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CLIENT'S COPY

			** PUBLIC DISCLOSURE CO	PY **		
	Ω	00	Return of Organization Exempt F	rom I	ncome Tax	OMB No. 1545-0047
For	тIJ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (	Code (exc	ept private foundation	s) <b>2019</b>
•		uary 2020)	Do not enter social security numbers on this form a	as it may b	e made public.	Open to Public
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the second seco			Inspection
A	For th	e 2019 calend	ar year, or tax year beginning $ m JUL1$ , $2019$ and e	nding J	UN 30, 2020	
	Check if applicat	ble: <b>C</b> Name of	forganization		D Employer identific	ation number
	Addr chan		CORPS			
	Name Chan	ge Doing b	usiness as		94-294106	8
	Initia returi Final returi	Number	and street (or P.O. box if mail is not delivered to street address) R MYRTLE STREET	Room/suite	E Telephone number 510-992-7	800
	termi	n –	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	8,881,007.
	Amer	oAKL	AND, CA 94607-2507		H(a) Is this a group ret	um
			nd address of principal officer:NITA KIRBY		for subordinates?	Yes X No
	pend	SAME	AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No
		empt status:		· 527	If "No," attach a li	st. (see instructions)
			CVCORPS.ORG		H(c) Group exemption	
		-	X Corporation Trust Association Other ►	L Year (	of formation: 1983 M	State of legal domicile: CA
Pa	art I					<u> </u>
e	1	Briefly describ	e the organization's mission or most significant activities: SEE A	TTACH	ED SCHEDULE	0
Activities & Governance						
verr	2		x Lift the organization discontinued its operations or dispose		1 1	sets. 9
ĝ	3					9
ა ა	4		lependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2019 (Part V, line 2a)			218
itie	6		of volunteers (estimate if necessary)		35	
Stiv			d business revenue from Part VIII, column (C), line 12		0.	
Ă			business taxable income from Form 990-T, line 39			0.
	<u> </u>				Prior Year	Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)		3,623,574.	3,569,753.
Revenue	9		ce revenue (Part VIII, line 2g)		5,077,103.	5,233,408.
eve	10	-	come (Part VIII, column (A), lines 3, 4, and 7d)		2.	24,000.
£	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,496.	53,846.
	12	Total revenue	8,713,175.	8,881,007.		
	13	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$		5,585,329.	5,751,497.
sue	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	. <u></u> L	0.	0.
Expenses	b	Total fundrais	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) $\blacktriangleright$ 439,15	7.		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,927,063.	2,872,194.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,512,392.	8,623,691.
	19	Revenue less	expenses. Subtract line 18 from line 12		200,783.	257,316.
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year
Bala	20	Total assets (I			4,201,017.	5,588,303.
let A	21		(Part X, line 26)		616,162. 3,584,855.	<u>1,746,132</u> 3,842,171.
		Net assets or	fund balances. Subtract line 21 from line 20		5,504,055.	3,042,1/1.
		-	I declare that I have examined this return, including accompanying schedules a	and statem	ante and to the best of my	knowledge and belief it is
			. Declaration of preparer (other than officer) is based on all information of whic			הווטשובטטב מווט שבוובו, וג וא
u u6	,			στηρισμαίσι		
Sig	n	Signatur	e of officer		Date	
Her		· ·	A NICHOLAS, EXECUTIVE DIRECTOR			
	-		print name and title			

	Print/Type preparer's name	Preparer's signature	Date Check PTIN								
Paid	DAVID M. BOTT		01/12/21 <sup>if</sup> P01295922								
Preparer	Firm's name 🕨 WMB2, LLP		Firm's EIN 🕨 26-3789391								
Use Only	Firm's address 101 LARKSPUR LAN										
	LARKSPUR, CA 949	39-1750	Phone no. <b>4</b> 15 – 925 – 1120								
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)										
020001 01 0	and a second state of the										

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2019)

	990 (2019) CIVICORPS t III Statement of Program Service Accomplishments	94-2941068 <sub>P</sub>
1 41	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	CIVICORPS' MISSION IS TO RE-ENGAGE YOUNG ADULTS, AGE 18	-26, TO EARN
	THEIR HIGH SCHOOL DIPLOMAS, GAIN JOB SKILLS, PURSUE COLD	
	EMBARK ON FAMILY SUSTAINING CAREERS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	
	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?	
	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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses, and
4	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 6,640,775. including grants of \$ ) (Revenue)	
4a	(Code:) (Expenses \$ 6,640,775. including grants of \$) (Revenue PAID JOB TRAINING: UPON COMPLETION OF A BASELINE OF ONB	
	ACTIVITIES, PARTICIPANTS CAN ADVANCE TO PAID JOB TRAININ	
	WORKING FULL OR PART-TIME ON CREWS AT OUR ENVIRONMENTAL	-
	SOCIAL ENTERPRISE, GAINING OCCUPATIONAL SKILLS, SOFT SKI	ILLS, AND
	INDUSTRY CERTIFICATIONS. THOSE WHO EARN THEIR HIGH SCHOOL	
	AT CIVICORPS OR COME TO CIVICORPS WITH THEIR HIGH SCHOOL	
	ELIGIBLE TO WORK AS PRE-APPRENTICES IN OUR RECYCLING SO	
	EARNING THEIR CLASS B COMMERCIAL DRIVER'S LICENSE AND P	
	LUCRATIVE, UNION CAREERS. CIVICORPS ALSO OFFERS MANY O	
	INTERNSHIP OPPORTUNITIES IN VARIOUS OTHER FIELDS FOR THE SCHOOL DIPLOMA.	JSE WITH A HIG
	SCHOOL DIFLOMA.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	·• *
-10	HIGH SCHOOL DIPLOMA: STUDENTS IN OUR HIGH SCHOOL DIPLOM	
	IN PERSONALIZED ACADEMICS WHILE RECEIVING TRAUMA-INFORM	
	AND COLLEGE AND CAREER SUPPORT.	
