

***** THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2014, or fiscal year beginning JUL 1, 2014, and ending JUN 30, 2015

2014

Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

Community Initiatives

94-3255070

Name and title of officer

**Theresa Fay-Bustillos
President**

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>24,320,434.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 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, LLP to 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 2014 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 2014 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 ▶ ***** THIS IS NOT A FILEABLE COPY *** 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 2014 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**

Extended to May 16, 2016

Form **990****Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.**A** For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Community Initiatives		D Employer identification number 94-3255070
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	354 Pine Street	700	415-230-7700
	City or town, state or province, country, and ZIP or foreign postal code San Francisco, CA 94104		G Gross receipts \$ 24,635,748.
F Name and address of principal officer: Theresa Fay-Bustillos same as C above		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
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: www.communityin.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1997 M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Community Initiatives creates public benefit by providing fiscal sponsorship for nonprofit		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	239
	6 Total number of volunteers (estimate if necessary)	6	1150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 22,141,868.	Current Year 21,845,951.
	9 Program service revenue (Part VIII, line 2g)	1,646,055.	2,430,193.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,776.	24,026.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,462.	20,264.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,863,161.	24,320,434.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,002,044.	1,871,327.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,097,510.	11,324,906.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	43,614.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 1,451,222.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,720,912.	9,659,887.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,864,080.	22,856,120.
19 Revenue less expenses. Subtract line 18 from line 12	999,081.	1,464,314.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 22,560,550.	End of Year 24,015,603.
	21 Total liabilities (Part X, line 26)	1,766,914.	1,758,313.
	22 Net assets or fund balances. Subtract line 21 from line 20	20,793,636.	22,257,290.

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 <i>Theresa Fay-Bustillos</i>		Date <i>May 12, 2016</i>	
	Theresa Fay-Bustillos, President Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	Tonetta L. Conner, CPA			P01775198
	Firm's name Harrington Conner, CPAs, LLP	Firm's EIN 95-4557617		
	Firm's address 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

432001 11-07-14

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

See Schedule O for Organization Mission Statement Continuation

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

Community Initiatives enables individuals and groups, working together, to create and invest in projects that benefit the public. We do this by providing fiscal sponsorship and financial, human resources, and grants management services to unincorporated nonprofit

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 19,358,848. including grants of \$ 1,871,327.) (Revenue \$ 2,430,193.)
Community Initiatives' (CI) three largest program service areas are:
Financial Management, Human Resources and Grants Management.

In the area of Financial Management, CI provided fiscally sponsored projects accounting services, monthly financial reports, financial oversight and tracking of grant revenues, and auditing support for individual funding agency audits, as well as providing total organizational audit.

In the area of Human Resources Management, CI provided its fiscally sponsored projects with full service human resources services including HR consultation, hiring/termination processing, a 401(K) program, and

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

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **19,358,848.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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 11e? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 446		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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 239		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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 as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
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?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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 or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	1a	1b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year			9		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b Enter the number of voting members included in line 1a, above, who are independent			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 Did the organization have members or stockholders?			6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
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 Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA, CT, OH, OR, NY, WI**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **Community Initiatives - Jeff Hodos - 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 ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Ruth Williams Chair	1.00	X		X				0.	0.	0.
(2) Jenny Pearlman Vice Chair	1.00	X		X				0.	0.	0.
(3) Alison Fong Treasurer	1.00	X		X				0.	0.	0.
(4) Sarah Bacon Secretary	1.00	X		X				0.	0.	0.
(5) Evan Boido Director	1.00	X						0.	0.	0.
(6) Janine Guillot Director	1.00	X						0.	0.	0.
(7) Zoe Hunton Director	1.00	X						0.	0.	0.
(8) Nancy Kami Director	1.00	X						0.	0.	0.
(9) Rick Mariano Director	1.00	X						0.	0.	0.
(10) M. Melanie Beene President and CEO	40.00			X				156,302.	0.	14,985.
(11) Galen Quaring CFO	40.00			X				74,101.	0.	12,720.
(12) Catherine Atkin Affl. President	40.00					X		164,604.	0.	16,915.
(13) Scott Moore Affl. Sr. Policy Adv.	40.00					X		119,326.	0.	2,438.
(14) Ernesto Saldana Affl. State Field Dir.	40.00					X		174,383.	0.	21,877.
(15) Diane Matsuda Affl. Exec. Dir.	40.00					X		129,760.	0.	13,923.
(16) Mark Bromley Council Chair	40.00					X		147,999.	0.	22,997.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								966,475.	0.	105,855.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								966,475.	0.	105,855.

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

15

- 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
- 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
- 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

	Yes	No
3		X
4	X	
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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Susana Cooper 817 48th Street, Sacramento, CA 95819	Education Consulting	185,685.
Michael Guest 255 Sonoma Ridge Road, Santa Rosa, CA 95404	Program Consulting	145,550.
i.e. Communications, Standeford House, 1212 Preservation Parkway, #300, Oakland,	Communications/Strategic planning	119,458.

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

3

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	163,365.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,467,237.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,215,349.				
	g Noncash contributions included in lines 1a-1f: \$		19,741.				
	h Total. Add lines 1a-1f				21,845,951.		
Program Service Revenue	2 a Service Fees	Business Code					
		900099		1,874,127.	1,874,127.		
	b Membership Dues	900099		509,527.	509,527.		
	c Admission Fees	900099		46,539.	46,539.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f				2,430,193.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			28,794.			28,794.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			377.			377.
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses		2,627.			
		c Gain or (loss)		7,395.			
		d Net gain or (loss)		-4,768.			
	8 a Gross income from fundraising events (not including \$ 163,365. of contributions reported on line 1c). See Part IV, line 18	a		307,919.			
		b Less: direct expenses	b	307,919.			
		c Net income or (loss) from fundraising events			0.		
		9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses		b				
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
		b Less: cost of goods sold	b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a Other Income	900099		19,887.			19,887.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d				19,887.			
12 Total revenue. See instructions.				24,320,434.	2,430,193.	0.	44,290.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,871,327.	1,871,327.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	258,108.		258,108.	
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	8,770,528.	7,326,758.	912,715.	531,055.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	211,925.	180,009.	18,869.	13,047.
9 Other employee benefits	1,849,665.	1,520,677.	218,767.	110,221.
10 Payroll taxes	234,680.	181,065.	29,211.	24,404.
11 Fees for services (non-employees):				
a Management				
b Legal	33,783.		33,783.	
c Accounting	26,014.	10,823.	13,159.	2,032.
d Lobbying	9,000.		9,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	5,670,898.	5,136,058.	208,918.	325,922.
12 Advertising and promotion				
13 Office expenses	739,240.	631,265.	72,898.	35,077.
14 Information technology	96,680.	87,496.	3,674.	5,510.
15 Royalties				
16 Occupancy	737,866.	590,313.	107,706.	39,847.
17 Travel	868,330.	800,396.	14,815.	53,119.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	439,675.	409,180.	4,047.	26,448.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	80,199.	54,421.	20,954.	4,824.
23 Insurance	123,116.	31,599.	84,111.	7,406.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Program activities	411,746.	197,132.	769.	213,845.
b Equipment rental and maintenance	303,675.	256,703.	28,705.	18,267.
c Communications	61,404.	48,046.		13,358.
d Taxes, fees and license	58,261.	25,580.	5,841.	26,840.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	22,856,120.	19,358,848.	2,046,050.	1,451,222.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,224,347.	1	1,843,670.
	2 Savings and temporary cash investments	16,244,627.	2	18,543,109.
	3 Pledges and grants receivable, net	3,516,978.	3	2,658,719.
	4 Accounts receivable, net	129,543.	4	32,921.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	142,248.	9	401,972.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,020,157.		
	b Less: accumulated depreciation	10b 511,828.	10c	508,329.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	20,092.	15	26,883.
16 Total assets. Add lines 1 through 15 (must equal line 34)	22,560,550.	16	24,015,603.	
Liabilities	17 Accounts payable and accrued expenses	1,702,243.	17	1,419,171.
	18 Grants payable		18	
	19 Deferred revenue	19,556.	19	302,866.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	45,115.	25	36,276.
	26 Total liabilities. Add lines 17 through 25	1,766,914.	26	1,758,313.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,800,510.	27	1,798,237.
	28 Temporarily restricted net assets	18,993,126.	28	20,459,053.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	20,793,636.	33	22,257,290.
	34 Total liabilities and net assets/fund balances	22,560,550.	34	24,015,603.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,320,434.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,856,120.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,464,314.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,793,636.
5	Net unrealized gains (losses) on investments	5	-660.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	22,257,290.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____	X	
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 _____	X	

