

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning** JUL 1, 2019 **and ending** JUN 30, 2020

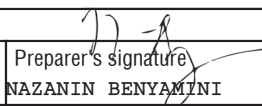
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> COMMUNITY PARTNERS  <b>Doing business as</b> _____ <b>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</b> 1000 NORTH ALAMEDA STREET 240 <b>City or town, state or province, country, and ZIP or foreign postal code</b> LOS ANGELES, CA 90012  <b>F Name and address of principal officer:</b> PAUL J. VANDEVENTER SAME AS C ABOVE	<b>D Employer identification number</b> 95-4302067  <b>E Telephone number</b> (213) 346-3200  <b>G Gross receipts \$</b> 89,389,562.  <b>H(a) Is this a group return for subordinates?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)  <b>H(c) Group exemption number</b> ▶ _____
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.COMMUNITYPARTNERS.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____		
<b>L Year of formation:</b> 1991		<b>M State of legal domicile:</b> CA

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>COMMUNITY DEVELOPMENT AND SOCIAL ENTERPRISE ORGANIZATION.</u>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	14
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	14
<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a) .....	<b>5</b>	987
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	1200
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39 .....	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>		52,402,102.	65,343,542.
<b>10</b>		3,114,319.	4,540,639.
<b>11</b>		511,196.	577,646.
<b>12</b>		130.	0.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	56,027,747.	70,461,827.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	6,953,008.	8,979,606.
<b>14</b>		0.	0.
<b>15</b>		28,624,181.	34,577,676.
<b>16a</b>		73,870.	178,267.
<b>16b</b>		4,255,978.	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	19,362,627.	23,794,401.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	55,013,686.	67,529,950.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	1,014,061.	2,931,877.
<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>		42,732,360.	46,134,339.
<b>22</b>		4,411,979.	5,020,102.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	38,320,381.	41,114,237.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer _____ MAMIE FUNAHASHI, CFO Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name NAZANIN BENYAMINI	Preparer's signature  NAZANIN BENYAMINI	Date 01/13/21	Check if self-employed <input type="checkbox"/>	PTIN P00666808
	Firm's name ▶ SINGERLEWAK LLP Firm's address ▶ 10960 WILSHIRE BOULEVARD, 7TH FLOOR LOS ANGELES, CA 90024-3783	Firm's EIN ▶ 95-2302617 Phone no. (310) 477-3924			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 4,300,000. including grants of \$ 2,300,000. ) (Revenue \$ ) CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE: CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE IS A POPULATION HEALTH MODEL THAT LINKS HEALTH CARE SYSTEMS, COMMUNITY RESOURCES AND SOCIAL SERVICES WITH PRIMARY PREVENTION APPROACHES IN A GEOGRAPHIC REGION TO ADDRESS A PARTICULAR HEALTH NEED, SUCH AS CHRONIC DISEASE, ON A COMMUNITY-WIDE BASIS.

4b (Code: ) (Expenses \$ 4,176,958. including grants of \$ ) (Revenue \$ 299,028. ) SAFE PLACE FOR YOUTH: SAFE PLACE FOR YOUTH'S MISSION IS TO FIND, STABILIZE, AND ASSIST HOMELESS YOUTH UNDER THE AGE OF 25 AND IMPROVE THEIR LIVES.

4c (Code: ) (Expenses \$ 3,146,133. including grants of \$ 2,870,968. ) (Revenue \$ ) F5LA ECE PAF: F5LA ECE PAF IS A PARTNERSHIP WITH FIRST 5 LOS ANGELES TO WORK WITH POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND PARTICULARLY THOSE AT RISK HAVE ACCESS TO AFFORDABLE EARLY CARE AND EDUCATION.

4d Other program services (Describe on Schedule O.) (Expenses \$ 41,548,864. including grants of \$ 3,808,638. ) (Revenue \$ 4,241,611.)

4e Total program service expenses 53,171,955.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [X] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MAMIE FUNAHASHI, CFO - (213) 346-3200
1000 N. ALAMEDA ST., STE 240, LOS ANGELES, CA 90012

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BONNIE BOSWELL BOARD MEMBER	2.00	X						0.	0.	0.
(2) ANDREA CAPACHIETTI BOARD MEMBER	2.00	X						0.	0.	0.
(3) STEVEN J. COBB BOARD MEMBER	2.00	X						0.	0.	0.
(4) ELADIO CORREA BOARD MEMBER	2.00	X						0.	0.	0.
(5) OSCAR E. CRUZ BOARD MEMBER	2.00	X						0.	0.	0.
(6) VICTOR DE LA CRUZ, JD BOARD MEMBER	2.00	X						0.	0.	0.
(7) CHARLES J. HAMILTON, III ESQ. BOARD MEMBER	2.00	X						0.	0.	0.
(8) IRWIN J. JAEGER BOARD MEMBER	2.00	X						0.	0.	0.
(9) RIGIO J. SABORIO BOARD MEMBER	2.00	X						0.	0.	0.
(10) ANI ZONNEVELD BOARD MEMBER	2.00	X						0.	0.	0.
(11) ANGE-MARIE HANCOCK, PH.D. EXECUTIVE COMMITTEE - PAST CHAIR	10.00	X		X				0.	0.	0.
(12) CHRISTOPHER P. KEARLEY EXECUTIVE COMMITTEE - TREASURER	10.00	X		X				0.	0.	0.
(13) HELEN B. KIM EXECUTIVE COMMITTEE - SECRETARY	5.00	X		X				0.	0.	0.
(14) PERRY C. PARKS, III EXECUTIVE COMMITTEE - CHAIR	5.00	X		X				0.	0.	0.
(15) MAMIE FUNAHASHI CHIEF FINANCIAL OFFICER	50.00			X			214,426.	0.	38,021.	
(16) PAUL VANDEVENTER PRESIDENT & CEO	50.00			X			366,733.	0.	66,796.	
(17) PATRICK BALL DIR OF RESEARCH, HUMAN RIGHTS DATA	40.00				X		190,429.	0.	26,439.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHERI NICOLE DUNN BERRY DIR. OF PROGRAMS	40.00					X		201,567.	0.	15,397.
(19) GAYLE BYRNE VP OF CONTRACTS, GRANTS & RISK MGMT.	40.00					X		164,663.	0.	8,815.
(20) BRIDGET COLE PROJECT DIRECTOR	40.00					X		163,184.	0.	25,037.
(21) DANIEL ROSENFELD EXECUTIVE DIR, LAND USE SOLUTIONS	40.00					X		215,644.	0.	17,742.
<b>1b Subtotal</b>								1,516,646.	0.	198,247.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,516,646.	0.	198,247.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CHAPTER TWO INC, 8929 SOUTH SEPULVEDA BLVD #405, LOS ANGELES, CA 90045	CONSULTING SERVICE	500,109.
THE CALIFORNIA ENDOWMENT 1000 N. ALAMEDA ST., LOS ANGELES, CA 90012	RENT	491,163.
DESERT VISTA CONSULTING 10002 N. 28TH PLACE, PHOENIX, AZ 85028	CONSULTING SERVICE	251,195.
MASTERS POLICY CONSULTING 80 N. RAYMOND AVE #207, PASADENA, CA 91103	CONSULTING SERVICE	177,540.
PATRICIA E. POWERS, 4907 SECLUDED OAKS LANE, CARMICHAEL, CA 95608	CONSULTING SERVICE	138,105.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 13