	EXPENSES AND REVENUES ARE INCLUDED IN THE ABOVE PAID JO	B TRAINING
	PROGRAM	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	ue \$
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses <b>6</b> , 640, 775.	/
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 Form 990 (2019)
 CIVICORPS

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		162	
•		1	х	
2	It "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
-	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ũ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<b>v</b>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		x
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 23
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.0		<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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Form 990 (2019) CIVICORPS
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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	056		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		- 23
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
<b>0</b> -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	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</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 57			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		_	
	(gambling) winnings to prize winners?	1c	X	
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Form 990	
Part V	Sta

019) CIVICORPS Statements Regarding Other IRS Filings and Tax Compliance (continued)

1 61									
0-	Enter the number of employees reported on Form W/2. Transmittel of Wage and Tay Statements		Yes	No					
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 218								
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х						
D	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20							
32									
	<ul> <li>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O</li> </ul>								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b							
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x					
h	If "Yes," enter the name of the foreign country	та							
D.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
•••	any contributions that were not tax deductible as charitable contributions?	6a		x					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h									
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
d h	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against								
D	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12u							
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
с	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								

Form **990** (2019)

	990 (2019) CIVICORPS		94-2941			ag
	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	-		"No" r		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	O. See ii	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					
ec	tion A. Governing Body and Management					-
			c		Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	-	2		
	If there are material differences in voting rights among members of the governing body, or if the governing	1 1				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		0			
	Enter the number of voting members included on line 1a, above, who are independent	[ 1b ]		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					
~	officer, director, trustee, or key employee?			2		┝
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		╀
4	Did the organization make any significant changes to its governing documents since the prior Form			4		╀
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		┝
6	Did the organization have members or stockholders?			6		┝
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			_		
	more members of the governing body?			7a		┝
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, a			<b>_</b> .		
~	persons other than the governing body?	or by #6 -	following	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				х	L
	The governing body?			8a	X	╀
b	Each committee with authority to act on behalf of the governing body?			8b	Λ	┝
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reading the particular of the partic					l
~~~	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		L
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)		Vee	Т
<b>^</b> -				40-	Yes	╀
	Did the organization have local chapters, branches, or affiliates?			10a		┞
b	If "Yes," did the organization have written policies and procedures governing the activities of such o					l
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	v	╞
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befor	e filing the form?	11a	Х	ŀ
-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v	l
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	┞
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rist			12b	Х	╞
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				v	l
	in Schedule O how this was done			12c	X	Ļ
3	Did the organization have a written whistleblower policy?			13	X	Ļ
4	Did the organization have a written document retention and destruction policy?			14	Х	L
5	Did the process for determining compensation of the following persons include a review and approv		dependent			L
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	Х	L
b	Other officers or key employees of the organization			15b		L
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					l
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	th a			
	taxable entity during the year?			16a		L
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its pa	articipation			l
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization	's			l
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-	T (Section 501(c)(	3)s only	r) avai	la
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	on Sch	edule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict o	f interest policy, a	nd finai	ncial	
	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 bo	oks and	d records 🕨			
	THE ORGANIZATION - 510-992-7800					
	101 MYRTLE STREET, OAKLAND, CA 94607-2507					
32000	5 01-20-20			Form	990	(2
	6					
30	112 718997 90086 2019.05020 CIVICORPS			900	)86	

Part VII	Compensation of Officers,	Directors, Trust	ees, Key Employees	, Highest Compensated
	Employees, and Independe	ent Contractors		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)					
Name and title	Average	Position (do not check more than one			than	one	Reportable	Reportable	Estimated		
	hours per	box	box, unless perso		ess person is both an		h an	compensation	compensation	amount of	
	week		fficer and a director/trustee)		. from	from related	other				
	(list any	irecto						the	organizations	compensation	
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	ruste	l trus		ee,	npen		(00-2/1033-10100)		and related	
	below	d ual t	utiona	_	mploy	st col	ar.			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			U	
(1) NITA KIRBY	4.00										
PRESIDENT		Х		Х				0.	0.	0.	
(2) STEVEN HANSON	4.00										
VICE PRESIDENT		Х		Х				0.	Ο.	0.	
(3) JOEL ROGERS	1.00										
MEMBER		Х						0.	Ο.	0.	
(4) ROBBIE YOHAI	1.00										
MEMBER		Х						0.	Ο.	0.	
(5) ERIC PREMACK	1.00										
MEMBER		Х						0.	0.	0.	
(6) AMY SLATER	1.00										
MEMBER		Х						0.	0.	0.	
(7) AJA COOPER	1.00										
MEMBER		Х						0.	0.	0.	
(8) GARY LYLA	1.00										
MEMBER		Х						0.	0.	0.	
(9) EDUARDO CHAIDEZ	1.00										
MEMBER		Х						0.	0.	0.	
(10) BRIAN HICKEY	40.00										
CHIEF FINANCIAL OFFICER				Х				129,365.	0.	0.	