Form 990 (2014)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

**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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,827,129.	16,507,094.	18,030,388.	22,141,868.	21,845,951.	94,352,430.
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	15,827,129.	16,507,094.	18,030,388.	22,141,868.	21,845,951.	94,352,430.
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)						9,074,345.
6 Public support. Subtract line 5 from line 4.						85,278,085.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	15,827,129.	16,507,094.	18,030,388.	22,141,868.	21,845,951.	94,352,430.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,573.	23,685.	27,873.	27,776.	29,171.	140,078.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	449,168.	515,346.	286,490.	403,568.	19,887.	1,674,459.
11 Total support. Add lines 7 through 10						96,166,967.
12 Gross receipts from related activities, etc. (see instructions)					12	6,613,363.
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 2014 (line 6, column (f) divided by line 11, column (f))	14	88.68 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	77.81 %
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No	
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

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

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

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

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2014 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization

Community Initiatives

Employer identification number

94-3255070

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political 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) 2014

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		5,831.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		54,349.													
c Total lobbying expenditures (add lines 1a and 1b)		60,180.													
d Other exempt purpose expenditures		22,795,940.													
e Total exempt purpose expenditures (add lines 1c and 1d)		22,856,120.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	991,922.	1,000,000.	1,000,000.	1,000,000.	3,991,922.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,987,883.
c Total lobbying expenditures	70,630.	103,122.	128,487.	60,180.	362,419.
d Grassroots nontaxable amount	247,981.	250,000.	250,000.	250,000.	997,981.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,496,972.
f Grassroots lobbying expenditures	49,200.	22,265.	1,735.	5,831.	79,031.

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2014

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 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" 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 XIII, the text of the footnote to its financial statements that describes these items.

b 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) Revenue 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 Revenue 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 ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ 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 XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		63,255.	43,568.	19,687.
d Equipment		417,385.	322,275.	95,110.
e Other		539,517.	145,985.	393,532.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				508,329.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Capital lease obligation	36,276.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	36,276.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	24,703,137.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-660.
b	Donated services and use of facilities	2b	75,444.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	307,919.
e	Add lines 2a through 2d	2e	382,703.
3	Subtract line 2e from line 1	3	24,320,434.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
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	24,320,434.

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

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

1	Total expenses and losses per audited financial statements	1	23,239,483.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	75,444.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	307,919.
e	Add lines 2a through 2d	2e	383,363.
3	Subtract line 2e from line 1	3	22,856,120.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	22,856,120.

Part XIII Supplemental Information.

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

Part X, Line 2:

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 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.

Part XIII Supplemental Information *(continued)*

Part XI, Line 2d - Other Adjustments:

Special events expense	307,919.
------------------------	----------

Part XII, Line 2d - Other Adjustments:

Special events expense	307,919.
------------------------	----------

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014**Open to Public
Inspection**

Name of the organization

Community Initiatives

Employer identification number

94-3255070

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
3 a Sub-total	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			0.

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

Schedule F (Form 990) 2014

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		New Cairo, Egypt	Dalai Lama Fellows	10,000.		0.		
		Montreal, Quebec	Fellowship	9,362.		0.		
		Mumbai, Deonar	Fellowship	10,231.		0.		

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

3

3 Enter total number of other organizations or entities

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

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* ☐ Yes ☒ No

Supplemental Information

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

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

Community Initiatives

Employer identification number

94-3255070

Part I

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Cheryl A. Clarke - 235 Montgomery, San Francisco, CA	Fundraising Counsel		X	150,000.	16,094.	133,906.
Carol Barkley - 672 13th Street, Oakland, CA 94612	Fundraising Counsel		X	50,750.	6,100.	44,650.
Robert C. Hansen - 354 Pine Street, San Francisco, CA	Fundraising Counsel		X	45,000.	6,500.	38,500.
Total				245,750.	28,694.	217,056.

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

CA, WA, OH, DC

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Greater Giving (event type)	(event type)	None (total number)	
Revenue	1 Gross receipts	471,284.			471,284.
	2 Less: Contributions	163,365.			163,365.
	3 Gross income (line 1 minus line 2)	307,919.			307,919.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	307,919.			307,919.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				307,919.
	11 Net income summary. Subtract line 10 from line 3, column (d)				0.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:

(i) Name of Fundraiser: Cheryl A. Clarke

(i) Address of Fundraiser: 235 Montgomery, San Francisco, CA 94104

(i) Name of Fundraiser: Robert C. Hansen

(i) Address of Fundraiser: 354 Pine Street, San Francisco, CA 94104

Schedule C (Form 990 or 990-EZ) 2011	
Part IV	Supplemental Information (continued)

[illegible]

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Community Initiatives

Employer identification number

94-3255070

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advancement Project 1910 W. Sunset Blvd., Suite 500 Los Angeles, CA 90026			15,000.	0.			Early Edge California
Ashesi University Foundation 1414 31st Ave. S., Ste. 301, Mailbo Seattle, WA 98144			10,000.	0.			Dalai Lama Fellows
Bay Area Video Coalition, Inc. 2727 Mariposa Street, 2nd Fl. San Francisco, CA 94110			8,858.	0.			Active Voice
CodeChix Education Fund P.O. Box 320032 Los Gatos, CA 95032			18,884.	0.			CodeChix Education Fund
College of St. Mary 7000 Mercy Road Omaha, NE 68106			30,000.	0.			Educators for Fair Consideration
Dept. of the Environment, City and County of San Francisco - 1455 Market Street, 12th Flr. - San Francisco, CA 94103			15,000.	0.			Friends of SF Environment

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

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

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

Schedule I (Form 990) (2014)

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
Enriching Lives Through Music P.O. Box 1133 Larkspur, CA 94977			134,660.	0.			Closing Out Project
Eva Soltes P.O. Box 416 Joshua Tree, CA 92252			145,000.	0.			Harrison House Music & Arts
Feather River Land Trust 75 Court Street Quincy, CA 95971			52,000.	0.			Northern Sierra Partnership
Fremont Unified School District 4210 Technology Drive Fremont, CA 94538			226,626.	0.			Parent Involvement Project
Futures Through Training, Inc. 1140 E. 36th Street, Ste. 150 Ogden, UT 84403			20,000.	0.			Educators for Fair Consideration
Golden Door Scholars 1101 Red Ventures Drive Fort Mill, SC 29707			30,000.	0.			Educators for Fair Consideration
Heritage Fund - The Community 538 Franklin St. Columbus, IN 47201			25,000.	0.			Educators for Fair Consideration
Latin American Educational Foundation - 561 Santa Fe Drive - Denver, CO 80204			25,000.	0.			Educators for Fair Consideration
Penn State Dickinson School of Law 105 B Lewis Katz Bldg University Park, PA 16802			10,675.	0.			Educators for Fair Consideration

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
Peralta Colleges Foundation 333 East 8th Street Oakland, CA 94606			10,000.	0.			Dalai Lama Fellows
Pinnacles Partnership P.O. Box 2080 Hollister, CA 95024			15,500.	0.			The Fund For People in Parks
Resolve Inc. 1255 23rd Street, NW- Suite 275 Washington, DC 20037			12,234.	0.			OnePurpose Schools
San Francisco Arts Commission 25 Van Ness Avenue, Suite 345 San Francisco, CA 94102			90,000.	0.			ArtCare
Sausalito Village P.O. Box 208 Sausalito, CA 94966			25,014.	0.			Closing out Project
South San Francisco Unified School District - 398 B St., Office of Superintendant - South San Francisco, CA 94805			158,208.	0.			Parent Involvement Project
The Institute of Noetic Sciences 101 San Antonio Road Petaluma, CA 94952			12,500.	0.			Dalai Lama Fellows
The Regent of the University of California - 405 Aldrich Hall - Irvine, CA 92697			9,282.	0.			Dalai Lama Fellows
Emma Leiken 6307 Kellogg Drive McLean, VA 22101			6,434.	0.			Dalai Lama Fellows

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
Equal Chance for Education 700 Belle Meade Blvd. Nashville, TN 37205			30,000.	0.			Education for Fair Consideration
The San Francisco Foundation One Embarcadero Center, Suite 1400 San Francisco, CA 94111			26,147.	0.			Closing Out Project
New Tech Network, Inc. 24190 Loma Prieta Avenue Los Gatos, CA 95033			172,500.	0.			Closing Out Project
The Scholarship Foundation of St. Louis - 8215 Clayton Road - St. Louis, MO 63117			30,000.	0.			Educators for Fair Consideration
Tulsa Community Foundation 7030 South Yale, Suite 600 Tulsa, OK 74136			30,000.	0.			Educators for Fair Consideration
University of Arkansas Foundaiton ,Inc. - 300 University House - Fayetteville, AR 72701			30,000.	0.			Educators for Fair Consideration
University of Georgia 200 D.W. Brooks Dr. Athens, GA 30602			5,685.	0.			Dalai Lama Fellows
University of Minnesota Foundation, Center for Spirituality and Healing - 420 Delaware Street SE MMC 505 -			5,000.	0.			Dalai Lama Fellows
University of San Francisco Masonic Building #119, 2130 Fulton San Francisco, CA 94117			14,652.	0.			San Fransisco Teacher Residency

Schedule I (Form 990)

Part III**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Form 990, Schedule I

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

Part IV Supplemental Information

applicable. When fiscally sponsored projects leave Community
Initiatives, their remaining funds are granted to a successor
501(c)(3).

