

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY INITIATIVES		D Employer identification number 94-3255070
	Doing business as		E Telephone number 415-230-7700
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1000 BROADWAY		480
City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94607			G Gross receipts \$ 191,884,699.
F Name and address of principal officer: RUTH WILLIAMS SAME AS C ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website: WWW.COMMUNITYIN.ORG			If "No," attach a list. See instructions
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			H(c) Group exemption number
L Year of formation: 1997			M State of legal domicile: CA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SPONSORS PROJECTS FOR THE BENEFIT OF COMMUNITIES IN SERVICE TO POSITIVE SOCIAL CHANGE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	719
	6 Total number of volunteers (estimate if necessary)	6	1785
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	51,120,622.	64,452,838.
	9 Program service revenue (Part VIII, line 2g)	6,946,990.	11,035,734.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	762,255.	1,824,054.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	605,867.	299,113.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	59,435,734.	77,611,739.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,584,840.	11,929,513.
	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)	32,733,318.	39,277,020.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	42,000.	200,513.
	b Total fundraising expenses (Part IX, column (D), line 25)	4,893,500.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,012,172.	16,942,697.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	55,372,330.	68,349,743.	
19 Revenue less expenses. Subtract line 18 from line 12	4,063,404.	9,261,996.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 56,232,715.	End of Year 74,356,841.
	21 Total liabilities (Part X, line 26)	4,809,354.	7,404,590.
	22 Net assets or fund balances. Subtract line 21 from line 20	51,423,361.	66,952,251.

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 RUTH WILLIAMS, CEO			Date	
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name BRIAN YACKER	Preparer's signature BRIAN YACKER	Date 02/05/25	Check if self-employed <input type="checkbox"/>	PTIN P00401346
	Firm's name BAKER TILLY ADVISORY GROUP, LP	Firm's EIN 39-0859910		Phone no. 949.222.2999	
Firm's address 18500 VON KARMAN AVE, 10TH FLOOR IRVINE, CA 92612					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 56,728,835. including grants of \$ 11,929,513.) (Revenue \$ 11,035,734.) COMMUNITY INITIATIVES PROVIDED SERVICES OF FINANCIAL MANAGEMENT, HUMAN RESOURCES AND GRANTS MANAGEMENT, AS WELL AS NONPROFIT MANAGEMENT, PAYROLL, TAX FILING, LEGAL, AND COACHING TO ITS FISCALLY SPONSORED PROJECTS.

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

(CONTINUED ON SCHEDULE O)

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

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

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

4e Total program service expenses 56,728,835.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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 b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on 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? 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 415-230-7700
1000 BROADWAY, 480, OAKLAND, CA 94607

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 CEO	40.00			X			377,723.	0.	49,996.	
(2) CARL TAIBL CFO	40.00			X			238,660.	0.	81,164.	
(3) MAMIE FUNAHASHI VP STRATEGIC PARTNERSHIPS	40.00				X		270,308.	0.	38,897.	
(4) SAMANTHA TRAN EXECUTIVE DIR., CAL POLICY COLLAB.	40.00					X	265,582.	0.	36,245.	
(5) DAVID MCGEE VP HR & OPERATIONS	40.00				X		238,038.	0.	47,434.	
(6) LUCY BLAKE PRESIDENT, NPS	40.00					X	199,136.	0.	44,624.	
(7) KATHLEEN BOLTS VP OF CLIENT SERVICES	40.00				X		198,550.	0.	37,131.	
(8) HEDY CHANG EXECUTIVE DIR., ATTENDANCE WORKS	40.00					X	175,276.	0.	52,799.	
(9) MARK BROMLEY COUNCIL CHAIR, COUNCIL FOR GLOBAL EQ	40.00					X	177,035.	0.	37,887.	
(10) MICHAEL MCBRIDE EXECUTIVE DIR., LIVE FREE	40.00					X	193,250.	0.	12,750.	
(11) BARBARA RHOMBERG CHAIR	1.00	X		X			0.	0.	0.	
(12) DEE DEE MENDOZA SECRETARY	1.00	X		X			0.	0.	0.	
(13) MAYA TUSSING TREASURER	1.00	X		X			0.	0.	0.	
(14) MARY ANN FAKE DIRECTOR	1.00	X					0.	0.	0.	
(15) JANET CAMARENA DIRECTOR	1.00	X					0.	0.	0.	
(16) ABBAS MOLOO DIRECTOR	1.00	X					0.	0.	0.	
(17) LOREN POGIR DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 Subtotal							2,333,558.	0.	438,927.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							2,333,558.	0.	438,927.	

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 64

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MARCUS MCALLISTER 3134 MONTEREY LN., WADSWORTH, IL 60083	PROGRAM CONSULTATION SERVICES	128,000.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b	1,811,640.					
	c Fundraising events	1c	139,428.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	5,366,025.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	57,135,745.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 260,525.					
	h Total. Add lines 1a-1f		64,452,838.					
	Program Service Revenue	2 a SERVICE FEES	Business Code					
		541610	10,541,947.	10,541,947.				
b SERVICE CONTRACTS		900099	248,863.	248,863.				
c ADMISSIONS FEES		541610	244,924.	244,924.				
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f			11,035,734.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,823,392.			1,823,392.		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses ...	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	14,066,189.				
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b	14,065,527.			
			c Gain or (loss)	7c	662.			
	d Net gain or (loss)		662.			662.		
	8 a Gross income from fundraising events (not including \$ 139,428. of contributions reported on line 1c). See Part IV, line 18	8a		30,450.				
			b Less: direct expenses	8b	96,527.			
c Net income or (loss) from fundraising events				-66,077.			-66,077.	
9 a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a		272,205.					
		b Less: cost of goods sold	10b	110,906.				
		c Net income or (loss) from sales of inventory		161,299.			161,299.	
Miscellaneous Revenue	11 a WRITE OFFS	Business Code						
		900099	136,755.			136,755.		
	b MISCELLANEOUS	900099	67,136.			67,136.		
	c _____							
	d All other revenue							
e Total. Add lines 11a-11d		203,891.						
12 Total revenue. See instructions		77,611,739.	11,035,734.	0.	2,123,167.			