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>	86,407.					
	<b>c</b> Fundraising events	<b>1c</b>	362,917.					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	22,459,580.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	42,434,638.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 331,594.					
	<b>h Total.</b> Add lines 1a-1f			65,343,542.				
<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM SERVICES	<b>Business Code</b>	900099	2,750,177.	2,750,177.			
	<b>b</b> CONTRACTS		900099	1,716,432.	1,716,432.			
	<b>c</b> PROGRAM TUITION/MERCH.		900099	74,030.	74,030.			
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f			4,540,639.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			512,839.			512,839.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real					
			(ii) Personal					
	<b>b</b> Less: rental expenses	<b>6b</b>						
	<b>c</b> Rental income or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss)							
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	18,468,752.				
			(ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	18,398,429.	5,516.				
	<b>c</b> Gain or (loss)	<b>7c</b>	70,323.	-5,516.				
<b>d</b> Net gain or (loss)				64,807.		64,807.		
<b>8 a</b> Gross income from fundraising events (not including \$ 362,917. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		523,790.					
		<b>b</b> Less: direct expenses	<b>8b</b>	523,790.				
		<b>c</b> Net income or (loss) from fundraising events			0.			
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>							
		<b>b</b> Less: direct expenses	<b>9b</b>					
		<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>							
		<b>b</b> Less: cost of goods sold	<b>10b</b>					
		<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11 a</b>	<b>Business Code</b>						
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions				70,461,827.	4,540,639.	0.	577,646.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,959,348.	7,959,348.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	973,674.	973,674.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	46,584.	46,584.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	712,750.	220,319.	492,431.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	28,182,729.	19,709,595.	5,113,020.	3,360,114.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	840,481.	593,481.	145,720.	101,280.
<b>9</b> Other employee benefits	2,533,516.	1,759,373.	475,525.	298,618.
<b>10</b> Payroll taxes	2,308,200.	1,618,717.	412,134.	277,349.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	56,284.	19,287.	36,997.	
<b>c</b> Accounting	83,309.		83,309.	
<b>d</b> Lobbying	61,557.	61,557.		
<b>e</b> Professional fundraising services. See Part IV, line 17	178,267.			178,267.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	11,973,423.	11,166,743.	772,456.	34,224.
<b>12</b> Advertising and promotion	82,514.	210.	82,304.	
<b>13</b> Office expenses	696,265.	475,587.	220,678.	
<b>14</b> Information technology	101,423.	63,993.	37,430.	
<b>15</b> Royalties				
<b>16</b> Occupancy	1,838,365.	1,470,692.	367,673.	
<b>17</b> Travel	1,417,844.	1,213,143.	204,701.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,131,236.	988,416.	142,820.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	130,239.	270.	129,969.	
<b>23</b> Insurance	176,143.	7,999.	168,144.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> FUNDS DISBURSED TO SEPA	1,843,571.	1,831,033.	12,538.	
<b>b</b> PROGRAM SUPPLIES	906,036.	905,626.	410.	
<b>c</b> HONORARIA	734,118.	719,240.	14,878.	
<b>d</b> POSTAGE & PRINTING	242,676.	208,606.	34,070.	
<b>e</b> All other expenses	2,319,398.	1,158,462.	1,154,810.	6,126.
<b>25</b> Total functional expenses. Add lines 1 through 24e	67,529,950.	53,171,955.	10,102,017.	4,255,978.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	9,263,218.	<b>1</b>	13,915,556.
	<b>2</b> Savings and temporary cash investments .....	25,470.	<b>2</b>	593,117.
	<b>3</b> Pledges and grants receivable, net .....	15,826,024.	<b>3</b>	14,213,280.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	658,742.	<b>9</b>	576,315.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 882,878.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 573,667.		
	<b>11</b> Investments - publicly traded securities .....	14,882,789.	<b>11</b>	14,741,256.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,777,869.	<b>15</b>	1,785,604.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	42,732,360.	<b>16</b>	46,134,339.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,411,979.	<b>17</b>	5,020,102.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,411,979.	<b>26</b>	5,020,102.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,878,387.	<b>27</b>	4,512,109.
	<b>28</b> Net assets with donor restrictions .....	35,441,994.	<b>28</b>	36,602,128.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	38,320,381.	<b>32</b>	41,114,237.
<b>33</b> Total liabilities and net assets/fund balances .....	42,732,360.	<b>33</b>	46,134,339.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	70,461,827.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	67,529,950.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,931,877.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	38,320,381.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-138,021.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	41,114,237.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2019)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

<b>Name of the organization</b> COMMUNITY PARTNERS	<b>Employer identification number</b> 95-4302067
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	39,430,724.	38,285,416.	44,520,201.	52,402,102.	65,343,542.	239,981,985.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	39,430,724.	38,285,416.	44,520,201.	52,402,102.	65,343,542.	239,981,985.
<b>5</b> 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) .....						20,653,854.
<b>6 Public support.</b> Subtract line 5 from line 4.						219,328,131.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	39,430,724.	38,285,416.	44,520,201.	52,402,102.	65,343,542.	239,981,985.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	174,167.	316,782.	374,213.	419,136.	512,839.	1,797,137.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						241,779,122.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	15,602,532.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	90.71 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	88.70 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> 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.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

**Part VI**

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

Multiple horizontal lines for supplemental information.