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014Open to Public
Inspection

Name of the organization

Community Initiatives

Employer identification number

94-3255070

Part I Questions Regarding Compensation

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

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

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

4 During the year, did any person listed 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed 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(a)(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)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2014

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 VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) M. Melanie Beene President and CEO	(i)	156,302.	0.	0.	6,252.	8,733.	171,287.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Catherine Atkin Affl. President	(i)	164,604.	0.	0.	1,646.	15,269.	181,519.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Ernesto Saldana Affl. State Field Dir.	(i)	174,383.	0.	0.	0.	21,877.	196,260.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Mark Bromley Council Chair	(i)	147,999.	0.	0.	5,920.	17,077.	170,996.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 4b:

Melanie Beene contributed to a 457b plan.

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

2014Open To Public
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

Community Initiatives

Employer identification number

94-3255070

Part I Types of Property

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

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which is not required to be used for
exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) (2014)

Part II

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

Schedule M, Line 32b:

In January 2014, Community Initiatives retained Car Donation Services, Inc. to process and sell donated autos.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

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 that increase
efficiency and cost effectiveness.

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

projects.

These include new incubating nonprofit organizations, collaborative
initiatives of philanthropic foundations, and public/private

partnerships with government agencies. In FYE 2015, Community

Initiatives served 99 projects, throughout California and elsewhere, in
the areas of arts & culture(14%), education(46%), environment(9%),

health(15%), human services(13%), and pets and wildlife(3%). For more
information see WWW.COMMUNITYIN.ORG.

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

full benefits(health, dental, vision, life insurance). These services
were provided to about 241 employees. For an additional 446 independent
contractors we filed 1099s and provided EDD reporting.

In the area of Grants Management, CI managed the philanthropic
relationships of our projects with roughly 321 institutional donors. CI
received more than 3,900 gifts, operated a website for its projects
through which donations were made, and provided a process for receipt
of stock donations. We also tracked the interim and final reporting on
grants received and provided financial and programmatic oversight for
these grants.

Name of the organization

Community Initiatives

Employer identification number

94-3255070

Form 990, Part VI, Section B, line 11:

After the draft Form 990 is prepared, it is reviewed by the Board of Directors and Senior Management. Then the final Form 990 is distributed to all board members for their review and comment before filing.

Form 990, Part VI, Section B, Line 12c:

At the board meeting during which a new director is elected, he/she is asked to sign the conflict of interest policy forms prepared by our 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 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 on our website and upon request to the general public.

Form 990, Part IX, Line 11g, Other Fees:

Name of the organization

Community Initiatives

Employer identification number

94-3255070

Professionals/consultants:

Program service expenses	5,136,058.
--------------------------	------------

Management and general expenses	208,918.
---------------------------------	----------

Fundraising expenses	325,922.
----------------------	----------

Total expenses	5,670,898.
----------------	------------

Total Other Fees on Form 990, Part IX, line 11g, Col A	5,670,898.
--	------------

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

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions		
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Community Initiatives	94-3255070
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	354 Pine Street, No. 700	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	San Francisco, CA 94104	

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

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 - Jeff Hodos

- The books are in the care of **354 Pine Street, Suite 700 - San Francisco, CA 94104**

Telephone No. **415-230-7700**

Fax No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **May 15, 2016**.

5 For calendar year **JUL 1, 2014**, or other tax year beginning **JUL 1, 2014**, and ending **JUN 30, 2015**.

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
Information necessary to accurately file the tax returns is still being collected. We will file the Board approved tax returns as expeditiously as possible.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
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.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature ☐

Title **President**

Date ☐

2014

California Exempt Organization Annual Information Return

199

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) 07/01/2014, and ending (mm/dd/yyyy) 06/30/2015.

Corporation/Organization Name COMMUNITY INITIATIVES		California corporation number 1993869	
Additional Information. See instructions.		FEIN 94-3255070	
Street address (suite or room) 354 PINE STREET, NO. 700		PMB no.	
City SAN FRANCISCO	State CA	ZIP code 94104	
Foreign country name	Foreign province/state/county		Foreign postal code

A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No D Final Information Return? • <input type="checkbox"/> Dissolved • <input type="checkbox"/> Surrendered (Withdrawn) • <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____ E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other F Federal return filed? (1) • <input type="checkbox"/> 990T (2) • <input type="checkbox"/> 990-PF (3) • <input type="checkbox"/> Sch H (990) G Is this a group filing? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____ I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____ L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input checked="" type="checkbox"/> M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No P Is an IRS Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____
---	---

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	2,789,797.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	21,845,951.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B STMT 2	4	24,635,748.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	7,395.00
	7	Total costs. Add line 5 and line 6	7	7,395.00
	8	Total gross income. Subtract line 7 from line 4	8	24,628,353.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	23,164,039.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,464,314.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

Sign Here	Signature of officer	Title PRESIDENT	Date	• Telephone
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	• PTIN P01775198
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address HARRINGTON GROUP, CPAS, LLP 234 EAST COLORADO BLVD., SUITE M150 PASADENA, CA 91101			• FEIN 95-4557617
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			• Telephone (626) 403-6801

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

428951 11-26-14

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	307,919.00
	2	Interest	•	2	28,794.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	377.00
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 3	•	6	2,627.00
	7	Other income SEE STATEMENT 4	•	7	2,450,080.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	2,789,797.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	1,871,327.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5	•	11	258,108.00
	12	Other salaries and wages	•	12	8,770,528.00
	13	Interest	•	13	00
	14	Taxes	•	14	234,680.00
	15	Rents	•	15	737,866.00
	16	Depreciation and depletion (See instructions)	•	16	80,199.00
	17	Other Expenses and Disbursements SEE STATEMENT 6	•	17	11,211,331.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	23,164,039.00

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		18,468,974.		• 20,386,779.
2 Net accounts receivable		129,543.		• 32,921.
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments				•
10 a Depreciable assets	738,054.		1,020,157.	
b Less accumulated depreciation	(455,339.)	282,715.	(511,828.)	508,329.
11 Land				•
12 Other assets STMT 7		3,679,318.		• 3,087,574.
13 Total assets		22,560,550.		24,015,603.
Liabilities and net worth				
14 Accounts payable		1,702,243.		• 1,419,171.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities STMT 8		64,671.		339,142.
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		20,793,636.		• 22,257,290.
22 Total liabilities and net worth		22,560,550.		24,015,603.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	• 1,464,314.	7 Income recorded on books this year not included in this return.	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	1,464,314.
6 Total. Add line 1 through line 5	1,464,314.		

Form 199	Cash Contributions Included on Part I, Line 3	Statement	1
----------	--	-----------	---

Contributor's Name	Contributor's Address	Date of Gift	Amount
11th Hour Project	555 Bryant Street Palo Alto, CA 94301		257,500.
1415 Meridian Plaza Investors	7700 College Town Drive Sacramento, CA 95826		5,000.
AbbVie, Inc	1 North Waukegan Road, P.O. Box 3013 North Chicago, IL 60064		112,000.
Action Council of Monterey Co.	369 Main Street, Suite 201 Salinas, CA 93901		10,000.
Akonadi Foundation	436 - 14th Street, Suite 1417 Oakland, CA 94612		47,000.
Antioch Unified School Dist	510 G Street Antioch, CA 94509		21,000.
Arcus Foundation	44 West 28th Street, 17th Floor New York City, NY 10001		257,833.
Aroha Philanthropies	1660 Bush Street San Francisco, CA 94109		50,000.
Asian American for Community Involvement	2400 Moorpark Avenue, Suite 300 San Jose, CA 95128		6,000.
Asian Americans Advancing Justice	55 Columbus Avenue San Francisco, CA 94111		134,235.
Asian Week Foundation	354 Pine Street, Suite 700 San Francisco, CA 94104		34,553.
B Wayne Hughes, Jr	22917 Pacific Coast Hwy., Suite 350 Malibu, CA 90265		5,000.
Balanced, Inc	965 Mission Street, Suite 425 San Francisco, CA 94103		10,129.
Balwantsinh Thankor	354 Pine Street, Suite 700 San Francisco, CA 94104		50,000.
Bank Of America	555 California Street San Francisco, CA 94104		6,122.