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	10,230,282.	10,230,282.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,688,448.	1,688,448.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	10,783.	10,783.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,608,391.	1,264,856.	202,995.	140,540.
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	30,422,414.	23,924,522.	3,839,612.	2,658,280.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	749,782.	589,637.	94,630.	65,515.
9 Other employee benefits	3,989,106.	3,137,077.	503,465.	348,564.
10 Payroll taxes	2,507,327.	1,971,789.	316,450.	219,088.
11 Fees for services (nonemployees):				
a Management				
b Legal	166,681.		166,681.	
c Accounting	112,536.		112,536.	
d Lobbying	282,873.	282,873.		
e Professional fundraising services. See Part IV, line 17	200,513.			200,513.
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.)	5,865,411.	5,177,573.	281,635.	406,203.
12 Advertising and promotion	95,621.	85,170.	988.	9,463.
13 Office expenses	3,218,236.	2,588,292.	276,273.	353,671.
14 Information technology	164,918.	133,429.	16,664.	14,825.
15 Royalties				
16 Occupancy	1,351,787.	964,775.	279,815.	107,197.
17 Travel	1,927,814.	1,697,257.	41,973.	188,584.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,012,654.	849,893.	68,328.	94,433.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,633.	12,031.	9,265.	1,337.
23 Insurance	404,762.	94,421.	299,850.	10,491.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	1,352,559.	1,352,559.		
b EQUIPMENT	531,538.	316,455.	179,921.	35,162.
c HONORARIUM	298,856.	246,388.	25,092.	27,376.
d FELLOWSHIPS	133,818.	110,325.	11,235.	12,258.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	68,349,743.	56,728,835.	6,727,408.	4,893,500.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	2,421,339.	1	2,720,413.
	2 Savings and temporary cash investments	40,351,098.	2	52,448,491.
	3 Pledges and grants receivable, net	8,930,607.	3	11,434,758.
	4 Accounts receivable, net	2,416,270.	4	4,326,537.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	345,795.	9	458,449.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 760,025.		
	b Less: accumulated depreciation	10b 652,564.	134,659.	10c 107,461.
	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	1,632,947.	15	2,860,732.
16 Total assets. Add lines 1 through 15 (must equal line 33)	56,232,715.	16	74,356,841.	
Liabilities	17 Accounts payable and accrued expenses	2,453,867.	17	3,838,531.
	18 Grants payable	145,136.	18	202,896.
	19 Deferred revenue	678,299.	19	535,178.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		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	1,532,052.	25	2,827,985.
	26 Total liabilities. Add lines 17 through 25	4,809,354.	26	7,404,590.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,831,806.	27	9,069,608.
	28 Net assets with donor restrictions	44,591,555.	28	57,882,643.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	51,423,361.	32	66,952,251.
33 Total liabilities and net assets/fund balances	56,232,715.	33	74,356,841.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	77,611,739.
2	Total expenses (must equal Part IX, column (A), line 25)	2	68,349,743.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,261,996.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	51,423,361.
5	Net unrealized gains (losses) on investments	5	158,600.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	6,108,294.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	66,952,251.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

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

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30,111,902.	41,556,247.	52,956,619.	51,120,622.	64,452,838.	240,198,228.
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	30,111,902.	41,556,247.	52,956,619.	51,120,622.	64,452,838.	240,198,228.
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)						
6 Public support. Subtract line 5 from line 4.						240,198,228.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	30,111,902.	41,556,247.	52,956,619.	51,120,622.	64,452,838.	240,198,228.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	225,884.	23,212.	37,921.	769,076.	1,823,392.	2,879,485.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			85,136.	120,402.	161,299.	366,837.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	233,388.	10,396.	80,944.	540,561.	203,891.	1,069,180.
11 Total support. Add lines 7 through 10						244,513,730.
12 Gross receipts from related activities, etc. (see instructions)					12	29,566,767.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	98.24 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	98.03 %
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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 - 2022. 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 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and organization operation.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided, officers, and investment policies.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1-3 regarding the Integral Part Test and Activities Test.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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

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

OTHER INCOME

2019 AMOUNT: \$ 233,388.

2020 AMOUNT: \$ 10,396.

2021 AMOUNT: \$ 80,944.

SETTLEMENT INCOME

2022 AMOUNT: \$ 326,000.

WRITE OFFS

2022 AMOUNT: \$ 136,314.

2023 AMOUNT: \$ 136,755.

MISCELLANEOUS

2022 AMOUNT: \$ 49,584.

2023 AMOUNT: \$ 67,136.

MINIMUM FEE ASSESSMENT

2022 AMOUNT: \$ 26,490.

REIMBURSEMENTS

2022 AMOUNT: \$ 2,173.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

COMMUNITY INITIATIVES

Employer identification number

94-3255070

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 5,252,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 4,021,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 3,836,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 3,361,723.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,910,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,355,197.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2023

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	3,515.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	279,358.													
c Total lobbying expenditures (add lines 1a and 1b)	282,873.													
d Other exempt purpose expenditures	61,348,727.													
e Total exempt purpose expenditures (add lines 1c and 1d)	61,631,600.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%; text-align: left;">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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	4,139.	80.	255,971.	282,873.	543,063.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	4,139.	80.	185,390.	3,515.	193,124.

Schedule C (Form 990) 2023

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

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

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

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

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

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

Part IV Supplemental Information

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

PART II-A, LINES 1 AND 2:

THE TOTAL LOBBYING EXPENSES FOR THE YEAR AMOUNTED TO \$282,872.65,

INCLUDING \$26,269.52 FOR STAFF TIME AND \$256,603.13 FOR CONSULTANTS AND

OTHER RELATED COSTS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and non-certified historic structures), and questions 3-9 regarding modifications, monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding reporting of art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		310,335.	222,520.	87,815.
d Equipment		86,040.	82,067.	3,973.
e Other		363,650.	347,977.	15,673.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				107,461.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	2,827,985.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,827,985.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	77,983,272.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 158,600.		
b	Donated services and use of facilities	2b 5,500.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	164,100.
3	Subtract line 2e from line 1		3	77,819,172.
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 -207,433.		
c	Add lines 4a and 4b		4c	-207,433.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	77,611,739.

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

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

1	Total expenses and losses per audited financial statements		1	68,562,676.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 5,500.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 207,433.		
e	Add lines 2a through 2d		2e	212,933.
3	Subtract line 2e from line 1		3	68,349,743.
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	68,349,743.

Part XIII Supplemental Information

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

PART X, LINE 2:

COMMUNITY INITIATIVES IS EXEMPT FROM TAXATION UNDER INTERNAL REVENUE CODE

SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701D.

COMMUNITY INITIATIVES FOLLOWS THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY

IN INCOME TAXES ACCORDING TO FINANCIAL ACCOUNTING STANDARDS BOARD (FASB)

ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC NO. 740, MANAGEMENT

EVALUATED COMMUNITY INITIATIVES' TAX POSITIONS AND CONCLUDED THAT

COMMUNITY INITIATIVES HAD MAINTAINED ITS TAX-EXEMPT STATUS AND HAD NOT

TAKEN UNCERTAIN TAX POSITIONS THAT REQUIRED ADJUSTMENT TO THE FINANCIAL

STATEMENTS.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE -96,527.

COGS -110,906.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -207,433.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE 96,527.

COGS 110,906.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 207,433.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization COMMUNITY INITIATIVES	Employer identification number 94-3255070
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE	0	1	PROGRAM SERVICES	TRANSLATION SERVICES, CONSULTING, EVENT/CONFERENCE TRAVEL, WRITING/EDITING	194,591.
NORTH AMERICA	0	3	PROGRAM SERVICES	BUDGETING SOFTWARE, CONSULTING, EVENT SUPPORT, EVENT/CONFERENCE TRAVEL,	112,757.
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	CONSULTING, SOFTWARE LICENSES, TRAVEL	36,233.
NORTH AMERICA	0	3	GRANTS		10,783.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EVENT/CONFERENCE TRAVEL, WEBSITE SUPPORT, WORKSHOP TRAVEL & ACCOMMODATIONS,	4,375.
SOUTH AMERICA	0	2	PROGRAM SERVICES	TRAVEL, TRANSLATION SERVICES	1,580.
SOUTH ASIA	0	0	PROGRAM SERVICES	WORKSHOP TRAVEL & ACCOMMODATIONS, WRITING/EDITING SERVICES	410.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	WORKSHOP TRAVEL & ACCOMMODATIONS	33.
3 a Subtotal	0	10			360,762.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	10			360,762.