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

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

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

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

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

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

Name of organization <p style="text-align: center;">COMMUNITY PARTNERS</p>	Employer identification number <p style="text-align: center;">95-4302067</p>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

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

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

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

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

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

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

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

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

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b>	Lobbying nontaxable amount				
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))				
<b>c</b>	Total lobbying expenditures				
<b>d</b>	Grassroots nontaxable amount				
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))				
<b>f</b>	Grassroots lobbying expenditures				

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

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ...	X		
<b>c</b> Media advertisements? .....	X		130.
<b>d</b> Mailings to members, legislators, or the public? .....	X		25,566.
<b>e</b> Publications, or published or broadcast statements? .....	X		352.
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		29,099.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		6,410.
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			61,557.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

- CA STATE LOBBYING: AB 130, AB 166, AB 285, AB 302, AB 539, AB 751, AB

891, AB 1092, AB 1350, AB 1482, AB 1593, AB 1645, AB 2176, AB 2200, AB

2360, AB 2835, AB 3213, AB 3300, HB 822, SB 1, SB 50, SB 72, SB 127, SB

210, SB 218, SB 337, SB 354, SB 400, SB 616, SB 732, SB 743, SB 961, SB

708, SB 1044

**Part IV** Supplemental Information *(continued)*

- FEDERAL LOBBYING: HR 2464, HR 3398, HR 5855, HR 7085, IMMIGRATION,

STIMULUS PACKAGE, FAMILY ACT

- LA CITY LOBBYING: AIR QUALITY MEASURE, METRO TRANSIT, VISION 2022,

AFFORDABLE HOUSING, SUSTAINABILITY PLAN, SIDEWALK PROGRAM, DEFUND THE

POLICE, RAIL TO RIVER CORRIDOR PROJECT



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization** COMMUNITY PARTNERS **Employer identification number** 95-4302067

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	1	
2 Aggregate value of contributions to (during year) .....	15,400.	
3 Aggregate value of grants from (during year) .....	308.	
4 Aggregate value at end of year .....	63,742.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2019

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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		26,113.	22,027.	4,086.
d Equipment		856,765.	551,640.	305,125.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				309,211.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	71,285,874.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-138,021.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	438,278.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	523,790.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	824,047.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	70,461,827.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	70,461,827.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	68,492,018.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	438,278.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	523,790.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	962,068.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	67,529,950.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	67,529,950.

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

THE ORGANIZATION IS ORGANIZED AS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM

INCOME TAXES UNDER THE INTERNAL REVENUE CODE SECTION 501(C)(3), AND FROM

FRANCHISE TAXES UNDER SECTION 23710(D) OF THE CALIFORNIA REVENUE AND

TAXATION CODE, EXCEPT WITH RESPECT TO ANY UNRELATED BUSINESS INCOME.

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND

HAS CONCLUDED THAT, AS OF JUNE 30, 2020 AND 2019, THERE ARE NO UNCERTAIN

POSITIONS TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR

DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO

ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO

AUDITS FOR ANY TAX PERIODS IN PROGRESS.

**Part XIII** Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 523,790.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 523,790.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization  COMMUNITY PARTNERS	Employer identification number  95-4302067
--	--

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA		5	PROGRAM SERVICES	CONSULTING	6,255.
EUROPE		2	PROGRAM SERVICES	CONSULTING	1,050.
CENTRAL AMERICA AND THE CARIBBEAN		1	PROGRAM SERVICES	CONSULTING	3,024.
<b>3 a</b> Subtotal .....	0	8			10,329.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	8			10,329.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORT LOCAL COMMUNITIES IN VIETNAM.	21,200.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEAN TECH OPEN AWARD	10,000.		0.		
		EAST ASIA AND THE PACIFIC	GENERAL GRANT FOR PROJECT'S ANNUAL EVENT	7,500.		0.		

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

3 Enter total number of other organizations or entities 0

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

Part III can be duplicated if additional space is needed.

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



**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

PART I, LINE 2:

GRANTEE CERTIFIES THAT THEY DO NOT DEAL WITH ANYONE SUBJECT TO SANCTIONS

FROM THE OFFICE OF FOREIGN ASSETS CONTROL (OFAC) OF THE US DEPARTMENT OF

THE TREASURY, ANYONE KNOWN TO SUPPORT TERRORISM, OR ANYONE TO HAVE

VIOLATED OFAC SANCTIONS. SIMILAR TO DOMESTIC GRANTEES, FOREIGN GRANTEES

ARE MONITORED THROUGH REVIEW OF FINANCIAL AND PROGRAM REPORTS, ROUTINE

INTERACTION WITH AND OVERSIGHT OF PROJECT STAFF ACTIVITY AND SITE VISITS

AS NEEDED.

Multiple horizontal lines for supplemental information input.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **COMMUNITY PARTNERS** Employer identification number: **95-4302067**

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
VELOCITY INK LLC - 9157 CAMINO REAL, SAN GABRIEL, CA	GRANTWRITING		X	1,555,180.	45,500.	1,509,680.
KRISTEN A GRIMM - 2604 N BEACHWOOD DR #1, LOS ANGELES, CA	GRANTWRITING		X	1,441,111.	9,719.	1,431,392.
MELISSA DAVIS - 4632 141ST COURT SE, BELLEVUE, WA 98006	GRANTWRITING		X	1,315,552.	9,283.	1,306,270.
JMP GRANTS CONSULTING - 3637 GLENDON AVE #107, LOS ANGELES, CA	GRANTWRITING		X	627,280.	13,500.	613,780.
CECILY LERNER CONSULTING - 17926 MARTHA ST., ENCINO, CA	GRANTWRITING		X	438,739.	35,000.	403,739.
JUDITH SPIEGEL - 4321 KENYON AVE., LOS ANGELES, CA 90066	GRANTWRITING		X	357,259.	28,500.	328,759.
ADAM LEWIS SOMERS - PO BOX 187, SANTA PAULA, CA 93061	GRANTWRITING		X	261,790.	5,475.	256,315.
MARIA PRICHARD - 1400 N CORONADO ST., LOS ANGELES, CA	GRANTWRITING		X	239,300.	13,000.	226,300.
LILIAN CONOVER - 3848 LOS FELIZ BLVD #23, LOS ANGELES, CA	GRANTWRITING		X	113,515.	6,990.	106,525.
JENNIFER WISHNER - PO BOX 176, SEAL BEACH, CA 90740	GRANTWRITING		X	109,000.	11,300.	97,700.
<b>Total</b>				<b>6,458,726.</b>	<b>178,267.</b>	<b>6,280,460.</b>