(11) TESSA NICHOLAS	40.00										
EXECUTIVE DIRECTOR				Х				117,295.	0.	0.	
(12) WENDY WANG	40.00										
CONTROLLER						Х		110,705.	0.	0.	
(13) RACHEL EISNER	40.00										
DIRECTOR OF DEVELOPMENT AND COMMUNIC						Х		120,053.	0.	0.	
932007 01-20-20										Form <b>990</b> (2019)	

932007 01-20-20

	990 (2019) CIVICORPS									94-29	41(	068	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C						
	(A) Name and title	<b>(B)</b> Average hours per week (list any	box offic	not c , unle	Pos heck ss pe	more rson	than is bot pr/trus	h an	(D) Reportable compensation from the	(E) Reportable compensatior from related organizations		an	(F) timate nount o other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fr orga and	om the anizati d relate anizatio	e ion ed
			<u> </u>	드	Of	Ke	도등	Eo						
	Subtotal								477,418.		0.			0.
	Subtotal Total from continuation sheets to Part VI								0.		0.			0.
d	Total (add lines 1b and 1c)								477,418.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable	Э			4
													Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>	uch individual					· · · · · · ·					3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" CO	mple	ete S	Sche	edule	ə J f	for such individual	-		4		x
5 Sec	rendered to the organization? <i>If "Yes," com</i> tion <b>B. Independent Contractors</b>								<b>v</b>			5		X
1	Complete this table for your five highest con										pensa	ation f	rom	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (B) Name and business address NONE Description of services C							Co	<b>(C</b> omper	<b>;)</b> nsatior				
								_						
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lii	mite	d to	tho (	se li: 0	stec	d above) who received n	nore than				
											I	Form 9	<b>990</b> (2	2019)

Forr	n 99	0 (2	2019) CIVICORPS				94-2941	068 Page 9
Pa	rt \	VIII	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lir				
					(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
Am 0,0		с	Fundraising events 1c		]			
Gift İlar		d	Related organizations					
Simi,				664,626.				
er S		f	All other contributions, gifts, grants, and					
G t f f f			similar amounts not included above 1f	905,127.	-			
ind.		-	Noncash contributions included in lines 1a-1f	<b>&gt;</b>	3,569,753.			
<u>a O</u>		n	Total. Add lines 1a-1f	Business Code	5,509,755.			
đ	<u> </u>	а	CONTRACT REVENUES		4,501,954.	4 501 954.		
Program Service Revenue	2	b	CHARTER SCHOOL REVENUE	611110	731,454.			
Ser		c			,	,		
am eve		d						
- Bo		е						
ሻ		f	All other program service revenue					
		g	Total. Add lines 2a-2f		5,233,408.			
	3		Investment income (including dividends, inter					
			other similar amounts)					
	4		Income from investment of tax-exempt bond					
	5		Royalties	(ii) Personal				
	6	а		(ii) i ciocitai	1			
	ľ	b	Gross rents					
		č	Rental income or (loss) 6c					
		d	Net rental income or (loss)	<b>&gt;</b>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>	24,000.				
•		b	Less: cost or other basis					
venue			and sales expenses 7b	0.	-			
<b>(</b> )			Gain or (loss) 7c	24,000.	24 000			24 000
er Re			Net gain or (loss) Gross income from fundraising events (not	····· ►	24,000.			24,000.
Other	8	а	including \$ of					
Ŭ			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	<b>&gt;</b>				
		a	Gross sales of inventory, less returns and allowances 10a					
		h	Less: cost of goods sold					
			Net income or (loss) from sales of inventory	-				
ω				Business Code				
Miscellaneous Revenue	11	а	OTHER	561000	53,846.	53,846.		
lane		b						
Sev		с						
Mis			All other revenue	Ļ	E2 04C			
			Total. Add lines 11a-11d		53,846. 8,881,007.		0.	24,000.
93200	12		Total revenue. See instructions	▶	0,001,007.	5,201,254.		Form <b>990</b> (2019)
30200	່ອ່ປີ	ı-∠U	-20					

# CIVICORPS

Secti	ion 501(c)(3) and 501(c)(4) organizations must com	piete all columns. All oth	er organizations must co	omplete column (A).	······
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	000 640	105 640	00.005	100 640
	trustees, and key employees	283,649.	127,642.	28,365.	127,642
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	4,725,558.	3,742,750.	777,980.	204,828
8	Pension plan accruals and contributions (include	~~	40 -00		40 -00
	section 401(k) and 403(b) employer contributions)	83,748.	40,502.	30,738.	12,508
9	Other employee benefits	288,940.	209,215.	61,149.	18,576
10	Payroll taxes	369,602.	287,401.	57,531.	24,670
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	459,128.	161,050.	273,131.	24,947
12	Advertising and promotion				
13	Office expenses	69,295.	57,981.	3,962.	7,352.
14	Information technology				
15	Royalties				
16	Occupancy	680,986.	476,165.	204,821.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings	60,583.	44,185.	10,849.	5,549
20	Interest	8,119.	2,995.	5,124.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	251,347.	251,347.		
23	Insurance	29,910.	11,334.	18,576.	
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 0.)				
а	FLEET	497,306.	497,306.		
b	SUPPLIES	323,333.	316,499.	5,196.	1,638
6	WORKERS COMP INSURANCE	191,211.	184,324.	4,811.	2,076
d	CORPSMEMBER ENRICHMENT	111,216.	111,216.	_,	_ / • · •
	All other expenses	189,760.	118,863.	61,526.	9,371
25	Total functional expenses. Add lines 1 through 24e	8,623,691.	6,640,775.	1,543,759.	439,157
26	Joint costs. Complete this line only if the organization	-,	.,	, ,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

932010 01-20-20

10430112 718997 90086

Check here

educational campaign and fundraising solicitation.