Community Initiatives		94-3255070
BankAmerica Foundation	485 California Street San Francisco, CA 94104	100,000.
Bay Area Community Resources	171 Carlos Drive San Rafael, CA 94903	10,000.
Beneto Foundation	P.O. Box 980220 Sacramento, CA 95798	5,000.
Benjamin C. Hammett	301 Lowell Avenue Palo Alto, CA 94301	10,000.
Bertha Russ Lytel Foundation	P.O. Box 893 Ferndale, CA 95536	12,500.
Bingham, Osborn & Scarborough Found	5 Hamilton Landing, Suite 200 Novato, CA 94949	25,000.
Birches Foundation	3064 Java Road Costa Mesa, CA 92626	5,000.
Block One Property Holder	11 West 42nd Street, 2nd Floor New York, NY 10036	7,000.
Blum Family Foundation	909 Montgomery Street, Suite 400 San Francisco, CA 94133	25,000.
Brandmovers, Inc	1575 Northside Drive, Building 200 Atlanta, GA 30318	25,000.
BRIDGE Housing Corporation	345 Spear Street, Suite 700 San Francisco, CA 94105	70,000.
Broad Reach Foundation	301 Circle Park Place Chapel Hill, NC 27517	8,000.
Brooks- Mathews Foundation	4725 Thornton Avenue Fremont, CA 94536	10,000.
Bruening Foundation	354 Pine Street, Suite 700 San Francisco, CA 94104	25,000.
CA County Superintendents Ed Services	1121 L Street, Suite 510 Sacramento, CA 95814	5,000.
Cahill Contractors, Inc	425 California Street San Francisco, CA 94104	14,000.
California Bio-Pharma Labor Management	354 Pine Street, Suite 700 San Francisco, CA 94104	5,000.
California Community Foundation	445 South Figueroa Street, Suite 3400 Los Angeles, CA 90071	10,000.

<u>Community Initiatives</u>		<u>94-3255070</u>
California Correctional Peace Officers Association	755 Riverpoint Drive West Sacramento, CA 95605	10,000.
California Dental Political Action Comm.	1201 K Street, 15th Floor Sacramento, CA 95814	5,000.
California Fire Foundation	1780 Creekside Oaks, Suite 200 Sacramento, CA 95833	10,000.
California Wellness Foundation	One Kearny Street, 9th Floor San Francisco, CA 94108	200,000.
Catherine Stern	95 Sunnyside Avenue Mill Valley, CA 94941	7,000.
Center for Disease Control	354 Pine Street, Suite 700 San Francisco, CA 94104	62,625.
CH2M Hill, Inc.	9191 South Jamaica Street Englewood, CO 80112	8,000.
Chris A Vein	4990 Alta Sonoma Street Sonoma, CA 96476	5,000.
City and County of San Francisco	City Hall, Room 104, 1 Carlton Goodlet P San Francisco, CA 94102	343,384.
City Box Office	354 Pine Street, Suite 700 San Francisco, CA 94104	6,560.
City Of Oakland	Office of the Mayor, 1 Frank H. Ogawa Plaza, 3rd Floor Oakland, CA 94612	190,233.
Clarence Heller Charitable Foundation	44 Montgomery Street, Suite 1970 San Francisco, CA 94104	10,000.
Classic Bay Properties, Inc	870 Market Street, Suite 1114 San Francisco, CA 94102	12,725.
Clay Foundation-West	1750 Taylor Street, Suite 205 San Francisco, CA 94133	8,000.
CodeChix Education Fund	354 Pine Street, Suite 700 San Francisco, CA 94104	11,692.
College Access Foundation of California	1 Front Street, Suite 1325 San Francisco, CA 94111	290,000.
Community Foundation of Western Nevada	1855 South Arlington Avenue, Suite 103 Reno, NV 85509	325,000.

<u>Community Initiatives</u>		<u>94-3255070</u>
Community Legal Services	1861 Bay Road East Palo Alto, CA 94303	11,016.
Community Science Workshop	102 Second Street Watsonville, CA 95076	30,000.
Compton Foundation	101 Montgomery Street, Suite 850 San Francisco, CA 94104	25,000.
Conrad N. Hilton Foundation	10100 Santa Monica Blvd., Suite 1000 Los Angeles, CA 90067	205,000.
Contra Costa County	Employment & Human Services, 40 Douglas Drive Martinez, CA 94553	5,000.
Cortopassi Family Foundation	11292 North Alpine Road Stockton, CA 95212	15,000.
County of Alameda	1221 Oak Street Oakland, CA 94612	159,910.
Covenant Foundation	1270 Avenue of the Americas, Suite 304 New York, NY 10020	75,000.
Craigslist Charitable Fund	222 Sutter Street, 9th Floor San Francisco, CA 94108	10,000.
Dalio Foundation	500 Stanton Christiana Road Newark, DE 19713	30,100.
Dan Martin	146 Locust Avenue Mill Valley, CA 94941	9,900.
David & Lucile Packard Foundation	300 2nd Street Los Altos, CA 94022	70,000.
David H Dornsife, TTE	2000 Crow Canyon Place, Suite 360 San Ramon, CA 94583	25,000.
Dayton Public Schools	115 South Ludlow Street Dayton, OH 45402	6,985.
Deborah Ching & Jack Lee	1039 Merced Street Berkeley, CA 94707	5,000.
Dharma Merchant Services	P.O. Box 246 Alpharetta, GA 90009	10,005.
Dignity Health	3033 North 3rd Avenue Phoenix, AZ 85013	30,000.

<u>Community Initiatives</u>		<u>94-3255070</u>
Distracted Globe Foundation	501 Silverside Road, Suite 123 Wilmington, DE 19809	10,000.
East Bay Community Foundation	200 Frank H. Ogawa Plaza Oakland, CA 94612	319,235.
Edmund and Jeannik Littlefield Foundation	3716 San Pablo Dam Road, Suite 5 El Sobrante, CA 94803	20,000.
Edmund G Brown & Anne Gust	7257 Skyline Blvd. Oakland, CA 94611	5,000.
Edward C. Allred	11786 Alness Lane Las Vegas, NV 89141	5,000.
Elizabeth Block	42 Clevedon Mansions, Lissenden Gardens, NW5 -1 QP London UNITED KINGDOM	20,000.
Entertainment Industry Foundation	1900 Avenue of the Stars, Suite 1400 Los Angeles, CA 90067	100,000.
Eric Delbalso & Molly Whitlock	2340 Larkin Street, Apartment 1 San Francisco, CA 94109	5,000.
Eugene & Agnes E Meyer Foundation	354 Pine Street, Suite 700 Washington, DC 20036	150,000.
Evelyn and Walter Haas Jr. Fund	One Market, Landmark, Suite 400 San Francisco, CA 94105	105,000.
Event Brite	354 Pine Street, Suite 700 San Francisco, CA 94104	35,309.
Farzam & Azadeh Hariri	1169 Trinity Drive Menlo Park, CA 94025	5,000.
Fidelity Charitable Gift Fund	82 Devonshire Street Boston, MA 02205	410,000.
First 5 Alameda County	1100 San Leandro Blvd., Suite 120 San Leandro, CA 94577	27,324.
First 5 Contra Costa	Children and Families Commission 1485 Enea Ct., Suite 1200 Concord, CA 94520	134,350.
Ford Foundation	320 East 43rd Street New York, NY 10017	150,000.
Foundation to Promote Open Society	224 West 57th Street New York, NY 10019	72,000.

<u>Community Initiatives</u>		<u>94-3255070</u>
Fred Finch Youth Center	3800 Coolidge Avenue Oakland, CA 94602	6,500.
Fred L. Block	42 Plaza Drive Berkeley, CA 94705	20,000.
Full Circle Fund	133 Kearny Street, Suite 102 San Francisco, CA 94108	9,500.
Gaia Fund	235 Montgomery Street, Suite 1011 San Francisco, CA 94104	5,000.
Gail & Sheldon Dorph	6 Greenwood Cove Drive, Apartment D Tiburon, CA 94920	5,000.
Genentech, Inc.	P.O. Box 9030 South San Francisco, CA 94083	55,000.
George Family Foundation	1818 Oliver Avenue Minneapolis, MN 55405	105,000.
George M Marcus	777 South California Avenue Palo Alto, CA 94304	25,000.
GGG Foundation	1660 Bush Street, Suite 300 San Francisco, CA 94109	30,000.
Gilead Sciences, Inc.	333 Lakeside Drive Foster City, CA 94404	230,000.
Glenn A. Hopkins & Jamie Hanna	P.O. Box 1609 Mill Valley, CA 94942	20,000.
GlobalGiving Foundation	1023 15th Street, NW, Suite 1200 Washington, DC 20005	31,296.
Globetrottr Foundation	501 Silverside Road, Suite 123 Wilmington, DE 19809	5,000.
Goldman Sachs Gives	P.O. Box 15203 Albany, NY 12212	75,000.
Gordon and Betty Moore Foundation	P.O. Box 29910 San Francisco, CA 94129	10,000.
GREATERGIVING	354 Pine Street, Suite 700 San Francisco, CA 94104	59,446.
Greer & Veronica Arthur	P.O. Box 620030 Woodside, CA 94062	30,000.
Hamideh Nouri and Nader Heydayian	300 Barbara Way Hillsborough, CA 94010	5,000.