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

Schedule F (Form 990) 2023

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	TASKFORCE ON INEQUALITY OF FINANCIAL DISCLOSURES	10,783.	WIRE	0.		

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

3 Enter total number of other organizations or entities 0

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the 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 the 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 the Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

THOROUGH DUE DILIGENCE IS CONDUCTED IN ADVANCE OF FUNDING TO DETERMINE

WHETHER A RECIPIENT WILL BE AN APPROPRIATE GRANTEE. POTENTIAL RECIPIENTS

ARE REQUIRED TO PROVIDE PROOF OF TAX STATUS AND/OR REGISTRATION DOCUMENTS

AND THEIR ORGANIZATIONAL DOCUMENTS. ALL GRANTEES ARE NOTIFIED OF THE

TERMS AND CONDITIONS OF EACH GRANT SHOULD IT BE AWARDED, AND GRANTEES

INDICATE ACCEPTANCE BY SIGNATURE. ALL INTERNATIONAL GRANTS ARE RESTRICTED

TO A CLEARLY DEFINED CHARITABLE PURPOSE. ALL GRANTEES RECEIVE A WRITTEN

GRANT AGREEMENT, AND BY ACCEPTING PAYMENT THE GRANTEE AGREES TO THE

CONDITIONS OF THE AWARD. PERIODIC REPORTS ARE REQUIRED THAT ADDRESS (1)

USE OF THE GRANT FUNDS, (2) COMPLIANCE WITH THE TERMS AND CONDITIONS OF

THE GRANT, AND (3) PROGRESS TOWARD ACHIEVING THE GRANT'S PURPOSE. THE

REPORTS ARE REVIEWED TO CONFIRM THAT ALL THE FUNDS HAVE BEEN USED FOR

CHARITABLE PURPOSES AND WHETHER ALL THE FUNDS HAVE BEEN EXPENDED.

PART I, LINE 3, COLUMN (E):

REGION: EUROPE

(E) SPECIFIC TYPES OF SERVICES IN REGION: TRANSLATION SERVICES,

CONSULTING, EVENT/CONFERENCE TRAVEL, WRITING/EDITING SERVICES, DESIGN

SERVICES, WORKSHOP PANELIST, SOFTWARE DEV & MAINTENANCE, IMAGE LICENSING,

ADMIN SUPPORT SERVICES, SUBSCRIPTION, WEBSITE SUPPORT

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: BUDGETING SOFTWARE,

CONSULTING, EVENT SUPPORT, EVENT/CONFERENCE TRAVEL, TRANSCRIPTION

SERVICES, WEBSITE SUPPORT, WORKSHOP PANELIST, WORKSHOP TRAVEL &

ACCOMMODATIONS, WRITING/EDITING SERVICES

Part V Supplemental Information

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

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: EVENT/CONFERENCE TRAVEL,

WEBSITE SUPPORT, WORKSHOP TRAVEL & ACCOMMODATIONS, CONSULTING

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization COMMUNITY INITIATIVES	Employer identification number 94-3255070
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Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SIRELLA - 14 CLAIRE WAY, TIBURON, CA 94920	FUNDRAISING STRATEGY CONSULTANT		X	500,000.	72,500.	427,500.
HILARY BOTHMA - 180 MADISON AVENUE, RIVER EDGE, NJ 07661	DEVELOPMENT CONSULTING		X	400,000.	28,500.	371,500.
MICHELLE SORGEN - 1361 SOUTH SIERRA BONITA AVENUE, LOS HAYSE GROUP - 1874 BROOKTREE WAY, PLEASANTON, CA 94566	GRANTWRITING		X	161,000.	10,000.	151,000.
AMPLIFY,IMC - 241 56TH STREET NORTHEAST, WASHINGTON, DC	GRANTWRITING		X	110,000.	11,063.	98,937.
JMK CONSULTING - 3825 39TH AVENUE, OAKLAND, CA 94619	FUNDRAISING STRATEGY CONSULTANT		X	0.	21,000.	-21,000.
LOTUS CONSULTING - 325 SAN FRANCISCO BOULEVARD, SAN RBW STRATEGY, LLC - 5012 TOTHILL DRIVE, OLNEY, MD	DEVELOPMENT CONSULTING		X	0.	8,750.	-8,750.
	DONOR DEVELOPMENT PLANNING AND CONSULTATION		X	0.	42,700.	-42,700.
	FUNDRAISING STRATEGY CONSULTANT		X	0.	6,000.	-6,000.
Total				1,171,000.	200,513.	970,487.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		15TH ANNUAL 'B A HERO' CELEBRATION (event type)	CASTRO COUNTRY CLUB GALA (event type)	NONE (total number)	
Revenue	1	Gross receipts	108,053.	61,825.	169,878.
	2	Less: Contributions	83,053.	56,375.	139,428.
	3	Gross income (line 1 minus line 2)	25,000.	5,450.	30,450.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	4,295.		4,295.
	6	Rent/facility costs		5,251.	5,251.
	7	Food and beverages	40,605.	27,737.	68,342.
	8	Entertainment	750.	5,350.	6,100.
	9	Other direct expenses	8,654.	3,885.	12,539.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			96,527.
11	Net income summary. Subtract line 10 from line 3, column (d)			-66,077.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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: MICHELLE SORGEN

(I) ADDRESS OF FUNDRAISER:

1361 SOUTH SIERRA BONITA AVENUE, LOS ANGELES, CA 90019

(I) NAME OF FUNDRAISER: AMPLIFY, IMC

(I) ADDRESS OF FUNDRAISER:

241 56TH STREET NORTHEAST, WASHINGTON, DC 20019

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: LOTUS CONSULTING

(I) ADDRESS OF FUNDRAISER:

325 SAN FRANCISCO BOULEVARD, SAN ANSELMO, CA 94960

(I) NAME OF FUNDRAISER: RBW STRATEGY, LLC

(I) ADDRESS OF FUNDRAISER: 5012 TOTHILL DRIVE, OLNEY, MD 20832

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCORDA MUSIC-THANATOLOGY INSTITUTE - PO BOX 530883 - HENDERSON, NV 89012	86-3026785	501(C)(3)	9,931.	0.			SCHOLARSHIPS AND GENERAL OPERATING SUPPORT
ALLIANCE FOR GLOBAL JUSTICE 225 EAST 26TH STREET STE 1 TUCSON, AZ 85713	52-2094677	501(C)(3)	6,715.	0.			GENERAL OPERATING SUPPORT SUPPORT FOR THE CREATION OF ECONOMIC MOBILITY AND RACIAL EQUITY FOR LOW-WAGE WORKERS
ALLIED UP 3200 E. GUAISTI ROAD ONTARIO, CA 91761	84-4638822		450,000.	0.			SUPPORT FOR PROJECT LEAD THE WAY (PLTW) PROGRAMMING
ATHOL-ROYALSTON REGIONAL SCHOOL DISTRICT - 1062 PLEASANT ST - ATHOL, MA 13310	04-6006370		16,000.	0.			SUPPORT FOR THE RESILIENT COMMUNITIES AGENDA
BEYOND TOXICS 120 SHELTON MCMURPHEY BLVD SUITE 28 EUGENE, OR 97401	93-1294227	501(C)(3)	15,000.	0.			EXITED PROJECT GRANT DISBURSEMENT
BIG CAT SANCTURARY ALLIANCE 2842 MAIN STREET STE 131 GLASTONBURY, CT 06033	26-1676217	501(C)(3)	10,379.	0.			