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

CA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		NATIONAL NETWORK OF HOSPITALS (event type)	OPEN NEWS (event type)	80 (total number)	
Revenue	<b>1</b> Gross receipts .....	147,240.	133,387.	606,080.	886,707.
	<b>2</b> Less: Contributions .....	146,912.	38,937.	177,068.	362,917.
	<b>3</b> Gross income (line 1 minus line 2) .....	328.	94,450.	429,012.	523,790.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	328.	20,981.	56,764.	78,073.
	<b>7</b> Food and beverages .....		44,265.	84,430.	128,695.
	<b>8</b> Entertainment .....			174,512.	174,512.
	<b>9</b> Other direct expenses .....		29,204.	113,306.	142,510.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				523,790.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				0.	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: VELOCITY INK LLC

(I) ADDRESS OF FUNDRAISER: 9157 CAMINO REAL, SAN GABRIEL, CA 91755

(I) NAME OF FUNDRAISER: KRISTEN A GRIMM

(I) ADDRESS OF FUNDRAISER: 2604 N BEACHWOOD DR #1, LOS ANGELES, CA 90068

(I) NAME OF FUNDRAISER: MELISSA DAVIS

**Part IV** Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: 4632 141ST COURT SE, BELLEVUE, WA 98006

(I) NAME OF FUNDRAISER: JMP GRANTS CONSULTING

(I) ADDRESS OF FUNDRAISER: 3637 GLENDON AVE #107, LOS ANGELES, CA 90034

(I) NAME OF FUNDRAISER: CECILY LERNER CONSULTING

(I) ADDRESS OF FUNDRAISER: 17926 MARTHA ST., ENCINO, CA 91316

(I) NAME OF FUNDRAISER: JUDITH SPIEGEL

(I) ADDRESS OF FUNDRAISER: 4321 KENYON AVE., LOS ANGELES, CA 90066

(I) NAME OF FUNDRAISER: ADAM LEWIS SOMERS

(I) ADDRESS OF FUNDRAISER: PO BOX 187, SANTA PAULA, CA 93061

(I) NAME OF FUNDRAISER: MARIA PRICHARD

(I) ADDRESS OF FUNDRAISER: 1400 N CORONADO ST., LOS ANGELES, CA 90026

(I) NAME OF FUNDRAISER: LILIAN CONOVER

(I) ADDRESS OF FUNDRAISER: 3848 LOS FELIZ BLVD #23, LOS ANGELES, CA 90027

(I) NAME OF FUNDRAISER: JENNIFER WISHNER

(I) ADDRESS OF FUNDRAISER: PO BOX 176, SEAL BEACH, CA 90740

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

COMMUNITY PARTNERS

Employer identification number  
95-4302067

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD CARE RESOURCE CENTER INC 20001 PRAIRIE ST CHATSWORTH, CA 9 CHATSWORTH, CA 91311	34-1601127	501(C)(3)	472,670.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
ADVANCEMENT PROJECT 1910 W SUNSET BLVD SUITE 500 LOS ANGELES, CA 90026	95-4835230	501(C)(3)	405,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
LOS ANGELES AREA CHAMBER OF COMMERCE FOUNDATION - 350 SOUTH BIXEL STREET # 250 - LOS ANGELES, CA 90017	95-2597392	501(C)(3)	350,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
CHILDREN NOW 1404 FRANKLIN ST., SUITE 700 OAKLAND, CA 94612	94-3059243	501(C)(3)	325,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
NEW VENTURE FUND 1201 CONNECTICUT AVE, NW SUITE 300 WASHINGTON, DC 20036	20-5806345	501(C)(3)	280,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
CITY OF LONG BEACH PO BOX 630 LONG BEACH, CA 90842-0001		GOV'T	200,089.	0.	CASH GRANT		CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE PROGRAM; IMPROVING HEALTH CARE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 73.
- 3** Enter total number of other organizations listed in the line 1 table ..... 62.

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

Schedule I (Form 990) (2019)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRESNO METRO MINISTRY 4270 N. BLACKSTONE, #212 FRESNO, CA 93726-1909	94-2181848	501(C)(3)	200,000.	0.	CASH GRANT		CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE PROGRAM: IMPROVING HEALTH CARE
HEALTH EDUCATION COUNCIL 3950 INDUSTRIAL BLVD #600 WEST SACRAMENTO, CA 95691	68-0249296	501(C)(3)	200,000.	0.	CASH GRANT		CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE PROGRAM: IMPROVING HEALTH CARE
LAC+USC MEDICAL CENTER FOUNDATION 1200 N. STATE STREET, STE. 1008 LOS ANGELES, CA 90033	95-4192908	501(C)(3)	200,000.	0.	CASH GRANT		CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE PROGRAM: IMPROVING HEALTH CARE
NORTH COAST OPPORTUNITIES INC 413 NORTH STATE ST UKIAH, CA 95482	94-1671958	501(C)(3)	200,000.	0.	CASH GRANT		CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE PROGRAM: IMPROVING HEALTH CARE
SAN DIEGO HEALTHCARE QUALITY COLLABORATIVE - PO BOX 230397 - ENCINITAS, CA 92024	46-5359485	501(C)(3)	200,000.	0.	CASH GRANT		CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE PROGRAM: IMPROVING HEALTH CARE
SANTA CLARA COUNTY PUBLIC HEALTH DEPARTMENT - 1775 STORY RD - SAN JOSE, CA 95122	94-6000533	GOV'T	200,000.	0.	CASH GRANT		CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE PROGRAM: IMPROVING HEALTH CARE
SONOMA COUNTY 1450 NEOTOMAS, SUITE 200 SANTA ROSA, CA 95405		GOV'T	200,000.	0.	CASH GRANT		CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE PROGRAM: IMPROVING HEALTH CARE
THE NORTH COAST HEALTH IMPROVEMENT AND INFORMATION NETWORK - 2662 HARRIS ST - EUREKA, CA 95503	27-4520226	501(C)(3)	200,000.	0.	CASH GRANT		CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE PROGRAM: IMPROVING HEALTH CARE
TIDES CENTER 1014 TORNEY AVE SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	200,000.	0.	CASH GRANT		CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE PROGRAM: IMPROVING HEALTH CARE