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

Form **990** (2019)

		2019) CIVICORPS				94-	2941068 Page 11
Par	τΧ	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
<u> </u>		<b>2</b> • • • • • •			403,741.		1,391,389.
	1	Cash - non-interest-bearing			403,741.	1	1,391,309.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			1,220,721.	3	1,585,864.
	4	Accounts receivable, net		1,220,721.	4	1,303,004.	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst				-	
	~	controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disquali		6			
	7	under section 4958(f)(1)), and persons described				6	
Assets	7	Notes and loans receivable, net				7	
Ase	8	Inventories for sale or use			108,996.	8 9	105,299.
-	9 10 a	Prepaid expenses and deferred charges		·····	100,000	9	105,255.
	iua	Land, buildings, and equipment: cost or other	100	3 652 564			
	h	basis. Complete Part VI of Schedule D	10a	1,220,984.	2,433,173.	10c	2,431,580.
	11	Less: accumulated depreciation			2,433,1730	11	2,451,500.
	12	Investments - publicly traded securities Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		34,386.	15	74,171.	
	16	Total assets. Add lines 1 through 15 (must equ		4,201,017.	16	5,588,303.	
	17	Accounts payable and accrued expenses		489,531.	17	466,617.	
	18	Grants payable			•	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ŝ	22	Loans and other payables to any current or form					
litie		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela			67,303.	23	50,100.
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	1,172,667.
	25	Other liabilities (including federal income tax, pa	yables <sup>.</sup>	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D	59,328.	25	56,748.		
	26	0			616,162.	26	1,746,132.
s		Organizations that follow FASB ASC 958, che	ck her				
JCe		and complete lines 27, 28, 32, and 33.			2 244 652		2 624 222
alai	27	Net assets without donor restrictions	3,314,652.	27	3,731,338.		
d B	28	Net assets with donor restrictions	270,203.	28	110,833.		
n		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🛄			
۲. ۳		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ec				30	
et A	31	Retained earnings, endowment, accumulated in		<b>F</b>	2 E01 0EF	31	
ž	32	Total net assets or fund balances			3,584,855.	32	3,842,171.
	33	Total liabilities and net assets/fund balances			4,201,017.	33	5,588,303. Form <b>990</b> (2019)

Form **990** (2019)

932011 01-20-20

	n 990 (2019) CIVICORPS	94-29	41068	Pag	ge <b>12</b>
Pa	rt 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	8,881		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,623	3,6	91.
3	Revenue less expenses. Subtract line 2 from line 1	3	257	7,3	16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,584	1,8	55.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,842	2,1	71.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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?		<b>2</b> b	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	L
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2019)

SCHEDULE A	
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Department of the Treasury

# 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.

OMB No. 1545-0047
2019
Open to Public Inspection

Internal R	evenue Service		Go to www.irs.gov	nformation.	n. Inspection				
Name	of the organiz	ation						Employer	identification number
			CORPS						4-2941068
Part	I Reaso	on for Public	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The org	anization is n	ot a private found	dation because it is: (	For lines 1 through 12, o	check only	one box.)			
1		convention of ch	nurches, or associatio	on of churches describe	d in <b>sectio</b>	on 170(b)(	1)(A)(i).		
2 2	A school	described in <b>sec</b> t	tion 170(b)(1)(A)(ii). (	Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3 🗋	🔄 A hospita	or a cooperative	e hospital service org	anization described in <b>s</b>	ection 170	)(b)(1)(A)(i	ii).		
4	A medical	research organiz	zation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
_	city, and s								
5 🗆	An organi	zation operated f	for the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental (	unit descrik	oed in
_	section *	170(b)(1)(A)(iv). (	Complete Part II.)						
6 _	A federal,	state, or local go	overnment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 🗆	-		•	intial part of its support	from a gov	ernmental	unit or from t	he general	public described in
_	section 1	<b>70(b)(1)(A)(vi).</b> (C	Complete Part II.)						
8 _	A commu	nity trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9				in section 170(b)(1)(A)(					
	or univers	ity or a non-land-	grant college of agric	ulture (see instructions)	Enter the	name, cit	y, and state o	f the colleg	je or
_	university								
10 🗆				e than 33 1/3% of its sup					
				ct to certain exceptions,					-
				(less section 511 tax) fr	om busine	esses acqu	ired by the o	ganization	after June 30, 1975.
		on 509(a)(2). (Co	, ,						
		•	•	ively to test for public sa	•				
12 🗆	-	-		ively for the benefit of, to	-			-	
				ed in <b>section 509(a)(1)</b> o					Jneck the box in
- [		-		of supporting organization		-		-	
al			-	upervised, or controlled	•				
	-	-		gularly appoint or elect a	a majonty	or the dire	clors or truste	es or the s	supporting
ь (			complete Part IV, Se		tion with it	to ourport	od organizativ	n(a) by ba	wing
b l				l or controlled in connec anization vested in the s			-		-
		-	st complete Part IV,		ame perso			iye ine sup	oported
<b>c</b> [			-	g organization operated	in connec	tion with	and functiona	lly integrat	ed with
0		-		b). You must complete				iny integration	cu with,
d		-		porting organization oper				rted organi	ization(s)
u i				zation generally must sa				-	
		-		nplete Part IV, Section	•		-	a an actoric	
e				written determination fro				II. Type III	
		e e		nally integrated support			JI , JI	, ,,	
fΕ									
			n about the supporte						
	(i) Name of s	upported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in vour governi	inization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
	organiza	ition		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total									
	<b>D</b>	<b>D</b> 1 1 <sup>1</sup> <b>A</b> 1 1		1° 7 E 000			<u> </u>	/=	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

2019.05020 CIVICORPS

# Schedule A (Form 990 or 990-EZ) 2019 CIVICORPS

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3015092.	3064645.	3328671.	3623574.	3569753.	16601735.