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **51.**
- 3** Enter total number of other organizations listed in the line 1 table **33.**

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK MUSIC ENTREPRENEURSHIP INCUBATOR - 2781 TELEGRAPH AVE. - OAKLAND, CA 94612	85-4045973	501(C)(3)	10,000.	0.			SUPPORT FOR BLACK MEN'S WELLNESS FELLOWSHIP PROGRAM
BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA - 2200 VINE STREET, 151 PREM S. PAUL RESEARCH - LINCOLN, NE 68503	47-0049123	501(C)(3)	6,000.	0.			2024 MACARTHUR CIVIC JOURNALISM GRANT
BOISE STATE UNIVERSITY 1910 WEST UNIVERSITY DRIVE BOISE, ID 83725	82-0290701		42,975.	0.			2024 PATHWAY LOCAL DISSEMINATION GRANT
BRAINTREE PUBLIC SCHOOLS 348 POND STREET BRAINTREE, MA 02184	04-6001097		30,000.	0.			SUPPORT FOR PROJECT LEAD THE WAY (PLTW) PROGRAMMING
CAL POLY HUMBOLDT 1 HARPST STREET ARCATA, CA 95521	94-6050071	501(C)(3)	6,000.	0.			2024 MACARTHUR CIVIC JOURNALISM GRANT
CALIFORNIA STATE UNIVERSITY SAN MARCO CORPORATION - 333 SOUTH TWIN OAKS VALLEY ROAD - SAN MARCOS, CA 92096	80-0390564	501(C)(3)	35,000.	0.			2024 PATHWAY LOCAL DISSEMINATION GRANT
CANTON PUBLIC SCHOOLS 900 WASHINGTON STREET CANTON, MA 02111	04-6001105		10,000.	0.			SUPPORT FOR PROJECT LEAD THE WAY (PLTW) PROGRAMMING
CITY OF WORCHESTER 299 HIGHLAND ST WORCESTER, MA 01602	04-6001418		21,200.	0.			SUPPORT FOR PROJECT LEAD THE WAY (PLTW) PROGRAMMING
CLEMSON UNIVERSITY 230 KAPPA STREET CLEMSON, SC 29634	57-6000254		35,000.	0.			2024 PATHWAY LOCAL DISSEMINATION GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMUNIDADES PO BOX 950 HOOD RIVER, OR 97031	84-3334677	501(C)(3)	20,000.	0.			FOR THE PURPOSE OF HOSTING AN ONLINE OR IN-PERSON ENERGY JUSTICE COMMUNITY MEETING
CONFLUENCE:FOVA6.2 1109 EAST 5TH STREET VANCOUVER, WA 98661	75-3008926	501(C)(3)	14,850.	0.			FOR ILLUSTRATIONS AND SIGNAGE AT FORT VANCOUVER NATIONAL HISTORIC SITE
COUNCIL FOR INCLUSIVE CAPITALISM 909 3RD AVE UNIT 8343 NEW YORK, NY 10150-2134	83-4368823	501(C)(3)	37,917.	0.			SUPPORT FOR WORK RELATED TO THE TASKFORCE ON INEQUALITY AND SOCIAL-RELATED FINANCIAL
DEATH VALLEY NATURAL HISTORY ASSOCIATION - PO BOX 188 - DEATH VALLEY, CA 92328	95-2083126	501(C)(3)	18,340.	0.			PROVIDING SUPPORT FOR BENCHES, PICNIC TABLES, AND AN INFORMATION BOARD FOR THE FURNACE CREEK
DISCOVER YOUR NORTHWEST 164 S JACKSON STREET SEATTLE, WA 98104	91-0921955	501(C)(3)	5,250.	0.			HANDS-ON CULTURAL ITEMS FOR VISITOR USE AT NEZ PERCE NATIONAL HISTORICAL PARK
EMPORIA STATE UNIVERSITY 1 KELLOGG CIRCLE BOX 4052 EMPORIA, KS 66801	48-6088461	501(C)(3)	6,000.	0.			2024 MACARTHUR CIVIC JOURNALISM GRANT
FEATHER RIVER LAND TRUST 75 COURT STREET QUINCY, CA 95971	68-0449687	501(C)(3)	1,805,473.	0.			ADVANCING CONSERVATION PROJECTS IN SIERRA VALLEY AND THE BALD MOUNTAIN RANGE
FOXBOROUGH PUBLIC SCHOOLS 60 SOUTH STREET FOXBOROUGH, MA 02035	04-6001150		16,000.	0.			SUPPORT FOR PROJECT LEAD THE WAY (PLTW) PROGRAMMING
FRIENDS OF HAWAI'I VOLCANOES NATIONAL PARK - 1 CRATER RIM DRIVE - HAWAII NATIONAL PARK, HI 96718	31-1577169	501(C)(3)	150,620.	0.			SUPPORT FOR MATERIALS RELATED TO A LATRINE SYSTEM AT THE KAHUKU-POHUE UNIT OF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF WHISKEYTOWN, INC PO BOX 2 WHISKEYTOWN, CA 96095	46-0511279	501(C)(3)	73,469.	0.			SUPPORT FOR SHADE AT THE WHISKEYTOWN NATIONAL RECREATION AREA AMPHITHEATER
GENERAL ASSEMBLY SPACE, INC 915 BROADWAY, 3RD FLOOR NEW YORK, NY 10010	27-2807367		292,496.	0.			SUPPORT TO TRAIN HIGH-POTENTIAL ADULTS WITH BARRIERS TO EDUCATION AND EMPLOYMENT
GLOBAL PHILANTHROPY PROJECT 407 EAST AYRE STREET, #1049 WILMINGTON, DE 19805	92-0399631	501(C)(3)	922,734.	0.			EXITED PROJECT GRANT DISBURSEMENT
GOOD BROTHAS NETWORK 544 PEBBLE DRIVE EL SOBRANTE, CA 94803	13-4148824	501(C)(3)	10,000.	0.			SUPPORT FOR ACTIVITIES DESIGNED TO SUPPORT THE HEALTH AND WELLNESS OF THE ORGANIZATIONS LEADERS
GRAFTON PUBLIC SCHOOLS 30 PROVIDENCE ROAD GRAFTON, MA 01519	84-3782779	501(C)(3)	10,000.	0.			SUPPORT FOR PROJECT LEAD THE WAY (PLTW) PROGRAMMING
GRIOT THEATER COMPANY 150 HARBOR DRIVE #1103 SAUSALITO, CA 94965	85-3506544	501(C)(3)	45,000.	0.			SUPPORT FOR 2024 THEATER EXPLORATION AND COLLEGE TOUR IN NYC FOR MARIN CITY STUDENTS
HADLEY PUBLIC SCHOOLS 125 RUSSELL STREET HADLEY, MA 01035	04-6001166		14,000.	0.			SUPPORT FOR PROJECT LEAD THE WAY (PLTW) PROGRAMMING
HALEAKALA CONSERVANCY P.O. BOX 880878 PUKALANI, HI 96788	83-4385727	501(C)(3)	29,850.	0.			SUPPORT FOR TWO BIRDWATCHING STATIONS AT BACKCOUNTRY CABINS IN HALEAKALA NATIONAL PARK
HAWAI'I PACIFIC PARKS ASSOCIATION PO BOX 74 HAWAII NATIONAL PARK, HI 96718	99-6000894	501(C)(3)	38,812.	0.			PROVIDING SUPPORT FOR A MOBILE VISITOR CONTACT STATION FOR HAWAII VOLCANOES NATIONAL PARK