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA SAN GABRIEL VALLEY 943 NORTH GRAND AVE. COVINA, CA 91724	95-1641967	501(C)(3)	200,000.	0.	CASH GRANT		CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE PROGRAM: IMPROVING HEALTH CARE
CHILD 360 515 SOUTH FIGUEROA ST, SUITE 900 LOS ANGELES, CA 90071	22-3902958	501(C)(3)	200,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
CENTRAL CITY ASSOCIATION 626 WILSHIRE BLVD #850 LOS ANGELES, CA 90017	95-0691090	501(C)(3)	181,730.	0.	CASH GRANT		SUPPORT THE FOUNDATION TO IMPROVE THE CONNECTIVITY, ACCESSIBILITY, AND EXPERIENCE WHO ENLIVEN
VIOLINS OF HOPE 10724 WILSHIRE BL #606 LOS ANGELES, CA 90024	81-3775463	N/A	156,581.	0.	CASH GRANT		SUPPORT PUBLIC EDUCATION ABOUT THE HOLOCAUST THROUGH MUSIC AND CULTURE USING VIOLINS, VIOLAS AND
PROSOCIAL 1001 GAYLEY AVE #241500 LOS ANGELES, CA 90024	20-8962064	CORPORATION	145,200.	0.	CASH GRANT		SUPPORT PUBLIC ENGAGEMENT CAMPAIGNS IN THE PURSUIT OF SUSTAINABLE SOCIAL IMPACT ON A WIDE VARIETY
ALLIANCE FOR SOUTHERN CALIFORNIA INNOVATION - 87 N RAYMOND AVE #200 - PASADENA, CA 91103	82-1726203	501(C)(3)	142,928.	0.	CASH GRANT		SUPPORT, ENERGIZE AND CONNECT THE SOCIAL NODES, THEREBY INCREASING ECONOMIC DEVELOPMENT IN
CALIFORNIA CHILD CARE RESOURCE & REFERRAL NETWORK - 1182 MARKET ST. STE 300 - SAN FRANCISCO, CA 94102	94-2718807	501(C)(3)	125,986.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
THE NATIONAL THEATRE FOR CHILDREN, INC. - 6305 SANDBURG RD #100 - MINNEAPOLIS, MN 55427	41-1381625	501(C)(3)	116,625.	0.	CASH GRANT		SUPPORT INTERACTIVE, EDUCATIONAL THEATRE PROGRAMMING TO PROVIDE ENRICHMENT EDUCATION ON
MY529 60 400 WEST SALT LAKE CITY, UT 84101-1284	87-0680188	CORPORATION	107,990.	0.	CASH GRANT		SUPPORT LOCAL STUDENTS WITH A SEAMLESS PATHWAY FROM PRESCHOOL THROUGH COLLEGE.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCED COUNTY DEPARTMENT OF PUBLIC HEALTH - 260 E. 15TH STREET - MERCED, CA 95341	94-6000521	GOV'T	100,000.	0.	CASH GRANT		CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE PROGRAM: IMPROVING HEALTH CARE
THE EDUCATION TRUST WEST 1250 H ST NW #700 WASHINGTON, DC 20005	52-1982223	501(C)(3)	100,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
THE GRANTSMANSHIP CENTER 350 SOUTH BIXEL ST STE 110 LOS ANGELES, CA 90017	95-4073138	501(C)(3)	93,975.	0.	CASH GRANT		SUPPORT THE POSITIVE IMPACT OF SMALL TO MEDIUM-SIZE NONPROFITS IN LOS ANGELES COUNTY
EVERYCHILD CALIFORNIA 1107 2ND ST #320 SACRAMENTO, CA 95814	93-1187319	501(C)(3)	81,784.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
INNERCITY STRUGGLE 2811 WHITTIER BLVD LOS ANGELES, CA 90023	27-2133211	501(C)(3)	75,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
CHILD CARE LAW CENTER 445 CHURCH ST SAN FRANCISCO, CA 94114	94-2959973	501(C)(3)	75,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
COMMUNITY COALITION 8101 SOUTH VERMONT AVE. LOS ANGELES, CA 90044	95-4298811	501(C)(3)	75,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
COUNCIL FOR A STRONG AMERICA 1212 NEW YORK AVE NW, SUITE 300 WASHINGTON, DC 20005	13-3840271	501(C)(3)	75,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
MOMSRISING EDUCATION FUND 12001 BEL-RED ROAD #100B BELLVUE, CA 98005	20-4448446	501(C)(3)	75,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAYS OF CALIFORNIA 1107 FAIR OAKS AVE, #12 SOUTH PASADENA, CA 91030	94-1646369	501(C)(3)	75,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
HARBOR COMMUNITY CLINIC, INC. 593 W 6TH ST SAN PEDRO, CA 90731	23-7103245	501(C)(3)	50,000.	0.	CASH GRANT		PILOT PROGRAM TO IMPROVE HEALTH OUTCOMES OF UNDERSERVED CHILDREN WITH ASTHMA
SILICON VALLEY LEADERSHIP GROUP 2001 GATEWAY PLACE, SUITE 101E SAN JOSE, CA 95110	94-2460352	501(C)(3)	50,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE - 1124 W CARSON ST - TORRANCE, CA 90502	95-2138184	501(C)(3)	50,000.	0.	CASH GRANT		PILOT PROGRAM TO IMPROVE HEALTH OUTCOMES OF UNDERSERVED CHILDREN WITH ASTHMA
AEROSHIELD MATERIALS, INC. 21 BROOKLINE ST. UNIT 202 CAMBRIDGE, MA 02139	84-3097936	CORPORATION	50,000.	0.	CASH GRANT		PROGRAM DEVELOPING CLEANTECH SOLUTIONS
CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST STE 400 LOS ANGELES, CA 90012	95-3510055	501(C)(3)	45,254.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
ABEL AND ASSOCIATES 700 S FLOWER STREET STE 700 LOS ANGELES, CA 90017	95-3287646	CORPORATION	44,499.	0.	CASH GRANT		SUPPORT ECONOMIC DEVELOPMENT AND PUBLIC POLICY IN CALIFORNIA
UCLA LUSKIN SCHOOL OF PUBLIC AFFAIRS - 43711C SCHOOL OF PUBLIC AFFAIRS BLDG - LOS ANGELES, CA 90095-1656	95-6006143	GOV'T	40,000.	0.	CASH GRANT		FELLOWSHIPS AND INTERNSHIPS FOR GRADUATE STUDENTS AT UCLA LUSKIN SCHOOL
HILLTOP COFFEE & KITCHEN 4427 W SLAUSON AVE LOS ANGELES, CA 90043	82-1552469	N/A	38,164.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISIONALITY PARTNERS PO BOX 23223 VENTURA, CA 93002	46-4928050	CORPORATION	34,705.	0.	CASH GRANT		SUPPORT VICTIMS OF CALIFORNIA FIRES , MUDSLIDES AND MASS SHOOTING