2	Tax revenues levied for the organ-						
	ization'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	3015092.	3064645.	3328671.	3623574.	3569753.	16601735.
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.						16601735.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	3015092.	(b) 2016 3064645.	3328671.	3623574.	3569753.	(f) Total 16601735.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			46.	2.		48.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	8,002.	2,968.	11,333.	12,496.	77,846.	112,645.
11	Total support. Add lines 7 through 10		-		· ·		16714428.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 24	,393,054.
	First five years. If the Form 990 is for		,				<u> </u>
	organization, check this box and stor	o here		· · ·	-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				ŕ
14	Public support percentage for 2019 (	line 6, column (f) d	ivided by line 11, o	olumn (f))		14	99.33 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	99.78 %
	33 1/3% support test - 2019. If the o					nore, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	1			▶ X
b	33 1/3% support test - 2018. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th	-					
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						ns ►
-			/	. /			or 990-E7) 2019

Schedule A (Form 990 or 990-EZ) 2019

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# Schedule A (Form 990 or 990 EZ) 2019 CIVICORPS

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# 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.)

Sect	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 (	Gifts, grants, contributions, and						
r	membership fees received. (Do not						
i	nclude any "unusual grants.")						
r f	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that						
-	are not an unrelated trade or bus- ness under section 513						
	Tax revenues levied for the organ-						
	zation's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	urnished by a governmental unit to						
t	he organization without charge						
	Fotal. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
3	3 received from disqualified persons						
f	Amounts included on lines 2 and 3 received rom other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c/	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a ( (	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
Ы	Jnrelated business taxable income						
	less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11   2	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 (	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)				1		
	First five years. If the Form 990 is for	r the organization?	s first, second. thi	rd, fourth. or fifth	tax vear as a section	n 501(c)(3) organi:	zation.
	check this box and <b>stop here</b>	Ũ		, ,	,		
	tion C. Computation of Publ						
15 I	Public support percentage for 2019 (	line 8, column (f), (	divided by line 13,	column (f))		15	%
<b>16</b>	Public support percentage from 2018	Schedule A, Part	: III, line 15			16	%
Sect	tion D. Computation of Inve	stment Incom	e Percentage				
<b>17</b>	nvestment income percentage for <b>20</b>	<b>)19</b> (line 10c, colur	mn (f), divided by	ine 13, column (f))		17	%
	nvestment income percentage from					18	%
	33 1/3% support tests - 2019. If the						17 is not
	more than 33 1/3% , check this box a						▶∟
	33 1/3% support tests - 2018. If the						
	ine 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
932023	09-25-19			15	Sch	edule A (Form 99	0 or 990-EZ) 2019

<sup>2019.05020</sup> CIVICORPS

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

# Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **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)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? *If "Yes," provide detail in* **Part VI.**
- 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? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **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)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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10b 10b 2019 Schedule A (Form 990 or 990-EZ) 2019

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions	)		
a	The organization satisfied the Activities Test. Complete line 2 below.	<i>.</i>		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see ins	struction	5)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a				110
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a				
u	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
5	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	5 09-25-19 Schedule A (Form s		· · · · · · · · · · · · · · · · · · ·	

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Schedule A (Form 990 or 990-EZ) 2019 CIVICORPS

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	•	· · ·	Part VI). See Instructions.
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sec	tion 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		
Sec	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
-	Applied to 2019 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
-	Excess from 2015			
-	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
<u> </u>				

Schedule A (Form 990 or 990-EZ) 2019

# Schedule A (Form 990 or 990-EZ) 2019 CIVICORPS

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# Schedule B

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

Name of the organization

Organization type (check one):

# \*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

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

OMB No. 1545-0047

2019

Employer identification number

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# CIVICORPS

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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

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

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

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

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

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2019)
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Name of organization

Employer identification number

94-2941068

# CIVICORPS

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Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 35,000.       Person X         Payroll       Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$       25,000.         Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		*     20,000.       *     20,000.   Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions     Type of contribution
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions     Type of contribution
(a)	(b)	(c) (d)
No. 6	Name, address, and ZIP + 4	Total contributions     Type of contribution

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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10430112 718997 90086

923452 11-06-19

# Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

94-2941068

# CIVICORPS

Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) 90086\_\_1

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10430112 718997 90086

(a) No.	(b)	(c) Total contributions	(d) Turne of contribution
<u>NO.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$ <u>70,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Tatal contributions	(d)
<u> </u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	Total contributions         \$5,000.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 13,090.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

Schedule B (Form 990,	990-EZ, or 990-PF)	(2019)
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Name of organization

Employer identification number

94-2941068

# CIVICORPS

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

10430112 718997 90086

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90086\_\_1

	ganization		Employer identification number
IVICO	DRPS		94-2941068
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	<ul> <li>through (e) and the following line entry charitable, etc., contributions of \$1,000 or le</li> </ul>	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the y. For organizations ses for the year. (Enter this info. once.) \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gift	
-	Transferee's name, address, a	nd 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
-			
-	Transferee's name, address, a 	nd 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, a	nd 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 a	and $7IP \pm 4$	Relationship of transferor to transferee
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

2019.05020 CIVICORPS

**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

(Form	990)
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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.