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAYMARKET BOOKS 800 WEST BUENA AVENUE CHICAGO, IL 60613	36-4400754	501(C)(3)	45,000.	0.			SUPPORT FOR FINALIZING A STRATEGIC PLAN THAT WILL BE USED TO RAISE SUPPORT AND SECURE FUNDING FOR
HOOSAC VALLEY REGIONAL SCHOOL DISTRICT - 125 SAVORY ROAD - CHESHIRE, MA 01225	04-2422135		6,800.	0.			SUPPORT FOR PROJECT LEAD THE WAY (PLTW) PROGRAMMING
HOPEDALE PUBLIC SCHOOLS 25 ADIN STREET HOPEDALE, MA 01747	04-6001185		16,000.	0.			SUPPORT FOR PROJECT LEAD THE WAY (PLTW) PROGRAMMING
HOUSE OF VICTORY FOUNDATION INC. 3146 RED HILL AVENUE SUITE 200A COSTA MESA, CA 92625	92-3520646		3,837,743.	0.			SUPPORT FOR PROMOTING AND FOSTERING CHARITABLE AND EDUCATIONAL COMMUNITY ACTIVITIES INCLUDING
IMMIGRANTS RISING 18 BARTOL STREET #1220 SAN FRANCISCO, CA 94133	86-3999163	501(C)(3)	20,000.	0.			EXITED PROJECT GRANT DISBURSEMENT
IMPACT OAKLAND 3701 TELEGRAPH AVENUE OAKLAND, CA 94609	86-3028142	501(C)(3)	10,000.	0.			SUPPORT FOR CIVIC ENGAGEMENT PROJECT
KING PHILIP REGIONAL SCHOOL DISTRICT - 18 KING STREET - NORFOLK, MA 02056	04-6006332		6,800.	0.			SUPPORT FOR PROJECT LEAD THE WAY (PLTW) PROGRAMMING
LEADERSHIP FOR EDUCATION EQUITY FOUNDATION - 25 BROADWAY, 12TH FLOOR - NEW YORK, NY 10004	20-8848357	501(C)(4)	55,000.	0.			FELLOWSHIP HOST
LEOMINSTER PUBLIC SCHOOLS 24 CHURCH STREET LEOMINSTER, MA 01453	04-6006004		10,000.	0.			SUPPORT FOR PROJECT LEAD THE WAY (PLTW) PROGRAMMING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIBERTY & LEGACY ERA 1764 BROADWAY AVENUE OAKLAND, CA 94612	47-4878985	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
LIVE FREE CHICAGO 4445 S KING DRIVE CHICAGO, IL 60653	81-5487128	501(C)(3)	70,000.	0.			TO PROVIDE SUPPORT TO LIVE FREE CHICAGO TO IMPROVE PUBLIC SAFETY AND TRANSFORM A BROKEN
MCGEE AVENUE BAPTIST CHURCH 1640 STUART STREET BERKELEY, CA 94703	13-4148824	501(C)(3)	25,000.	0.			PROVIDING SUPPORT FOR VIOLENCE INTERVENTION PROGRAMS FOR YOUTH DURING THE SUMMER
MIAMI UNIVERSITY 501 EAST HIGH STREET OXFORD, OH 45056	31-6402089	501(C)(3)	35,000.	0.			2024 PATHWAY LOCAL DISSEMINATION GRANT
MOORE IACOFANO GOLTSMAN, INC 800 HEARST AVENUE BERKELEY, CA 94710	95-6005575		18,900.	0.			SUPPORT FOR CALIFORNIA CHILD WELFARE CO-INVESTMENT PARTNERSHIP TO IMPROVE OUTCOMES IN
MOREHEAD STATE UNIVERSITY 207 HOWELL MCDOWELL ADMINISTRATIVE MOREHEAD, KY 40351	61-1014029		6,000.	0.			2024 MACARTHUR CIVIC JOURNALISM GRANT
NATIONAL CENTER FOR CIVIC INNOVATION - 121 6TH AVENUE, 6TH FL - NEW YORK, NY 10013	02-0590588	501(C)(3)	15,000.	0.			SUCCESS NATIONAL CONVENING
NATIONAL PARK SERVICE FORT VANCOUVER NATIONAL HISTORIC SITE - 800 HATHEWAY ROAD BLDG 722 - VANCOUVER, WA 98661	53-0197094		6,305.	0.			SUPPORT FOR FORT VANCOUVER NATIONAL HISTORIC SITE
NORTH DAKOTA STATE UNIVERSITY PO BOX 6050 NDSU DEP 3130 FARGO, ND 58108	45-6002439		6,000.	0.			2024 MACARTHUR CIVIC JOURNALISM GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON RURAL ACTION PO BOX 1231 LA GRANDE, OR 97850	03-0383463	501(C)(3)	35,000.	0.			FOR THE PURPOSE OF HOSTING AN ONLINE OR IN-PERSON ENERGY JUSTICE COMMUNITY MEETING.
ORGANIZATIONAL MYCOLOGY 6305 SOUTHEAST 91ST AVENUE PORTLAND, OR 97266	93-3170875		61,750.	0.			SUPPORT FOR PROJECT FOCUSED ON SUPPORTING OPEN SOURCE PROJECT TEAM MEMBERS BY DEVELOPING
OXFAM AMERICA-INC. 77 NORTH WASHINGTON STREET SUITE 50 BOSTON, MA 02114	23-7069110	501(C)(3)	10,800.	0.			SUPPORT FOR WORK RELATED TO THE TASKFORCE ON INEQUALITY AND SOCIAL-RELATED FINANCIAL
PACIFIC HISTORIC PARKS 94-1187 KA UKA BOULEVARD WAIPAHU, HI 96797	99-0194501	501(C)(3)	25,000.	0.			SUPPORT FOR A VIRTUAL EXHIBIT OF THE USS UTAH AT PEARL HARBOR NATIONAL MEMORIAL
PHILANTHROPIC VENTURES FOUNDATION 1222 PRESERVATION PARK WAY OAKLAND, CA 94612	94-3136771	501(C)(3)	10,000.	0.			SUPPORT FOR ISIAIN FOUNDATION RESPECT MY MIND EVENTS
PLATYPUS ADVISORS LLC 930 FAXON AVENUE SAN FRANCISCO, CA 94112	86-3346611		61,750.	0.			SUPPORT FOR BOARD.DEV FUND TO BUILD TECH CAPACITY IN THE NONPROFIT SECTOR BY LEVERAGING TECH
POSSIBILITY LABS 1410 FRANKLIN STREET, #135 SAN FRANCISCO, CA 94109	83-3989363		6,383.	0.			EXITED PROJECT GRANT DISBURSEMENT
PROJECT ON ORGANIZATION, DEVELOPMENT, EDUCATION AND RESEARCH - PO BOX 2086 - NEW YORK , NY 10013	13-1837418	501(C)(3)	10,800.	0.			SUPPORT FOR WORK RELATED TO THE TASKFORCE ON INEQUALITY AND SOCIAL-RELATED FINANCIAL
