in Part III.

- 6** For persons listed in 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" to line 6a or 6b, describe in Part III.

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

- 8** Were any amounts reported in 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(e)(3)? If "Yes," describe in Part III .....

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

**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 in 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 are not listed on Form 990, Part VIII.

**Note.** The sum of columns (B)(i)-(iv) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, Line 1a.

(A) Name	(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 reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 M. Melanie Beene	\$ 205,571	0	0	0	0	\$ 6,644	\$ 212,215
2 Catherine Atkin	\$ 165,000	0	0	0	0	\$ 18,501	\$ 183,501
3	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0
13	0	0	0	0	0	0	0
14	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0

**SCHEDULE L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

OMB No. 1546-0047

**2010**

**Open To Public  
Inspection**

Name of the organization

Employer Identification number  
**94-3255070**

**Community Initiatives**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 26a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

**2** Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$ \_\_\_\_\_

**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?	(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
				To	From	Yes	No	Yes	No

**Total** ► \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Community Initiatives**

94-3255070

Page 2

Schedule L (Form 990 or 990-EZ) 2010

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Greg Colvin	Former Director	13,762	Legal services	X	

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:(a) Name of Person: Greg Colvin(b) Relationship Between Interested Person and Organization:

Former Director

(c) Amount of Transaction \$ 13,762.(d) Description of Transaction: Legal services(e) Sharing of Organization Revenues? = No

**SCHEDULE M**  
**(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

Community Initiatives

Employer identification number

94-3255070

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

Part II	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 1a	(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 .....	X		234,920.	FMV
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....				
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 .....	X		77,795.	FMV
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ► ( Supplies ) .....	X	0	41,012.	FMV
26	Other ► ( Advertising/m ) .....	X	0	36,400.	FMV
27	Other ► ( Other goods ) .....	X	0	28,600.	FMV
28	Other ► ( ) .....				
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....			29	

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	b If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	b If "Yes," describe in Part II.		
33	If the organization did not 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) (2010)

**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.

OVA No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

Community Initiatives

Employer identification number  
94-3255070

Form 990, Part I, Line 1, Description of Organization Mission:

activities and providing infrastructure services with increased efficiency and cost effectiveness.

Form 990, Part III, Line 1, Description of Organization Mission:

projects.

These include new incubating nonprofit organization, collaborative initiatives of philanthropic foundations, and public/private partnerships with government agencies. In FY ending 2011, Community Initiatives served 107 projects, throughout California, in the areas of arts & culture (17%), education (27%), environment (6%), health (9%), human services (16%), and public affairs (25%). For more information see [www.communityin.org](http://www.communityin.org).

Form 990, Part III, Line 4a, Program Service Accomplishments:

organization dedicated to improving the quality of life for California's homeless children and developing policy solutions to prevent homelessness. Its core activities are grant making, public policy and advocacy, coalition building and community organizing. Most recently it worked on regulations to implement legislation to extend foster care until age 21 and has continued to administer its federally funded, Homeless Youth Capacity Building Project. Its FY11 revenues were \$1.5 million; expenses were \$1.4 million; and its FYE fund balance was \$3.6 million.

The Community Experience Partnership (CEP) is a learning community

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

032211  
07-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

Community Initiatives

Employer identification number

94-3255070

composed of community foundation partners from across the United States. These nearly 40 partners have worked to find new ways to engage the people over 60 in activities that serve others, improve the quality of life and tackle pressing issues. This year CEP continued to strengthen this learning community through convenings that shared successes and challenges of implementing older adult-led community programs designed to address a pressing community problem or issue. Funded by the Atlantic Philanthropies, CEP's revenues were received in prior years. Its expenses in FY11 were \$3.1 million and its FYE fund balance was \$1.2 million.

Preschool California is a nonprofit advocacy organization working to increase access to high-quality early learning for all of California's children, starting with those who need it most. It brings together K-12 educators, business leaders, parents, labor, law enforcement, community leaders, early care and education providers and others to achieve this goal. Most recently, Preschool California helped develop policy to support transitional kindergarten (TK) and to identify potential legislation. It coordinated with the new State Superintendent of Public Instruction's office to create materials to enhance TK implementation. Its annual revenues were \$2.2 million; expenses were \$2.6 million and its fund balance on 6/31/11 was \$567,167.

Form 990, Part VI, Section B, line 11: After the draft Form 990 is prepared, it is reviewed by the CEO and Director of Financial Services. Then the final Form 990 is distributed to all board members for their review and comment before filing.

Name of the organization

Community Initiatives

Employer identification number  
94-3255070

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 attorney. At the Annual Meeting in January all directors update their forms for the following year.

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 the changes. This deliberation is recorded in the minutes of the meeting and filed with its corporate documents.

Form 990, Part VI, Section C, Line 19: The organization discloses its financial data upon request during regular business hours and when appropriate staff is available. An annual report is published which includes a summary of the independent audit. This report is widely distributed and is available upon request to the general public. It is also available on the organization's website. The conflict of interest policy and governing documents are available upon request.

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

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
<b>Type or print</b>	Name of exempt organization <b>Community Initiatives</b>	Employer identification number <b>94-3255070</b>
<small>File by the extended due date for filing your return. See instructions.</small>	Number, street, and room or suite no. If a P.O. box, see instructions. <b>354 Pine Street, No. 700</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see Instructions. <b>San Francisco, CA 94104</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	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

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

**Community Initiatives - M. Melanie Beene**

- The books are in the care of ► **354 Pine Street, Suite 700 - San Francisco, CA 94104** FAX No. ►
- Telephone No. ► **415-230-7700**

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

- 4 I request an additional 3-month extension of time until **May 15, 2012**.
- 5 For calendar year , or other tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

- 7 State in detail why you need the extension  
**We are currently undergoing a certified audit of financial statements and wish to await a completion before filing. Tax returns will be filed as expeditiously as possible.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$ <b>0.</b>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$ <b>0.</b>
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>0.</b>

#### Signature and Verification

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

Signature ►

Title ►

Date ►