<u>Community Initiatives</u>		<u>94-3255070</u>
Harold Jenkins Bowen III Trust	354 Pine Street, Suite 700 San Francisco, CA 94104	5,000.
Harris Family Foundation	12 Byfield Road Waban, MA 02468	5,000.
Health & Human Services	354 Pine Street, Suite 700 San Francisco, CA 94104	288,041.
Health Net of California, Inc.	P.O. Box 1360 Rancho Cordova, CA 95741	10,000.
Hearthill Family Foundation	354 Pine Street, Suite 700 San Francisco, CA 94104	10,000.
Heising Simons Foundation	557 East Crescent Drive Palo Alto, CA 94301	475,000.
Helen Bing	9700 West Pico Blvd. Los Angeles, CA 90035	5,000.
Helen M. Harrison Foundation	801 South Plymouth Ct. 31102 Chicago, IL 60605	10,000.
Hellman Foundation	1 Maritime Plaza, Suite 1104 San Francisco, CA 94111	59,500.
Human Rights Project	P.O. Box 508 Great Falls, VA 22066	5,000.
Humboldt Patient Resource Center	980 6th Street Arcata, CA 95521	5,000.
Immigrant Legal Resource Center	1663 Mission Street, Suite 602 San Francisco, CA 94103	5,341.
Independent Holdings, LLC	508 North El Camino Real San Mateo, CA 94401	10,000.
Integrated Archive Systems, Inc.	1121 North San Antonio Road, Suite D100 Palo Alto, CA 94303	6,000.
International Assignee Services	2303 Camino Ramon, Suite 125 San Ramon, CA 94583	5,000.
International Union of Operating Engineers	150 East Corson Street Pasadena, CA 91103	15,000.
Irene S. Scully Family Foundation	100 Drake's Landing Road, Suite 200 Greenbrae, CA 94904	10,000.
James Chowdry	c/o Atlantic Trust Company 1700 Lincoln Street, Suite 2550 Denver, CO 80203	5,000.

Community Initiatives		94-3255070
James E Roberts-Obayashi Corporation	20 Oak Ct. Danville, CA 94526	14,000.
James Rebecca Morgan Charitale Foundation	P.O. Box 1742 Los Altos, CA 94023	100,000.
Jan Richardson	421 Fremerey Ct. Danville, CA 94506	10,000.
Janssen Products LP	P.O. Box 16500-6500 New Brunswick, NJ 08906	55,970.
Jeanine E. & Guy T. Saperstein	52 Glen Alpine Road Piedmont, CA 94611	20,000.
Jewish Community Federation	121 Steuart Street San Francisco, CA 94105	335,000.
Joan Rock Ballard	P.O. Box 928 Carpinteria, CA 93014	10,000.
Jon L. Stryker	645 Madison Avenue, Suite 610 New York, NY 10022	40,000.
Jorge G. Ramos	112 Paloma Drive Coral Gables, FL 33143	20,000.
Joseph W. Cotchett	840 Malcolm Road Burlingame, CA 94010	5,000.
Kaiser Foundation Health Plan Inc	P.O. Box 12929 Oakland, CA 94604	22,500.
Kaiser Permanente	4131 Geary Blvd., Suite 435 San Francisco, CA 94118	15,000.
Karen A Richardson Trust	354 Pine Street, Suite 700 San Francisco, CA 94104	10,000.
KeyBank National Association	4900 Tiedeman Brooklyn, OH 44144	20,000.
KP Financial Services OPS	P.O. Box 41906 Los Angeles, CA 90041	70,500.
L P Brown Foundation	505 Mountain View Road Boulder, CO 80302	10,000.
LaTourette Living Trust	1019 Loma Prieta Ct. Los Altos, CA 94024	5,000.
Laureston McLellan	354 Pine Street, Suite 700 San Francisco, CA 94104	5,000.

<u>Community Initiatives</u>		<u>94-3255070</u>
Legacy Heritage Fund, Ltd	55 East 59th Street, Floor 20 New York, NY 10022	95,000.
Leslie Family Foundation	738 Westridge Drive Portola Valley, CA 94028	40,000.
Levi Strauss Foundation	Levi's Plaza 1155 Battery Street San Francisco, CA 94111	5,000.
Lucy Butler	243 South Rockingham Los Angeles, CA 90049	5,000.
Lululemon Athletica Canada Inc	1818 Cornwall Avenue Ste 400 V6J 1C7 Vancouver, British Columbia, CANADA 946	22,890.
Lumina Foundation	30 South Meridian Street, Suite 700 Indianapolis, IN 46204	300,000.
MacArthur Foundation	140 South Dearborn Avenue, Suite 1200 Chicago, IL 60603	290,000.
MacMillian Family Charitable Fund	1950 Empire Oaks Ct. Gold River, CA 95670	20,000.
Madden Charities, Inc.	5955 Coronado Lane Pleasanton, CA 94588	10,000.
MAG Management, Inc.	1550 Michigan Street San Francisco, CA 94124	5,000.
Margaret U Miller	1066 Mountain View Avenue Mountain View, CA 94040	10,000.
Martin and Pamela Krasney	354 Pine Street, Suite 700 San Francisco, CA 94104	10,000.
Mary A. Crocker Trust	233 Post Street, 2nd Floor San Francisco, CA 94108	20,000.
McNally Temple Associates, Inc	1817 Capitol Avenue Sacramento, CA 95811	5,000.
Mehrdad Hakimian	1 De Silva Island Ct. Mill Valley, CA 94941	5,000.
Merck Sharp & Dohme Corp	1 Merck Drive Whitehouse Station, NJ 08889	30,000.
Michael & Ann Parker	1700 La Vereda Road Berkeley, CA 94709	5,000.

Community Initiatives		94-3255070
Midwest Trust	354 Pine Street, Suite 700 San Francisco, CA 94104	24,375.
Miramar Fiduciary Corp	354 Pine Street, Suite 700 San Francisco, CA 94104	25,000.
Monterey Bay Aquarium Foundation	886 Cannery Row Monterey, CA 93940	14,400.
Moore Family Foundation	P.O. Box 3099 Los Altos, CA 94024	100,000.
Morgan Foundation	6130 Stoneridge Mall Road Pleasanton, CA 94588	5,000.
Mr. William E. Murray, Jr.	121 North Balsamina Way Portola Valley, CA 94028	5,000.
Mrs. Roselyne C. Swig	3710 Washington Street San Francisco, CA 94118	5,000.
Nancy S Mueller	2110 Waverley Street Palo Alto, CA 94301	10,000.
Natasha Boissier	1467 Church Street San Francisco, CA 94131	5,000.
National Day Labor Organizing Network	675 South Park View Street, Suite B Los Angeles, CA 90057	14,000.
Nell Newman Foundation	P.O. Box 3263 Santa Cruz, CA 95063	5,000.
NEO Philanthropy	45 West 36th Street, 6th Floor New York, NY 10018	115,000.
Network For Good	354 Pine Street, Suite 700 San Francisco, CA 94104	99,016.
New Venture Fund	354 Pine Street, Suite 700 San Francisco, CA 94104	17,046.
Nibbi Bros. Associates, Inc.	180 Hubbell Street San Francisco, CA 94107	7,000.
Norman & Gail Cantor	3 Squirrelwood Ct. New City, NY 10956	5,000.
Oakland Unified School District	Dept. of Student, Family & Community 1025 2nd Avenue, Room 109 Oakland, CA 9	77,500.
OP & WE Edwards Foundation	P.O. Box 2445 Red Lodge, MT 59068	10,000.