DELICIOUS SOUTHERN CUISINE 4371 CRENSHAW BLVD UNIT D LOS ANGELES, CA 90008	45-3692288	N/A	34,125.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19
SWIFT, LLC 4279 1/2 CRENSHAW BLVD LOS ANGELES, CA 90008	84-1727647	CORPORATION	33,335.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19
ST MARY'S EPISCOPAL CHURCH 961 S MARIPOSA AVE LOS ANGELES, CA 90006	95-1856331	501(C)(3)	32,250.	0.	CASH GRANT		TROJAN SHELTER GRANT: SHELTER FOR LOS ANGELES STUDENTS EXPERIENCING HOMELESSNESS
FRESH AND MEATY BURGERS, INC 3016 W FLORENCE AVE. LOS ANGELES, CA 90043	86-1125854	CORPORATION	31,741.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19
LOS ANGELES UNIFIED SCHOOL DISTRICT - 333 S. BEAUDRY AVE. - LOS ANGELES, CA 90017-1466	95-6001908	GOV'T	31,260.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
EL MIGUELENO INC. 2301 S VERMONT LOS ANGELES, CA 90007	27-1266328	N/A	29,030.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19
BALWIN HILLS WILD WINGS LLC 3939 CRENSHAW BLVD, UNIT E LOS ANGELES, CA 90008	27-2489242	CORPORATION	28,010.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19
PRESIDIO FOODS, INC 3411 WESTMOUNT AVE LOS ANGELES, CA 90043	46-1043909	CORPORATION	27,290.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACOIMA BEAUTIFUL 13520 VAN NUYS BLVD, SUITE 3200 PACOIMA, CA 91331	95-4770745	501(C)(3)	27,000.	0.	CASH GRANT		2018 JUST TRANSIT CHALLENGE BUS SHELTER BLITZ: IMPROVE PUBLIC TRANSPORTATION IN LOCAL
TENNESSEE HIGHER EDUCATION INITIATIVE - 1006 SHELBY AVENUE - NASHVILLE, TN 37206	45-4531767	501(C)(3)	25,000.	0.	CASH GRANT		HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO
CAMPUS WITHIN WALLS 109 CAMPUS DR ALBERTA, VA 23821	52-1238450	501(C)(3)	25,000.	0.	CASH GRANT		HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO
FEATHER RIVER COLLEGE 570 GOLDEN EAGLE AVE QUINCY, CA 95971	68-0188281	501(C)(3)	25,000.	0.	CASH GRANT		HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO
PRISON NEIGHBORHOOD ARTS AND EDUCATION PROJECT - 2040 N MILWAUKEE AVE - CHICAGO, IL 60647	23-7034689	501(C)(3)	25,000.	0.	CASH GRANT		HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO
FREEDOM EDUCATION PROJECT PUGET SOUND - 918 S HORTON ST #912 - SEATTLE, WA 98134	45-5291038	501(C)(3)	25,000.	0.	CASH GRANT		HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO
SACRAMENTO STATE PRISON EDUCATION PROGRAM - 6000 J ST, RM 2104 - SACRAMENTO, CA 95819	94-3001359	501(C)(3)	25,000.	0.	CASH GRANT		HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO
SHASTA COLLEGE STEP-UP PROGRAM PO BOX 496006 REDDING, CA 96049	68-0363349	501(C)(3)	25,000.	0.	CASH GRANT		HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO
BOSTON UNIVERSITY 1010 COMMONWEALTH AVE BOSTON, MA 02215	04-2103547	501(C)(3)	25,000.	0.	CASH GRANT		HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAII STATE DEPARTMENT OF PUBLIC SAFETY - 919 ALA MOANA BLVD, #405 - HONOLULU, HI 96814	99-6001081	GOV'T	25,000.	0.	CASH GRANT		HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO
NORTH CAROLINA FIELD MINISTER PROGRAM - 120 S WINGATE AVE - WAKE FOREST, NC 27587	56-0649251	501(C)(3)	25,000.	0.	CASH GRANT		HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO
QUINNIPAC/TRINITY PRISON EDUCATION PROGRAM AT YORK - 275 MT CARMEL AVE., CL-AC3 - HAMDEN, CT 06518	06-0646701	501(C)(3)	25,000.	0.	CASH GRANT		HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO
STETSON UNIVERSITY 412 N WOODLAND BLVD #8358 DELAND, FL 32723	59-0624416	501(C)(3)	25,000.	0.	CASH GRANT		HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO
MADERA UNIFIED SCHOOL DISTRICT 200 S L STREET MADERA, CA 93637	35-2247260	GOV'T	24,965.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
CLIMATE RESOLVE 525 SOUTH HEWITT STREET LOS ANGELES, CA 90013	46-4736278	501(C)(3)	23,000.	0.	CASH GRANT		2018 JUST TRANSIT CHALLENGE BUS SHELTER BLITZ: IMPROVE PUBLIC TRANSPORTATION IN LOCAL
SHARED HARVEST FOUNDATION 910 N. MARTEL AVE #309 LOS ANGELES, CA 90046	32-0556686	501(C)(3)	21,943.	0.	CASH GRANT		PROVIDE RESOURCES FOR COVID-19 TESTING
MEL'S FISH ENTERPRISES INC 4026 W JEFFERSON BLVD LOS ANGELES, CA 90016	81-3801172	CORPORATION	21,100.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19
HOTVILLE CHICKEN LLC 4070 MARLTON AVE. LOS ANGELES, CA 90008	82-4921672	CORPORATION	20,150.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVID DOUGLAS SCHOOL DISTRICT 11300 NE HALSEY ST PORTLAND, OR 97220	93-6014226	GOV'T	20,000.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
ANTIOCH UNIFIED SCHOOL DISTRICT 2304 G ST ANTIOCH, CA 94509	86-1134505	GOV'T	19,788.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
M'DEARS BAKERY + BISTRO LLC 7717 SO. WESTERN AVE LOS ANGELES, CA 90047	56-7828359	CORPORATION	19,650.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19
CASTLE'S CATERING LLC 4287 CRENSHAW BLVD LOS ANGELES, CA 90008-2536	27-5118541	CORPORATION	19,555.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19