Name of the organization

CIVICORPS

Employer identification number 94-2941068

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fu	unds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor	advised fu	nds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds ca	an be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other pur	pose confe	erring
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form	990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	on of a hist	orically important land area
	Protection of natural habitat	Preservati	on of a cerl	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the	form of a c	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated l	by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation ea		<u> </u>	
5	Does the organization have a written policy regarding the pe	· · · · · ·		
~	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing	) conservat	lion easements during the year
7	Amount of ovneness incurred in monitoring, increating, here	lling of violations, and onforcing con	oon ation o	ecomente during the year
7	Amount of expenses incurred in monitoring, inspecting, hand \$	and enorcing con	servation e	asements during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirements of section	170/b)///	
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			······································
5	balance sheet, and include, if applicable, the text of the footi	•		
	organization's accounting for conservation easements.			
Par		f Art, Historical Treasures,	or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue staten	nent and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or researcl	n in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes thes	e items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement	and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research ir	n furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			🕨 \$
b	Assets included in Form 990, Part X			🕨 \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2019
93205	10-02-19			

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2019.05020	CIVICORPS

Sche	dule D (Form 990) 2019 CIVICOR	PS					9	94-29	4106	8 Pa	age <b>2</b>
Par	t III Organizations Maintaining C	<b>Collections of A</b>	rt, Hist	torical Tr	easures,	or Othe	er Simila	ar Asse	<b>ts</b> (conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, checl	k any of the	following the	at make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progr						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how th	ney further t	he organizat	ion's exe	mpt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of		,		,			_	_		-
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on	Form 990	), Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod							_	-		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance Did the organization include an amount on F								Yes		No
											] <b>D</b>
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete it							<u></u>			
		(a) Current year		Prior year	(c) Two yea			ears hack	(a) Fou	r vears	hack
1a	Beginning of year balance	(a) ourient year		nor year	(C) 1100 you	i o buon	<b>(u)</b> 11100 y	ouro buok	(0) 1 00	youro	buok
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:	I					
а	Board designated or quasi-endowment		%								
	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for t	he organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 99	0, Part IN	V, line 11a. S	See Form 99						
	Description of property	(a) Cost or c		• • •	or other		ccumulate	d	( <b>d</b> ) Boo	k value	Э
		basis (investr	ment)		(other)	dep	oreciation		1 22	<del></del>	~-
	Land				7,795.	ļ			1,33		
	Buildings				1,209.	-	154,19		43	7,0	-
	Leasehold improvements				8,006.	1 1	58,00			<u> </u>	$\frac{0}{60}$
	Equipment			1,00	5,554.	<u>μ</u> τ, (	008,78	<u>, , , , , , , , , , , , , , , , , , , </u>	c٥	6,7	09.
	Other								<u>) /)</u>	1 ⊑	00
Iota	. Add lines 1a through 1e. (Column (d) must e	equai ⊢orm 990, Part	X, colun	nn (B), line 1	UC.)				2,43	<u>, , , , , , , , , , , , , , , , , , , </u>	00.

Schedule D (Form 990) 2019

Part VII	Investment	s - Other	Securities.
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

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

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

1.	(a) Description of liability	(b) Book value
(1) Federal inc	ome taxes	
(2) DEFERF	RED RENT	56,748.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) i	must equal Form 990, Part X, col. (B) line 25.)	▶ 56,748.

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

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 CIVICORPS		94-	2941068 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Rev		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.		
1	Total revenue, gains, and other support per audited financial statements		1	8,881,007.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	_ 2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			8,881,007.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b	4c	0.	
5				8,881,007.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	nents With Ex	penses per Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.		
1	Total expenses and losses per audited financial statements		1	8,623,691.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	_ 2a		
b	Prior year adjustments	2b		
С	Other losses	_ 2c		
d	Other (Describe in Part XIII.)	_ 2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			8,623,691.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	. 4b		_
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			8,623,691.
Pa	t 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:

CIVICORPS FOLLOWS ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED

STATES RELATING TO THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES.

ADOPTION OF THESE PROVISIONS DID NOT HAVE ANY IMPACT ON CIVICORPS'S

ACCOUNTING FOR UNRECOGNIZED TAX LIABILITIES. MANAGEMENT BELIEVES THAT THE

#### CIVICORPS HAS ADEQUATELY ADDRESSED ALL TAX POSITIONS AND THAT THERE ARE NO

UNRECORDED TAX LIABILITIES.

932054 10-02-19

SCI		Schools	I.	OMB No.	1545-00	47
(For	m 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990,		20	10	
		Part IV, line 13, or Form 990-EZ, Part VI, line 48.				