<u>Community Initiatives</u>		<u>94-3255070</u>
Open Society Institute	400 West 59th Street New York, NY 10019	65,000.
Orange County Community Foundation	4041 MacArthur Blvd., Suite 510 Newport Beach, CA 94260	125,000.
Orchard House Foundation	6185 Franktown Road Washoe Valley, NV 89704	10,000.
Pacific Gas and Electric Company	77 Beale Street San Francisco, CA 94105	25,000.
Park Foundation	P.O. Box 550 Ithaca, NY 14851	30,000.
Park SFO LLC	354 Pine Street, Suite 700 San Francisco, CA 94104	5,000.
Parnassus Investments	1 Market Street, Suite 1500 San Francisco, CA 94105	5,000.
Partnership for Children and Youth	1330 Broadway, Suite 601 Oakland, CA 94612	5,000.
PATCH	7234 Parkway Drive Hanover, MD 21076	10,000.
Patelco Credit Union	5050 Hopyard Road Pleasanton, CA 94588	5,054.
PayPal - Various Donors	354 Pine Street, Suite 700 San Francisco, CA 94104	5,800.
Perl Nelson Family Foundation	839 Richardson Ct. Palo Alto, CA 94303	10,000.
Peter R Lockyer	P.O. Box 838 Penn Valley, CA 95946	10,063.
Ploughshares Fund	1808 Wedemeyer Street, Suite 200 San Francisco, CA 94129	20,000.
RD and Joan Dale Hubbard Foundation	72-650 Fred Waring Drive, Suite 202 Palm Desert, CA 92260	5,000.
Recology Service Center	50 California Street, 24th Floor San Francisco, CA 94111	35,000.
Remick Family Foundation	P.O. Box 6532 Rochester, MN 55903	5,000.
ResolutionCare	2440 23rd Stret, Suite B Eureka, CA 95501	18,000.

<u>Community Initiatives</u>		<u>94-3255070</u>
Resources Legacy Fund	354 Pine Street, Suite 700 San Francisco, CA 94104	300,000.
Richard Lavenstein	354 Pine Street, Suite 700 San Francisco, CA 94104	7,125.
Richard W Goldman Family Foundation	1201 Connecticut Avenue, NW, Suite 300 Washington , DC 20036	100,000.
Rick Mariano	296 Oakdale Avenue Mill Valley, CA 94941	10,000.
Robert & Nackey Scagliotti	P.O. Box 566 Glenbrook, NV 89413	5,000.
Robert & Ruth Halperin Foundation	1 Lombard Street, Suite 305 San Francisco, CA 94111	25,000.
Robert Wood Johnson Foundation	P.O. Box 2316 Princeton, NJ 85406	34,972.
Rosenberg Foundation	131 Steuart Street, Suite 650 San Francisco, CA 94105	15,000.
Royal Norwegian Embassy	2720 34th Street, NW Washington, DC 20008	37,894.
S.D. Bechtel, Jr. Foundation	P.O Box 193809 San Francisco, CA 94119	192,000.
Sacramento Region Community Foundation	955 University Avenue Sacramento, CA 95825	20,000.
Saint Francis Foundation	900 Hyde Street, Suite 1208 San Francisco, CA 94109	111,315.
Salesforce.com Foundation	1 Market Street San Francisco, CA 94105	5,000.
Salma Jason Monica Limited Parthership	P.O. Box 2978 Riverside, CA 92516	25,000.
Samuel T. Reeves	12167 Turtle Beach Road Palm Beach Gardens, FL 33408	10,000.
SAN FRANCISCO FOUNDATION	225 Bush Street, Suite 500 San Francisco, CA 94104	1,092,100.
San Francisco Unified School District	135 Van Ness Avenue, Room 300 San Francisco, CA 94102	132,108.
San Mateo County Schools	354 Pine Street, Suite 700 San Francisco, CA 94104	62,100.

<u>Community Initiatives</u>		<u>94-3255070</u>
Sara & Evan Williams Foundation	235 Montgomery Street, 17th Floor San Francisco, CA 94104	797,854.
Schwab Charitable Fund	211 Main Street San Francisco, CA 94105	51,000.
Scott Pelichoff	168 Welsh Street San Francisco, CA 94107	5,000.
SEED FUND	917 Bryant Street San Francisco, CA 94103	10,000.
Seedlings Foundation	964 Main Street Branford, TX 06405	40,000.
Seth Mausner	791 Myra Way San Francisco, CA 94127	42,000.
Siavash & Samaneh Tahbazof	1256 Howard Street San Francisco, CA 94103	30,000.
Signature Properties/Mr.&Mrs.Ghielm tti	4670 Willow Road, Suite 200 Pleasanton, CA 94588	5,000.
Sigrid Rausing Trust	12 Penzance Place London UNITED KINGDOM	129,200.
Silicon Valley Community Foundation	2440 West El Camino Real, Suite 300 Mountain View, CA 94040	1,033,163.
Sills Family Foundation	1010 Ennis Hill Road Marshfield, VT 05658	16,000.
Silver Giving Foundation	One Lombard, Suite 305 San Francisco, CA 94111	250,000.
Snow Trust	9700 West Pico Blvd. Los Angeles, CA 90035	50,000.
South County Community Health Center	DBA Ravenswood Family Health Center 1798a Bay Road East Palo Alto, CA 94303	79,222.
Stanford University	Office of Medical Development 2700 Sand Hill Road Menlo Park, CA 94025	5,000.
Stanley M. Miller	7732 Fisher Island Drive Miami, FL 33109	5,000.
Starbucks Coffee Company	2401 Utah Avenue South P.O. Box 34067, Mail Stop S-AC3 Seattle, WA 98124	5,000.

<u>Community Initiatives</u>		<u>94-3255070</u>
State Building and Construction Trades	1225-8th Street, Suite 375 Sacramento, CA 95814	5,000.
State of California	California Arts Council 1300 I Street, Suite 930 Sacramento, CA 95814	747,928.
Stephen & Barbara Harden	2607 East Woodbridge Road Acampo, CA 95220	5,000.
Stephen Bechtel Fund	P.O. Box 193809 San Francisco, CA 94119	75,000.
Stephen M. Silberstein Foundation	29 Eucalyptus Road Belvedere, CA 94920	10,000.
Strada Investment Group	100 Spear Street, Suite 420 San Francisco, CA 94105	8,000.
Stripe Transfers	354 Pine Street, Suite 700 San Francisco, CA 94104	36,300.
The AAM abd JSS Charitable Fund	354 Pine Street, Suite 700 San Francisco, CA 94104	100,000.
The Ahmanson Foundation	9215 Wilshire Blvd. Beverly Hills, CA 90210	5,000.
The Barrios Trust	653 - 11th Street Oakland, CA 94607	5,000.
The Benevity Community Impact Fund	354 Pine Street, Suite 700 San Francisco, CA 94104	22,840.
The Burke Family Trust	c/o FRB 4100 Newport Place Drive, Suite 750 Newport Beach, CA 92660	5,000.
The California Endowment	1000 North Alameda Street Los Angeles, CA 90012	851,224.
The California Wellness Foundation	575 Market Street, Suite 1850 San Francisco, CA 94105	170,000.
The Chicago Community Foundation	225 North Michigan Avenue, Suite 2200 Chicago, IL 60601	11,000.
The Christensen Fund	394 University Avenue Palo Alto, CA 94301	25,000.
The Clorox Company Foundation Fund	354 Pine Street, Suite 700 San Francisco, CA 94104	12,500.

<u>Community Initiatives</u>		<u>94-3255070</u>
The David & Lucile Packard Foundation	300 2nd Street, Suite 200 Los Altos, CA 94022	1,955,111.
The Elizabeth \$ & William J Patterson Foundation	501 Silverside Road, Suite 123 Wilmington, DE 19809	100,000.
The Flora Family Foundation	2121 Sand Hill Road, Suite 123 Menlo Park, CA 94025	10,000.
The Friend Family Foundation	501 - 2nd Street, Suite 720 San Francisco, CA 94107	10,000.
The Gamble Foundation	P.O. Box 29906 San Francisco, CA 94129	25,000.
The Ginn Family Foundation	354 Pine Street, Suite 700 San Francisco, CA 94104	10,000.
The Grove Foundation	P.O. Box 1667 Los Altos, CA 94023	175,000.
The Hofmann Foundation	P.O. Box 907 Concord, CA 94522	10,000.
The Human Rights Project, Inc.	P.O. Box 508 Great Falls, VA 22066	5,000.
The James Irvine Foundation	1 Bush Street, Suite 800 San Francisco, CA 94104	27,500.
The Jewish Community Foundation	300 Grand Avenue Oakland, CA 94610	5,000.
The JKW Foundation	354 Pine Street, Suite 700 San Francisco, CA 94104	5,000.
The John Stewart Company	1388 Sutter Street, 11th Floor San Francisco, CA 94109	5,000.
The Larry L Hillblom Foundation, Inc	755 Baywood Drive, Suite 180 Petaluma, CA 94954	5,000.
The Lenore & Howard Klein Foundation, Inc.	170 Mason Street Greenwich, CT 06830	6,000.
The Libra Foundation	10 South Wacker Drive, Suite 1860 Chicago, IL 60606	20,000.
The Marcus & Millichap Co Foundation	77 South California Avenue Palo Alto, CA 94304	10,000.
The Max and Anna Levinson Foundation	P.O. Box 6309 Sante Fe, NM 87532	30,000.