RADICAL MONARCHS 248 3RD STREET #455 OAKLAND, CA 94607	13-4148824	501(C)(3)	648,713.	0.			EXITED PROJECT GRANT DISBURSEMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REDWOOD PARKS CONSERVANCY 1111 2ND STREET CRESCENT CITY, CA 95531	68-0084901	501(C)(3)	29,800.	0.			PROVIDING SUPPORT FOR CANOE AND CONDOR EXHIBITS AT REDWOOD NATIONAL AND STATE PARKS
RESOURCES LEGACY FUND 400 CAPITOL MALL SUITE 2150 SACRAMENTO, CA 95814	95-4703838	501(C)(3)	14,350.	0.			TO SUPPORT THE WILDFIRE RESILIENT LANDSCAPES AND COMMUNITIES PROJECT
ROCKPORT PUBLIC SCHOOLS 26 JERDEN'S LANE ROCKPORT, MA 01966	04-6001282		16,000.	0.			SUPPORT FOR PROJECT LEAD THE WAY (PLTW) PROGRAMMING
SANTA MONICA MOUNTAINS FUND 401 WEST HILLCREST DRIVE THOUSAND OAKS, CA 91360	95-4187832	501(C)(3)	12,500.	0.			SUPPORTING THE PURCHASE OF MATERIALS FOR THE CHEESEBORO TRAIL BRIDGE AT SANTA MONICA MOUNTAINS
SHREWSBURY PUBLIC SCHOLLS 100 MAPLE AVENUE SHREWSBURY, MA 01545	04-6001300		25,600.	0.			SUPPORT FOR PROJECT LEAD THE WAY (PLTW) PROGRAMMING
SIERRA BUSINESS COUNCIL PO BOX 2428 TRUCKEE, CA 96160	68-0397204	501(C)(3)	36,332.	0.			TO SUPPORT THE WILDFIRE RESILIENT LANDSCAPES AND COMMUNITIES PROJECT
SING FOR CHANGE 9605 NUTHATCH DRIVE FAIRFAX STATION, VA 22039	65-0565248	501(C)(3)	29,250.	0.			SUPPORT FOR THE ANTI-DEATH PENALTY PROJECT
SOUTHBRIDGE PUBLIC SCHOOLS 25 COLE AVE SOUTHBRIDGE, MA 01550	04-6001306		10,000.	0.			SUPPORT FOR PROJECT LEAD THE WAY (PLTW) PROGRAMMING
TEWKSBURY PUBLIC SCHOOLS 139 PLEASANT STREET TEWKSBURY, MA 01876	04-6001322		16,000.	0.			SUPPORT FOR PROJECT LEAD THE WAY (PLTW) PROGRAMMING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTER FOR CULTURAL POWER 2648 INTERNATIONAL BLVD, STE 115 #1 OAKLAND, CA 94601	45-3154473	501(C)(3)	15,000.	0.			SUPPORT FOR THE CENTER'S NARRATIVE CHANGE WORK IN OAKLAND, CA
THE CHISHOLM LEGACY PROJECT 300 EAST LOMBARD STREET SUITE 840 BALTIMORE, MD 21202	13-4148824	501(C)(3)	54,616.	0.			EXITED PROJECT GRANT DISBURSEMENT
THE NATURE CONSERVANCEY 830 S STREET SACRAMENTO, CA 95811	53-0242652	501(C)(3)	49,855.	0.			TO SUPPORT THE WILDFIRE RESILIENT LANDSCAPES AND COMMUNITIES PROJECT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, UC BERKELY - 16 SPROUL HALL #1960 - BERKELY, CA 94720-1960	94-6002123	501(C)(3)	11,250.	0.			NEW BUSINESS COMMUNITY LAW CENTER GRANT
THE UNIVERSITY OF NORTH CAROLINA PO BOX 402420 ATLANTA, GA 30384-2420	56-6001393	501(C)(3)	20,000.	0.			POLICY ENGAGEMENT ON RESEARCH RELATED TO PUBLIC HEALTH BENEFITS OF DROP-IN FUELS
THE UNIVERSITY OF WITWATERSRAND FUND - PO BOX 7101 - NEW YORK, NY 10150	13-3902012	501(C)(3)	42,750.	0.			PROVIDE SUPPORT FOR RESEARCH FROM A GLOBAL SOUTH PERSPECTIVE THAT WILL HELP INFORM THE
THE UNIVERSITY OF SOUTHERN MISSISSIPPI - 118 COLLEGE DRIVE #5157 - HATTIESBURG, MS 39406	64-6000818	501(C)(3)	35,000.	0.			2024 PATHWAY LOCAL DISSEMINATION GRANT
TOWN OF FRANKLIN - 355 EAST CENTRAL STREET SUIRE 3 FRANKLIN, MA 02038	04-6001152		20,800.	0.			SUPPORT FOR PROJECT LEAD THE WAY (PLTW) PROGRAMMING
TOWN OF SANDWICH 270 QUAKER MEETINGHOUSE ROAD SANDWICH, MA 02537	04-6001290		10,000.	0.			SUPPORT FOR PROJECT LEAD THE WAY (PLTW) PROGRAMMING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF SCITUATE 600 CHIEF JUSTICE HIGHWAY SCITUATE, MA 02066	04-6001293		16,000.	0.			SUPPORT FOR PROJECT LEAD THE WAY (PLTW) PROGRAMMING
UC DAVIS INSTITUTE OF TRANSPORTATION STUDIE - ONE CHIELDS AVE - DAVIS, CA 95616	94-6036494		20,000.	0.			SUPPORT FOR FEDERAL POLICY AND PUBLIC ENGAGEMENT IN HIGHLIGHTING THE POLICY
UNIVERSITY OF ARKANSAS 1 UNIVERSITY OF ARKANSAS FAYETTEVILLE, AR 72701	71-6003252		6,000.	0.			2024 MACARTHUR CIVIC JOURNALISM GRANT
UNIVERSITY OF THE PACIFIC 3601 PACIFIC AVE STOCKTON, CA 95211	94-1156266	501(C)(3)	44,796.	0.			SUPPORT FOR THE ACTIVITIES OF BREAKING BARRIERS
VOICE BUFFALO 2495 MAIN STREET SUITE 547 BUFFALO, NY 14214	13-4148824	501(C)(3)	54,500.	0.			GENERAL OPERATING SUPPORT
WESTFIELDS STATE UNIVERSITY 577 WESTERN AVENUE WESTFIELD, MA 01086	04-3062617		6,000.	0.			2024 MACARTHUR CIVIC JOURNALISM GRANT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SEED ENTREPRENEURSHIP GRANTS	259	1,500,000.	0.		
FELLOWSHIPS	10	78,819.	0.		
MENTAL HEALTH CAREER PROGRAM GRANTS	24	44,400.	0.		
PRE-LAW FUND SCHOLARSHIPS	10	25,000.	0.		
TRANS EMERGENCY RELIEF GRANTS	45	21,905.	0.		