	Department of the Treasury     Attach to Form 990 or Form 990-EZ.     Op       Internal Revenue Service     Go to www.irs.gov/Form990 for the latest information.     Internation					
Name	of the organization	-	mployer ide	-		mber
		CIVICORPS		2941		
Pa	tl					
					YES	NO
1	•	tion have a racially nondiscriminatory policy toward students by statement in its charter, bylav	•		37	
•		strument, or in a resolution of its governing body?		. 1	X	
2	•	tion include a statement of its racially nondiscriminatory policy toward students in all its broch ther written communications with the public dealing with student admissions, programs, and s	-	2	x	
3	•	on publicized its racially nondiscriminatory policy through newspaper or broadcast media duri	•			
Ū		on for students, or during the registration period if it has no solicitation program, in a way that				
	•	o all parts of the general community it serves? If "Yes," please describe. If "No," please explai				
	If you need more s			3	Х	
		SCHOOLS UNDERSTANDS ITS POSITION IN A MINORITY	I AND			
		E COMMUNITY AND MAKES EVERY EFFORT TO ENSURE	20			
		FAMILIES, AND THE COMMUNITY KNOW THAT CIVICORE ILL PROVIDE AN OPEN AND SAFE LEARNING ENVIRONME				
		ALKS OF LIFE.	510 1			
4		tion maintain the following?				
	•	the racial composition of the student body, faculty, and administrative staff?		4a	x	
		ting that scholarships and other financial assistance are awarded on a racially nondiscriminat			х	
с	Copies of all catalo	ogues, brochures, announcements, and other written communications to the public dealing w	ith student			
		ams, and scholarships?			X	
d		ial used by the organization or on its behalf to solicit contributions?		. 4d	Х	
	If you answered "N	Io" to any of the above, please explain. If you need more space, use Part II.				
				-		
				-		
5	Does the organizat	tion discriminate by race in any way with respect to:				
а	Students' rights or	privileges?		5a		X
b	Admissions policie	us?		. 5b		X
		sulty or administrative staff?				X
		her financial assistance?				X
		25?				X X
		)				X
		? lar activities?				X
		/es" to any of the above, please explain. If you need more space, use Part II.				
	2					
				-		
		tion receive any financial aid or assistance from a governmental agency?			X	
b		on's right to such aid ever been revoked or suspended?		6b		X
7		/es" on either line 6a or line 6b, explain on Part II.	5 of			
7	-	tion certify that it has complied with the applicable requirements of sections 4.01 through 4.05 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		7	x	
LHA			hedule E (Fori			<u>/</u> ) 2019

Schedule E	(Form 990 or 990-EZ	) 2019	CIVICORPS
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**Part II** Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

CIVICORPS OPERATES A CHARTER SCHOOL IN ASSOCIATION WITH THE OAKLAND

UNIFIED SCHOOL DISTRICT AND RECEIVES LOCAL, STATE AND FEDERAL FUNDING

932062 10-09-19

SCHEDULE J		Compensation Information	OMB No. 1545-0047				
(Form 990)							
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IJ	,	
Depa	tment of the Treasury		Open to				
Department of the Treasury         Attach to Form 990.           Internal Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.				Inspe			
Nan	e of the organizatio		Employer i			mber	
		CIVICORPS	94-2	294106	8		
Pa	rt I Question	s Regarding Compensation					
4-					Yes	No	
а		iate box(es) if the organization provided any of the following to or for a person listed on Form	1990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel						
	Image: Travel for companions       Image: Payments for business use of personal residence         Image: Travel for companions       Image: Payments for business use of personal residence         Image: Travel for companions       Image: Payments for business use of personal residence         Image: Travel for companions       Image: Payments for business use of personal residence         Image: Travel for companions       Image: Payments for business use of personal residence         Image: Travel for companions       Image: Payments for business use of personal residence         Image: Travel for companions       Image: Payments for business use of personal residence         Image: Travel for company for company for the payments       Image: Payments for business use of personal residence         Image: Travel for company for company for the payments       Image: Payments for business use of personal residence         Image: Travel for company for the payments       Image: Payments for business use of personal residence         Image: Travel for company for the payments       Image: Payments for business use of personal residence         Image: Travel for company for the payments       Image: Payments for business use of personal residence         Image: Travel for the payments       Image: Payments for business use of personal residence         Image: Travel for the payments       Image: Payments for business use of personal residence         Image: Travel for the payments       Image: Pa						
	Discretionary spending account						
b	<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	•			1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization'	s				
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to				
	establish compens	ation of the CEO/Executive Director, but explain in Part III.					
	Compensatior	n committee Written employment contract					
	Independent compensation consultant						
	Form 990 of o	ther organizations	ommittee				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					v	
a						X X	
b		ceive payment from, a supplemental nonqualified retirement plan?				X	
С	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 5.0						
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
5	contingent on the revenues of:						
а	The organization?					Х	
b	Any related organiz	ation?		5a 5b		X	
		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r						
а	The organization?			6a		X	
		ation?				X	
	If "Yes" on line 6a o	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					X	
9		id the organization also follow the rebuttable presumption procedure described in					
		n 53.4958-6(c)?				<u> </u>	
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990	) 2019	

#### 94-2941068

Page 2

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.