<u>Community Initiatives</u>		<u>94-3255070</u>
The Morris Stulsaft Foundation	1660 Bush Street, Suite 300 San Francisco, CA 94109	20,000.
The Rock Foundation	1 Maritime Plaza, Suite 1220 San Francisco, CA 94111	25,000.
The Sam Mazza Foundation	P.O. Box 14700 San Francisco, CA 94114	7,500.
The San Francisco Foundation	225 Bush Street San Francisco, CA 94104	140,315.
The Sassafras Foundation Inc	354 Pine Street, Suite 700 San Francisco, CA 94104	10,000.
The Schwab Fund for Charitable Giving	211 Main Street San Francisco, CA 94105	25,000.
The SHS Foundation	354 Pine Street, Suite 700 San Francisco, CA 94104	100,000.
The Stuart Foundation	500 Washington Street, 8th Floor San Francisco, CA 94111	200,000.
The Whitman Institute	P.O. Box 2528 San Francisco, CA 94126	75,000.
The Zenith Insurance Company	21255 Califa Street Woodland Hills, CA 91367	25,000.
Third Sector New England	Lincoln Plaza 89 South Street, Suite 700 Boston, MA 02111	10,000.
Thomas J. Long Foundation	2950 Buskirk Avenue, Suite 160 Walnut , CA 94597	55,000.
Thomas Law Group	455 Capitol Mall, Suite 801 Sacramento, CA 95814	5,000.
Thomas Long Foundation	657 Mission Street, Suite 301 San Francisco, CA 94105	150,000.
Transbay Block 8	18201 Von Karman Avenue, Suite 900 Irvine, CA 92612	14,000.
Trio Foundation	11111 West 95th Street, Suite 204 Overland Park, KS 66214	5,000.
Turner Foundation	133 Luckie Street, NW, 2nd Floor Atlanta, GA 30303	10,000.
Twitter Inc	1355 Market Street, Suite 900 San Francisco, CA 94103	14,000.

<u>Community Initiatives</u>		<u>94-3255070</u>
UBS Financial Services	400 South El Camino Real San Mateo, CA 94402	100,000.
Union Bank of California, N.A.	Accounts Payable, MC: 4-957-070 P.O. Box 60691 Los Angeles, CA 90060	5,000.
Unite Here-General Account#1	275 7th Avenue New York, NY 10001	50,000.
United Brotherhood of Carpenters and Joiners of America	101 Constitution Avenue, NW Washington, DC 20001	10,000.
United Educators of San Francisco	2310 Mason Street San Francisco, CA 94133	118,000.
United Roots	2781 Telegraph Avenue Oakland, CA 94612	12,500.
United Way of Greater Cincinnati	2400 Reading Road Cincinnati, OH 45202	60,000.
United Way of the Bay Area	221 Main Steet, Suite 300 San Francisco, CA 94105	35,000.
University of California	10920 Wilshire Blvd., 5th Floor Los Angeles, CA 90024	9,000.
Upstart Bay Area	332 Pine Street, Suite 600 San Francisco, CA 94104	5,000.
Van Loben Sels Foundation	131 Steuart Street, Suite 301 San Francisco, CA 94105	7,000.
Vanguard Charitable Endowment Program	P.O. Box 55766 Boston, MA 02205	190,000.
W. Clement & Jessie V. Stone Foundation	P.O. Box 29255 San Francisco, CA 94129	5,000.
Walter & Elise Haas Fund	1 Lombard Street, Suite 305 San Francisco, CA 94111	180,000.
Walter S. Johnson Foundation	505 Montgomery Street, Suite 620 San Francisco, CA 94111	575,000.
Washoe Tribe of Nevada and California	919 Highway 395 South Gardnerville, NV 89410	7,430.
Weikart Family Foundation	P.O. Box 622 Clinton, MI 49236	40,000.

<u>Community Initiatives</u>		<u>94-3255070</u>
Wells Fargo Bank	1 California Street, 2nd Floor San Francisco, CA 94111	5,000.
Whittier Trust Company	625 Fair Oaks Avenue, Suite 360 South Pasadena, CA 91030	175,000.
Will K Weinstein Revocable Trust	One Ferry Building, Suite 255 San Francisco, CA 94111	5,000.
William & Flora Hewlett Foundation	2121 Sand Hill Road Menlo Park, CA 94025	62,000.
William J Clancy Foundation	515 North State Street, Suite 2800 Chicago, IL 60654	5,000.
Y & H Soda Foundation	1635 School Street Moraga, CA 94556	40,000.
Yogaglo, Inc	1075 Las Pulgas Road Pacific Palisades, CA 90272	15,000.
Yvonne & Angelo Sangiacomo Family	1145 Market Street, Suite 1200 San Francisco, CA 94103	15,000.
Zellerbach Family Foundation	575 Market Street, Suite 2950 San Francisco, CA 94105	130,000.
Total Included on Line 3		<u><u>21,421,164.</u></u>

Form 199	NonCash Contributions Included on Part I, Line 3	Statement	2
----------	---	-----------	---

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Russel	354 Pine Street, Suite 700 San Francisco, CA 94104		
<u>Property Description</u>	<u>Date of Gift</u>	<u>Total Amount</u>	<u>FMV of Gift</u>
Stock	06/30/15	10,047.	10,047.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Dan Martin	354 Pine Street, Suite 700 San Francisco, CA 94104		
<u>Property Description</u>	<u>Date of Gift</u>	<u>Total Amount</u>	<u>FMV of Gift</u>
Stock	06/30/15	45,836.	45,836.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Urbanek	354 Pine Street, Suite 700 San Francisco, CA 94104		
<u>Property Description</u>	<u>Date of Gift</u>	<u>Total Amount</u>	<u>FMV of Gift</u>
Stock	06/30/15	51,788.	51,788.

Total Included on Line 3			107,671.
--------------------------	--	--	----------

Form 199	Gross Amount From Sale of Assets	Statement	3
----------	----------------------------------	-----------	---

<u>Description</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Method Acquired</u>	
Disposal of asset			PURCHASED	
	<u>Cost or Other Basis</u>	<u>Deprec.</u>	<u>Expense of Sale</u>	<u>Gross Sales Price</u>
	32,689.	25,294.	0.	2,627.
Total to Form 199, Page 2, ln 6	<u>32,689.</u>	<u>25,294.</u>	<u>0.</u>	<u>2,627.</u>

Form 199	Other Income	Statement	4
----------	--------------	-----------	---

<u>Description</u>	<u>Amount</u>
Other Income	19,887.
Admission Fees	46,539.
Service Fees	1,874,127.
Membership Dues	509,527.
Total to Form 199, Part II, line 7	<u>2,450,080.</u>

Form 199 Compensation of Officers, Directors and Trustees Statement 5

Name and Address	Title and Average Hrs Worked/Wk	Compensation
Ruth Williams 354 Pine Street, No. 700 San Francisco, CA 94104	Chair 1.00	0.
Jenny Pearlman 354 Pine Street, No. 700 San Francisco, CA 94104	Vice Chair 1.00	0.
Alison Fong 354 Pine Street, No. 700 San Francisco, CA 94104	Treasurer 1.00	0.
Sarah Bacon 354 Pine Street, No. 700 San Francisco, CA 94104	Secretary 1.00	0.
Evan Boido 354 Pine Street, No. 700 San Francisco, CA 94104	Director 1.00	0.
Janine Guillot 354 Pine Street, No. 700 San Francisco, CA 94104	Director 1.00	0.
Zoe Hunton 354 Pine Street, No. 700 San Francisco, CA 94104	Director 1.00	0.
Nancy Kami 354 Pine Street, No. 700 San Francisco, CA 94104	Director 1.00	0.
Rick Mariano 354 Pine Street, No. 700 San Francisco, CA 94104	Director 1.00	0.
M. Melanie Beene 354 Pine Street, No. 700 San Francisco, CA 94104	President and CEO 40.00	171,287.
Galen Quaring 354 Pine Street, No. 700 San Francisco, CA 94104	CFO 40.00	86,821.

Total to Form 199, Part II, line 11

258,108.