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

PART I, LINE 2:

GRANTS TO GOVERNMENTS AND ORGANIZATIONS IN THE UNITED STATES:

A HANDFUL OF COMMUNITY INITIATIVES' FISCALLY SPONSORED PROJECTS MAKE

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

IT THEN REVIEWS APPLICATIONS FOR FUNDING. THESE APPLICATIONS ARE REVIEWED

BY IMPARTIAL, QUALIFIED DECISIONMAKERS. GRANTS ARE AWARDED THROUGH A

WRITTEN GRANT AGREEMENT WHICH DETAILS THE TERMS AND REPORTING REQUIREMENTS.

EACH PROJECT MONITORS ITS GRANT AWARDS THROUGH PERIODIC REPORTS AND

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

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PRW LEGACY SCHOLARSHIP	2.	10,000.	0.		
SUSTAINABLE AGRICULTURE PROJECT GRANTS	2.	8,324.	0.		

Part IV Supplemental Information

REPORTS ON MATCHING REQUIREMENTS, WHERE APPLICABLE.

GRANTS TO DOMESTIC INDIVIDUALS:

THOROUGH DUE DILIGENCE IS CONDUCTED IN ADVANCE OF FUNDING TO DETERMINE

WHETHER A RECIPIENT WILL BE AN APPROPRIATE GRANTEE. ALL GRANTEES ARE

NOTIFIED OF THE TERMS AND CONDITIONS OF EACH GRANT SHOULD IT BE AWARDED AND

GRANTEES INDICATE ACCEPTANCE BY SIGNATURE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: COUNCIL FOR INCLUSIVE CAPITALISM

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR WORK RELATED TO THE

TASKFORCE ON INEQUALITY AND SOCIAL-RELATED FINANCIAL DISCLOSURES

NAME OF ORGANIZATION OR GOVERNMENT:

DEATH VALLEY NATURAL HISTORY ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDING SUPPORT FOR BENCHES,

PICNIC TABLES, AND AN INFORMATION BOARD FOR THE FURNACE CREEK VISITOR

CENTER AREA

NAME OF ORGANIZATION OR GOVERNMENT:

FRIENDS OF HAWAI'I VOLCANOES NATIONAL PARK

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR MATERIALS RELATED TO A

LATRINE SYSTEM AT THE KAHUKU-POHUE UNIT OF HAWAI'I VOLCANOES NATIONAL

PARK

NAME OF ORGANIZATION OR GOVERNMENT: GENERAL ASSEMBLY SPACE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TO TRAIN HIGH-POTENTIAL

ADULTS WITH BARRIERS TO EDUCATION AND EMPLOYMENT AND SECURE THEM

Part IV Supplemental Information

EMPLOYMENT IN HIGH-WAGE, HIGH-GROWTH JOBS IN THE DIGITAL ECONOMY

NAME OF ORGANIZATION OR GOVERNMENT: HAYMARKET BOOKS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR FINALIZING A STRATEGIC

PLAN THAT WILL BE USED TO RAISE SUPPORT AND SECURE FUNDING FOR THE MUSEUM

NAME OF ORGANIZATION OR GOVERNMENT: HOUSE OF VICTORY FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR PROMOTING AND FOSTERING

CHARITABLE AND EDUCATIONAL COMMUNITY ACTIVITIES INCLUDING PUBLIC SPEAKING

AND ATHLETIC CAMPS, UTILIZING THE ACTIVE PARTICIPATION OF

STUDENT-ATHLETES AND PROVIDES A FORUM FOR FUTURE GENERATIONS TO GROW AND

DEVELOP IN THEIR AREAS OF PASSION WHILE EMPHASIZING THE IMPORTANCE OF

CHARITABLE AND COMMUNITY INVOLVEMENT

NAME OF ORGANIZATION OR GOVERNMENT: LIVE FREE CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT TO LIVE FREE

CHICAGO TO IMPROVE PUBLIC SAFETY AND TRANSFORM A BROKEN CRIMINAL JUSTICE

SYSTEM.

NAME OF ORGANIZATION OR GOVERNMENT: MOORE IACOFANO GOLTSMAN, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR CALIFORNIA CHILD WELFARE

CO-INVESTMENT PARTNERSHIP TO IMPROVE OUTCOMES IN THE CALIFORNIA CHILD

WELFARE SYSTEM

NAME OF ORGANIZATION OR GOVERNMENT: ORGANIZATIONAL MYCOLOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR PROJECT FOCUSED ON

SUPPORTING OPEN SOURCE PROJECT TEAM MEMBERS BY DEVELOPING RESOURCES,

TRAININGS, AND A COMMUNITY OF PRACTICE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: OXFAM AMERICA-INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR WORK RELATED TO THE TASKFORCE ON INEQUALITY AND SOCIAL-RELATED FINANCIAL DISCLOSURES

NAME OF ORGANIZATION OR GOVERNMENT: PLATYPUS ADVISORS LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR BOARD,DEV FUND TO BUILD TECH CAPACITY IN THE NONPROFIT SECTOR BY LEVERAGING TECH INDUSTRY LEADERS IN TECH GOVERNANCE BOARD ROLES

NAME OF ORGANIZATION OR GOVERNMENT:

PROJECT ON ORGANIZATION, DEVELOPMENT, EDUCATION AND RESEARCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR WORK RELATED TO THE TASKFORCE ON INEQUALITY AND SOCIAL-RELATED FINANCIAL DISCLOSURES

NAME OF ORGANIZATION OR GOVERNMENT: SANTA MONICA MOUNTAINS FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING THE PURCHASE OF MATERIALS FOR THE CHEESEBORO TRAIL BRIDGE AT SANTA MONICA MOUNTAINS NATIONAL RECREATION AREA