10TH STREET PRESCHOOL 1444 10TH ST SANTA MONICA, CA 90401	95-4368651	CORPORATION	18,389.	0.	CASH GRANT		PRESCHOOL SCHOLARSHIPS FOR LOW-INCOME CHILDREN AND CHILDREN WITH DISABILITIES
COALITION FOR RESPONSIBLE COMMUNITY DEVELOPMENT - 3101 SOUTH GRAND AVE - LOS ANGELES, CA 90007	20-2445113	501(C)(3)	18,000.	0.	CASH GRANT		SUPPORT PROGRAM FOR ECONOMIC DEVELOPMENT OF LOW-INCOME FAMILIES AND SMALL BUSINESSES IN LOS
LOS ANGELES BROTHERHOOD CRUSADE INC - 200 E SLAUSON AVE - LOS ANGELES, CA 90011	95-2543819	501(C)(3)	18,000.	0.	CASH GRANT		SUPPORT PROGRAM FOR ECONOMIC DEVELOPMENT OF LOW-INCOME FAMILIES AND SMALL BUSINESSES IN LOS
SOUTHERN TACO 1416 E. 99TH ST LOS ANGELES, CA 90002	81-1192538	N/A	17,540.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19
QUEEN BEES DELIGHTFUL CATERING 1236 WEST 84TH STREET LOS ANGELES, CA 90044	95-4831217	N/A	16,845.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTENNIAL SCHOOL DISTRICT 28J 18135 SE BROOKLYN ST PORTLAND, OR 97236-1049	GOV'T		15,000.	0. CASH GRANT			SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
CRESWELL SCHOOL DISTRICT 998 WEST A STREET CRESWELL, OR 97426	93-6000586	GOV'T	14,825.	0. CASH GRANT			SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
EARLESTRESTAURANTLLC 3864 CRENSHAW BLVD. LOS ANGELES, CA 90008	81-1537095	CORPORATION	14,824.	0. CASH GRANT			MEALS FOR SENIOR PROGRAM COVID-19
PAJARO VALLEY UNIFIED SCHOOL DISTRICT - 1140 MENASCO DR - WATSONVILLE, CA 95076	77-0375541	GOV'T	14,760.	0. CASH GRANT			SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
LA VALENTINA GRILL INC 2719 SOUTH VERMONT AVE. LOS ANGELES, CA 90007	62-5073805	N/A	14,520.	0. CASH GRANT			MEALS FOR SENIOR PROGRAM COVID-19
PALOS VERDES ESTATES FOUNDATION PO BOX 955 PALOS VERDES ESTATES, CA 90274	95-3603084	501(C)(3)	14,409.	0. CASH GRANT			FUND BEAUTIFICATION, COMMUNITY DEVELOPMENT, CULTURE AND ARTS, AND CIVIC ENGAGEMENT
PEACE LOVE REEDBURG 853 E MANCHESTER AVENUE LOS ANGELES, CA 90001	84-2331944	CORPORATION	14,362.	0. CASH GRANT			MEALS FOR SENIOR PROGRAM COVID-19
MARIMAR GROUP INC 2215 S VERMONT AVE LOS ANGELES, CA 90007	81-1484507	CORPORATION	14,345.	0. CASH GRANT			MEALS FOR SENIOR PROGRAM COVID-19
RENTON SCHOOL DISTRICT 2300 TALBOT RD SOUTH RENTON, WA 98055	91-6001635	GOV'T	14,299.	0. CASH GRANT			SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOCATA KITCHEN INC 3806 S. WESTERN AVE LOS ANGELES, CA 90062	83-4593308	CORPORATION	13,850.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19
WHO'S HUNGRY L.I.C 2959 CRENSHAW BLVD LOS ANGELES, CA 90016	32-0620671	CORPORATION	13,730.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19
SALBURDEZ LLC 2215 S. VERMONT AVE STE 101, 102 LOS ANGELES, CA 90007	82-0777894	CORPORATION	13,305.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19
THE REGENTS UNIVERSITY OF CALIFORNIA - PO BOX 989602 - WEST SACRAMENTO, CA 95798	94-3067788	GOV'T	13,275.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
BLUE HOLE CARIBBEAN CUISINE INC. 2166 W. SLAUSON AVE. LOS ANGELES, CA 90047	46-4789989	CORPORATION	13,065.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19
HARUN HOLDINGS, LLC 4293 CREED AVE LOS ANGELES, CA 90008	82-5025521	CORPORATION	13,050.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19
MONTGOMERY COUNTY PUBLIC SCHOOLS 12518 GREENLY ST SILVER SPRING, MD 20906	52-6000989	GOV'T	12,506.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
MULTNOMAH EDUCATION SERVICE DISTRICT - 11611 NE AINSWORTH CIR - PORTLAND, OR 97220	93-6000829	GOV'T	12,400.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
EL ARCA BAKERY & RESTAURANT 1818 W 54TH ST LOS ANGELES, CA 90062	46-5636385	N/A	12,115.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOT AND COOL CORP 4331 DEGNAN BLVD. LOS ANGELES, CA 90008	81-4467119	CORPORATION	12,090.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19
TIDES ADVOCACY/JUSTICE TEAMS NETWORK - 1014 TORNEY AVE - SAN FRANCISCO, CA 94129	94-3153687	501(C)(4)	12,000.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN
YOUTH JUSTICE COALITION 1137 E REDONDO BLVD. INGLEWOOD, CA 90802	83-0466818	501(C)(3)	12,000.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN
RYSE CENTER 205 41ST ST RICHMOND, CA 94805	26-0692904	501(C)(3)	12,000.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN
MILPA COLLECTIVE 339 MELODY LANE SALINAS, CA 93901	83-2137871	501(C)(3)	12,000.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN
FATHERS AND FAMILIES OF SAN Joaquin - 338 E MARKET ST - STOCKTON, CA 95202	32-0171398	501(C)(3)	12,000.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN
MOTIVATING ACTION LEADERSHIP OPPORTUNITY - 936 N LA PALOMA AVE - ONTARIO, CA 91764	82-4711809	501(C)(3)	11,250.	0.	CASH GRANT		SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION AMONGST PACIFIC ISLANDERS