Form 199	Other Expenses	Statement	6
Description		Amount	
Program activities		411,746.	
Equipment rental and ma		303,675.	
Communications		61,404.	
Taxes, fees and license		58,261.	
Direct expenses of fundraising events		307,919.	
Pension plan contributions		211,925.	
Other employee benefits		1,849,665.	
Legal fees		33,783.	
Accounting fees		26,014.	
Lobbying fees		9,000.	
Other professional fees		5,670,898.	
Office expenses		739,240.	
Information technology		96,680.	
Travel		868,330.	
Conferences and conventions		439,675.	
Insurance		123,116.	
Total to Form 199, Part II, line 17		11,211,331.	

Form 199	Other Assets	Statement	7
Description	Beg. of Year	End of Year	
Pledges and Grants Receivable	3,516,978.	2,658,719.	
Prepaid Expenses and Deferred Charges	142,248.	401,972.	
Deposits	20,092.	26,883.	
Total to Form 199, Schedule L, line 12	3,679,318.	3,087,574.	

Form 199	Other Liabilities	Statement	8
Description	Beg. of Year	End of Year	
Capital lease obligation	45,115.	36,276.	
Deferred Revenue	19,556.	302,866.	
Total to Form 199, Schedule L, line 18	64,671.	339,142.	

Form 199	Fund Balances	Statement	9
Description	Beg. of Year	End of Year	
Unrestricted Assets	1,800,510.	1,798,237.	
Temporarily Restricted Assets	18,993,126.	20,459,053.	
Total to Form 199, Schedule L, line 21	20,793,636.	22,257,290.	

**2014 Political or Legislative Activities by
Section 23701d Organizations****3509**For calendar year 2014 or fiscal year beginning (mm/dd/yyyy) 07/01/2014, and ending (mm/dd/yyyy) 06/30/2015.**Attach to Form 199.** FTB 199N filers see instructions.

Corporation/Organization name COMMUNITY INITIATIVES			California corporation number 1993869
Street address (suite, room, or PMB no.) 354 PINE STREET, NO. 700			FEIN 94-3255070
City SAN FRANCISCO	State CA	ZIP Code 94104	

Part I - Political Activities

Complete if the organization supported or opposed a candidate for public office. See instructions.

- 1** Has the organization participated or intervened in any political campaign on behalf of any elective public office candidate? **1** ☐ Yes ☒ No
If "Yes," describe the activities. Provide a summary of any published material relating to the activities.

- 2** Has the organization contributed funds to support or oppose any individual public office candidate, or any organizations formed to support or oppose a public office candidate? **2** ☐ Yes ☒ No
If "Yes," describe the activities. Include the name of the individual or organization the organization contributed to, the amount paid, and date of contribution.

Part II - Legislative Activities

Complete if the organization attempted to influence legislation.

- 3** Has the organization attempted to influence any national, state or local legislation, or ballot measure and not filed a federal Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization to Make Expenditures to Influence Legislation? **3** ☐ Yes ☒ No
If "Yes," See instructions.

- 4a** Has the organization, during the 2014 taxable year, filed a federal election Form 5768? See instructions **4a** ☐ Yes ☒ No
If "Yes," attach a copy of federal Form 5768 filed with the Internal Revenue Service and skip question 4b.
This fulfills the organization's need to file an election for state purpose. If "No", go to question 4b.

- 4b** Has the organization filed a federal election Form 5768 in a prior year that has not been revoked? **4b** ☐ Yes ☐ No
Note: The organization **cannot** make this election if it is a church, an integrated auxiliary of a church, a private foundation, or an affiliated organization.

Furnish the following financial information for the taxable year:

5 Exempt Purpose ExpendituresThe total amount paid or incurred to accomplish the charitable, educational, religious, etc. purpose **5** \$ 22,795,940.00**6 Lobbying Expenditures**The total amount expended for the purpose of influencing legislation through communication with any member or employee of a legislative body or any government official or employee who may participate in the formation of legislation **6** \$ 54,349.00**7 Grass Roots Expenditures**The amount expended to influence any legislation through attempts to affect the opinions of the general public or any segment of it **7** \$ 5,831.00

TAXABLE YEAR

2014**California e-file Return Authorization for
Exempt Organizations**

FORM

8453-EO

Exempt Organization name

Identifying number

COMMUNITY INITIATIVES**94-3255070****Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	24,635,748.00
2	Total gross income (Form 199, line 8)	2	24,628,353.00
3	Total expenses and disbursements (Form 199, line 9)	3	23,164,039.00

Part II Settle Your Account Electronically for Taxable Year 2014

4	<input type="checkbox"/> Electronic funds withdrawal	4a	Amount	4b	Withdrawal date (mm/dd/yyyy)
----------	--	-----------	--------	-----------	------------------------------

Part III Banking Information (Have you verified the exempt organization's banking information?)

5	Routing number	7	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6	Account number		

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2014 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.**

**Sign
Here**

Signature of Officer

Date

**PRESIDENT**

Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2014 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's- signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self- employed <input type="checkbox"/>	ERO's PTIN
Must Sign	Firm's name (or yours if self-employed) and address	HARRINGTON GROUP, CPAS, LLP			P01612986
		234 EAST COLORADO BLVD., SUITE M150			FEIN 95-4557617
		PASADENA, CA			ZIP Code 91101

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature	Date	Check if self- employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address	HARRINGTON GROUP, CPAS, LLP		P01775198
		234 EAST COLORADO BLVD., SUITE M150		FEIN 95-4557617
		PASADENA, CA		ZIP Code 91101

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 104846

COMMUNITY INITIATIVES

Name of Organization

354 PINE STREET, NO. 700

Address (Number and Street)

SAN FRANCISCO, CA 94104

City or Town, State and ZIP Code

Check if:

☐ Change of address

☐ Amended report

Corporate or Organization No. 1993869

Federal Employer I.D. No. 94-3255070

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)

Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2014 ending 06/30/2015) list:
Gross annual revenue \$ 24,320,434. Total assets \$ 24,015,603.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. STMT 10	X	
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 11	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 415-230-7700

Organization's e-mail address MELANIE@COMMUNITYIN.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

THERESA FAY-BUSTILLOS

PRESIDENT

Signature of authorized officer

Printed Name

Title

Date

Form RRF-1	Information Regarding Professional Fund-Raising Services Part B, Line 5	Statement 10
------------	---	--------------

Cheryl A. Clarke
235 Montgomery
San Francisco, CA 94104

Carol Barkley
672 13th Street
Oakland, CA 94612

Robert C. Hansen
354 Pine Street
San Francisco, CA 94102

Form RRF-1	Information Regarding Government Funding	Statement	11
	Part B, Line 6		

City & County of San Francisco
San Francisco Arts Commission
25 Van Ness Avenue, Suite 345
San Francisco, CA 94102
Tyra Fennell
Phone: (415) 252-2597

City & County of San Francisco
Community Challenge Grant Program
One Dr. Carlton B. Goodlett Place, Room 362
San Francisco, CA 94102
Lanita Henriquez
Phone: (415) 554-4830

City & County of San Francisco
Mayor's Office of Economic and Workforce Development
1 Dr. Carlton B. Goodlett Place, Room 448
San Francisco, CA 94102
Crezia Tano
Phone: (415) 554-4984

City & County of San Francisco
Department of Youth and their Families Commission
1390 Market Street, Suite 900
San Francisco, CA 94102
Lina Morales / Edmund Lee
Phone: (415) 554-8430 / (415) 554-8956

City & County of San Francisco
Department of Public Health
1390 Market Street, Suite 822
San Francisco, CA 94102
Paula Jones
Phone: (415) 252-3853

City & County of San Francisco
Mayor's Office of Community Investment
1 South Van Ness Avenue, Fifth Floor
San Francisco, CA 94103
Patricia Medina
Phone: (415) 701-5608

City & County of San Francisco
San Francisco First 5
1390 Market Street, Suite 318
San Francisco, CA 94102
Kerik Aoki
Phone: (415) 557-9912

City of Oakland / Department of Human Services

Form RRF-1

Statement 11

Measure Y

150 Frank Ogawa Plaza, Suite 4340

Oakland, CA 94612

Mark Henderson

Phone: (510) 238-7205

City and County of San Francisco

Grants for the Arts

One Dr. Carlton B. Goodlett Place, City Hall, Room 347

San Francisco, CA 94102

Kary Schulman

Phone: (415) 554-6710

U.S. Department of Health and Human Services

Administration for Children and Families Office of Community Service

Strengthening Communities Fund

370 L' Enfant Promenade, SW - 5th Floor West

Washington DC 20047

Josephine Rago-Adia, MSW

Phone: (202) 401-4710

Local Initiatives Support Corporation (LISC)

369 Pine Street

Suite 350

San Francisco, CA 94104

Marsha Murrington

Phone: (415) 397-7322

Please note: Community Initiatives receives H.U.D funds through
grants from LISC