	(B) Breakdown of	W-2 and/or 1099-M	ISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
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Page 3

Part III Supplemental Information

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

Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



CIVICORPS

Employer identification number 94-2941068

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO PROMOTE ACTIVE CITIZENSHIP AND ENVIRONMENTAL STEWARDSHIP BY

IMPLEMENTING AN EDUCATIONAL CURRICULUM BASED ON ACADEMIC RIGOR,

COMMUNITY-BASED LEARNING, AND THE ARTS, COMBINED WITH THE MASTERY OF

REAL-WORLD SKILLS THROUGH JOB TRAINING AND CIVIC EDUCATION PROGRAMS

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

WORKING WITH CIVICORPS' EXTERNAL AUDITORS, THE EXECUTIVE DIRECTOR AND THE CHIEF FINANCIAL OFFICER WILL SUBMIT A DRAFT FORM 990 FOR REVIEW BY THE AUDIT COMMITTEE AS SOON AS POSSIBLE AFTER THE END OF THE FISCAL YEAR, BUT IN ANY EVENT PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. AFTER REVIEW BY THE AUDIT COMMITTEE, THE EXECUTIVE DIRECTOR WILL DISTRIBUTE A THE CIVICORPS FORM 990 TO THE FULL BOARD PRIOR TO FILING WITH THE COPY OF IRS. THE EXECUTIVE DIRECTOR WILL CAUSE CIVICORPS TO FILE AN ANNUAL FORM 990 THAT IS ACCURATE, COMPLETE, TIMELY AND IN COMPLIANCE WITH THE REGULATORY REQUIREMENTS BY THE STATUTORY FILING DATE. THE EXECUTIVE DIRECTOR WILL CAUSE CIVICORPS TO DISCLOSE TO THE GENERAL PUBLIC, THROUGH ITS WEB SITE, THE FORM 990 AND CIVICORPS' AUDITED FINANCIAL STATEMENTS AS SOON AS REASONABLY PRACTICABLE AFTER THE 990 IS COMPLETED AND THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE. CONSISTENT WITH THE REQUIREMENTS OF THE INTERNAL REVENUE CODE AND APPLICABLE REGULATIONS, COPIES OF CIVICORPS FORM 990 WILL BE MADE AVAILABLE UPON REQUEST IN A TIMELY MANNER TO ANY INDIVIDUALS WHO REQUEST IT.

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

 A
 COMMITTEE
 OF
 THE
 BOARD
 OF
 DIRECTORS
 REVIEWS
 ALL
 POTENTIAL
 CONFLICTS
 OF

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

 932211
 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>		
Name of the organization CIVICORPS	Employer identification number 94-2941068		
	J4 2J41000		
INTEREST AT LEAST ANNUALLY. ALL PERSONNEL AND BOARD MEMB	ERS ARE REQUIRED		
TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY RELA	TED PARTY		
AFFILIATIONS. LOANS BETWEEN CIVICORPS AND MEMBERS OF MAN	AGEMENT AND THE		
BOARD ARE STRICTLY PROHIBITED. CIVICORPS SEEKS FULL TRAN	SPARENCY ON ALL		
RELATIONSHIPS. ANY POTENTIAL CONFLICTS (IN FACT OR APPEA	RANCE) ARE		
DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE CIVI	CORPS' POLICIES		
AND PROCEDURES.			

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

A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF ALL

HIGH-LEVEL PERSONNEL ANNUALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES. EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUGH AND TRANSPARENT IN

ACCORDANCE WITH IRS GUIDELINES AND CIVICORPS'S POLICIES AND PROCEDURES.

FORM 990, PART VI, SECTION C, LINE 18:

ALL TAX FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BY TAX AUTHORITIES AND THE GENERAL PUBLIC.

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

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR

INSPECTION BY TAX AUTHORITIES AND THE GENERAL PUBLIC.

# FORM 990 PART XII, LINE 2C

THERE WAS NO CHANGE TO COMMITTEE PROCEDURES

932212 09-06-19

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

Type or	Name of exempt organization or other filer, see instructions.				axpayer identification number (TIN)			
print	CIVICORPS				94-2941068			
File by the due date for filing your return. See	he e for Number, street, and room or suite no. If a P.O. box, see instructions. I 101 MYRTLE STREET							
instructions								
Enter the Return Code for the return that this application is for (file a separate application for each return)								
Applicat	ion	Return	Application			Return		
Is For			Is For			Code		
Form 990 or Form 990-EZ			Form 990-T (corporation)			07		
Form 990-BL			Form 1041-A			08		
Form 4720 (individual)			Form 4720 (other than individual)			09		
Form 990	)-PF	04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069	11				
Form 990	D-T (trust other than above) THE ORGANIZATI	06	Form 8870	12				
Telephone No. ▶ 510-992-7800       Fax No. ▶         • If the organization does not have an office or place of business in the United States, check this box       ▶         • If the organization does not have an office or place of business in the United States, check this box       ▶         • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       .         • If this is for part of the group, check this box ▶       ■ and attach a list with the names and TINs of all members the extension is for.         1       I request an automatic 6-month extension of time until       MAY 17, 2021       , to file the exempt organization return for the organization named above. The extension is for the organization's return for:         ▶       □ calendar year       or         ■       X tax year beginning       JUL 1, 2019       , and ending       JUN 30, 2020       .         2       If the tax year entered in line 1 is for less than 12 months, check reason:       □ Initial return       □ Final return								
	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.				\$	0.		
	<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.					0.		
<b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by					¢	0.		
using EFTPS (Electronic Federal Tax Payment System). See instructions.   3c   \$ Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for pa								
instruction		(airect de	DIT) WITH THIS FORM 8868, SEE FORM 8	453-EO a	na Form 887	9-EO for payment		
	or Privacy Act and Paperwork Beduction Act Notice.	see instri	uctions		Form 8	868 (Rev. 1-2020)		

OMB No. 1545-0047