NAME OF ORGANIZATION OR GOVERNMENT: THE UNIVERSITY OF WITWATERSRAND FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE SUPPORT FOR RESEARCH FROM A GLOBAL SOUTH PERSPECTIVE THAT WILL HELP INFORM THE EFFECTIVENESS OF THE PROPOSED TASKFORCE ON INEQUALITY AND SOCIAL-RELATED FINANCIAL DISCLOSURES (TISFD)

NAME OF ORGANIZATION OR GOVERNMENT:

UC DAVIS INSTITUTE OF TRANSPORTATION STUDIE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR FEDERAL POLICY AND

PUBLIC ENGAGEMENT IN HIGHLIGHTING THE POLICY IMPLICATIONS OF RESEARCH ON

ELECTRIC VEHICLES AND GRID READINESS

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

COMMUNITY INITIATIVES

Employer identification number

94-3255070

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RUTH WILLIAMS CEO	(i)	377,723.	0.	0.	42,288.	7,708.	427,719.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CARL TAIBL CFO	(i)	234,660.	4,000.	0.	61,714.	19,450.	319,824.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MAMIE FUNAHASHI VP STRATEGIC PARTNERSHIPS	(i)	262,308.	8,000.	0.	28,259.	10,638.	309,205.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SAMANTHA TRAN EXECUTIVE DIR., CAL POLICY COLLAB.	(i)	265,582.	0.	0.	31,536.	4,709.	301,827.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID MCGEE VP HR & OPERATIONS	(i)	230,038.	8,000.	0.	39,100.	8,334.	285,472.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LUCY BLAKE PRESIDENT, NPS	(i)	199,136.	0.	0.	38,222.	6,402.	243,760.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KATHLEEN BOLTS VP OF CLIENT SERVICES	(i)	190,550.	8,000.	0.	30,119.	7,012.	235,681.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) HEDY CHANG EXECUTIVE DIR., ATTENDANCE WORKS	(i)	170,976.	4,300.	0.	38,055.	14,744.	228,075.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MARK BROMLEY COUNCIL CHAIR, COUNCIL FOR GLOBAL EQ	(i)	167,035.	10,000.	0.	20,753.	17,134.	214,922.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MICHAEL MCBRIDE EXECUTIVE DIR., LIVE FREE	(i)	193,250.	0.	0.	12,000.	750.	206,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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	X	7	9,150.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		69,999.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	152,862.	FMV
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	X	12	9,600.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (EMERGENCY PREP)	X	4	13,464.	FMV
26 Other (VACCINATIONS)	X	1	5,450.	FMV
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

COMMUNITY INITIATIVES

Employer identification number

94-3255070

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

SUPPORT FOR MISSION-DRIVEN PROJECTS:

TO HELP OUR PROJECTS THRIVE, COMMUNITY INITIATIVES PROVIDES ESSENTIAL

SUPPORT SERVICES THAT STRENGTHEN THEIR CAPACITY TO DELIVER ON THEIR

MISSIONS. THIS INCLUDES FINANCIAL OVERSIGHT TO ENSURE THE RESPONSIBLE

MANAGEMENT OF GRANT REVENUES, COMPLIANCE WITH DONOR REQUIREMENTS, AND

PROGRAMMATIC REPORTING. WE ALSO SUPPORT THE PEOPLE BEHIND OUR PROJECTS

BY PROVIDING ACCESS TO EMPLOYEE BENEFITS, RETIREMENT PROGRAMS, AND

RESOURCES THAT ENABLE EFFECTIVE PROJECT OPERATIONS. THROUGH THESE

SERVICES, COMMUNITY INITIATIVES ENSURES THAT OUR SPONSORED PROJECTS CAN

FOCUS ON CREATING MEANINGFUL CHANGE IN THE COMMUNITIES THEY SERVE.

CHARITABLE SPONSORSHIP AND GRANTMAKING ACTIVITIES:

COMMUNITY INITIATIVES SPONSORS CHARITABLE PROJECTS THROUGHOUT THE U.S.

THAT MEET DIVERSE COMMUNITY NEEDS AND CONTRIBUTE TO THE PUBLIC GOOD.

OUR PROJECTS WORK IN PROGRAM AREAS INCLUDING SOCIAL JUSTICE,

ENVIRONMENTAL PROTECTION, YOUTH DEVELOPMENT, ARTS & CULTURE, HEALTH,

AND EDUCATION. ADDITIONALLY, COMMUNITY INITIATIVES MAKES GRANTS TO

ORGANIZATIONS AND PROJECTS THAT ADVANCE OUR CHARITABLE AND EDUCATIONAL

MISSION, SUPPORTING BOTH MODEL A AND MODEL C FISCALLY SPONSORED

PROJECTS. WE MANAGE PHILANTHROPIC RELATIONSHIPS WITH NEARLY 400

INSTITUTIONAL DONORS, PROCESS THOUSANDS OF DONATIONS AND GRANTS

ANNUALLY, AND ENSURE THAT ALL FUNDS ARE USED TO SUPPORT IMPACTFUL

PROGRAMS ALIGNED WITH OUR MISSION.

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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization COMMUNITY INITIATIVES	Employer identification number 94-3255070
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AFTER THE DRAFT FORM 990 WAS PREPARED, IT WAS DISTRIBUTED TO THE BOARD OF DIRECTORS AND SENIOR MANAGEMENT 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 OFFICERS, DIRECTORS, AND KEY EMPLOYEES UPDATE THEIR FORMS FOR THE FOLLOWING YEAR. POTENTIAL CONFLICTS ARE REVIEWED AND DETERMINED BY THE BOARD OR A COMMITTEE IN A MEETING THAT DOES NOT INCLUDE THE PERSON UNDER REVIEW. IF A CONFLICT EXISTS, THE BOARD OR COMMITTEE SHALL DECIDE WHETHER TO ENTER ANY PROPOSED TRANSACTION AND, IF SO, TO ENSURE THAT THE TERMS OF THE TRANSACTION ARE REASONABLE. IF A DIRECTOR IS INVOLVED, THE DIRECTOR SHALL NOT VOTE ON ANY TRANSACTION IN WHICH THE DIRECTOR HAS AN INTEREST, AND THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE THE MATTER.

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

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

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

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

Name of the organization COMMUNITY INITIATIVES	Employer identification number 94-3255070
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FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST

POLICY ARE MADE AVAILABLE UPON REQUEST DURING REGULAR BUSINESS HOURS AND

WHEN APPROPRIATE STAFF IS AVAILABLE. THESE DOCUMENTS ARE AVAILABLE FOR THE

SAME PERIOD OF TIME SET FORTH IN SEC. 6104(D). AN ANNUAL REPORT IS

PUBLISHED WHICH INCLUDES A SUMMARY OF THE INDEPENDENT AUDIT. THIS REPORT IS

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

GENERAL PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET ASSETS FROM 22 NEWLY INCORPORATED FISCAL SPONSORSHIP

PROJECTS	6,108,294.
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FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION

PROCESS DURING THE TAX YEAR.