ASIAN AMERICANS ADVANCING JUSTICE LOS ANGELES - 1145 WILSHIRE BLVD - LOS ANGELES, CA 90017	95-3854152	501(C)(3)	11,000.	0.	CASH GRANT		FUTURE OF CALIFORNIA ELECTIONS PROGRAM: IMPROVING ELECTION SYSTEM
CALIFORNIA CALLS 4801 EXPOSITION BLVD LOS ANGELES, CA 90016	46-2301623	501(C)(3)	11,000.	0.	CASH GRANT		FUTURE OF CALIFORNIA ELECTIONS PROGRAM: IMPROVING ELECTION SYSTEM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION FOR HUMANE IMMIGRANT RIGHTS - 2533 W 3RD ST #101 - LOS ANGELES, CA 90057	95-4421521	501(C)(3)	11,000.	0.	CASH GRANT		FUTURE OF CALIFORNIA ELECTIONS PROGRAM: IMPROVING ELECTION SYSTEM
DISABILITY RIGHTS CALIFORNIA 1831 K ST SACRAMENTO, CA 95811	94-2505916	501(C)(3)	11,000.	0.	CASH GRANT		FUTURE OF CALIFORNIA ELECTIONS PROGRAM: IMPROVING ELECTION SYSTEM
NALEO EDUCATIONAL FUND 1122 W WASHINGTON BLVD, 3RD FLR LOS ANGELES, CA 90015	52-1212849	501(C)(3)	11,000.	0.	CASH GRANT		FUTURE OF CALIFORNIA ELECTIONS PROGRAM: IMPROVING ELECTION SYSTEM
SHARED HARVEST FUND 925 N. LA BREA AVENUE #5059 LOS ANGELES, CA 90038	82-4269966	CORPORATION	10,808.	0.	CASH GRANT		PROVIDE RESOURCES FOR COVID-19 TESTING
SOUTH LA CAFE LLC 4206 HALDIALE AVEUNE LOS ANGELES, CA 90062	84-3138994	CORPORATION	10,210.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19
C7 CONCEPTS 1710 CERVATO COURT CAMARILLO, CA 93012	46-2171378	CORPORATION	10,000.	0.	CASH GRANT		PROVIDE FINANCIAL SUPPORT TO YOUNG ATHLETES WHO SUFFER SPINAL CORD INJURIES.
ART BEYOND THE GLASS LLC 10244 MOSSY ROCK CIRCLE LOS ANGELES, CA 90077	95-4302067	501(C)(3)	10,000.	0.	CASH GRANT		SUPPORT PROGRAM SHOWCASE THE ARTISTIC TALENTS
RAINIER SCHOOL DISTRICT 28168 OLD RAINIER RD RAINIER, OR 97048	93-0589713	GOV'T	9,967.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
FOUNDATION FOR VANCOUVER PUBLIC SCHOOLS - PO BOX 6039 - VANCOUVER, WA 98668	91-0971800	501(C)(3)	9,771.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST LOS ANGELES COLLEGE FOUNDATION - 1301 AVENIDA CESAR CHAVEZ - MONTEREY PARK, CA 91754	33-0034221	501(C)(3)	9,100.	0.	CASH GRANT		GENERAL OPERATING SUPPORT FOR ESTEC LA INCUBATOR
ARKANSAS COALITION OF MARSHALLESE 614 E EMMA AVE #113 SPRINGDALE, AR 72765	35-2416698	501(C)(3)	8,000.	0.	CASH GRANT		SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION AMONGST PACIFIC ISLANDERS
LIVING ISLANDS 1237 CEDAR ST LAKE OSWEGO, OR 97034	46-2626255	501(C)(3)	8,000.	0.	CASH GRANT		SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION AMONGST PACIFIC ISLANDERS
PENINSULA CONFLICT RESOLUTION CENTER - 1670 S AMPHLETT BLVD #115 - SAN MATEO, CA 94402	77-0144000	501(C)(3)	8,000.	0.	CASH GRANT		SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION AMONGST PACIFIC ISLANDERS
SAMOAN COMMUNITY DEVELOPMENT CENTER - 2055 SUNNYDALE AVE - SAN FRANCISCO, CA 94134	77-0290646	501(C)(3)	8,000.	0.	CASH GRANT		SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION AMONGST PACIFIC ISLANDERS
UNITED TERRITORIES OF PACIFIC ISLANDERS ALLIANCE PORTLAND - 2808 MLK BLVD #31 - PORTLAND, CA 97212	61-1668192	501(C)(3)	8,000.	0.	CASH GRANT		SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION AMONGST PACIFIC ISLANDERS
UNITED TERRITORIES OF PACIFIC ISLANDERS ALLIANCE SEATTLE - 205 E MEEKER ST - KENT, CA 98032	61-1668192	501(C)(3)	8,000.	0.	CASH GRANT		SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION AMONGST PACIFIC ISLANDERS
WHITE CENTER COMMUNITY DEVELOPMENT ASSOCIATION - 605 SW 108TH ST - SEATTLE, CA 98124	72-1526567	501(C)(3)	8,000.	0.	CASH GRANT		SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION AMONGST PACIFIC ISLANDERS
TAULAMA FOR TONGANS 1650 S AMPHLETT BLVD #105 SAN MATEO, CA 94402	68-0488293	501(C)(3)	8,000.	0.	CASH GRANT		SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION AMONGST PACIFIC ISLANDERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH PACIFIC ISLANDER CIVIC ENGAGEMENT COALITION - 4220 S 4850 W - WEST VALLEY CITY, UT 84120	81-3560782	501(C)(3)	8,000.	0.	CASH GRANT		SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION AMONGST PACIFIC ISLANDERS
SYNERGY ACADEMIES PO BOX 78999 LOS ANGELES, CA 90016	20-0672173	501(C)(3)	7,500.	0.	CASH GRANT		SLAM MUSIC PROGRAM: PROVIDES MUSIC INSTRUCTIONS TO SCHOOL
HAWTHORNE SCHOOL DISTRICT FBO MUSIC EDUCATION PROGRAMS - 14120 HAWTHORNE BLVD. - HAWTHORNE, CA 90250	27-3537929	CORPORATION	7,210.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19
BALDWIN HOLDINGS, INC 3767 SANTA ROSALIA DRIVE LOS ANGELES, CA 90008	20-4139794	CORPORATION	6,960.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19
RED RIVER ENTERPRISES 6835 LA TIJERA BLVD LOS ANGELES, CA 90045	93-0572333	GOV'T	6,781.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
TIGARD TUALATIN SCHOOL DISTRICT 23J - 6960 SW SANDBURG ST - TIGARD, OR 97223	52-6078441	501(C)(4)	6,000.	0.	CASH GRANT		FUTURE OF CALIFORNIA ELECTIONS PROGRAM: IMPROVING ELECTION SYSTEM
COMMON CAUSE 805 15TH ST NW, SUITE 800 WASHINGTON, DC 20005	46-1980016	CORPORATION	6,000.	0.	CASH GRANT		SUPPORT DEMOCRACY BY MAKING CIVIC ENGAGEMENT ACCESSIBLE, EFFICIENT, AND IMPACTFUL.
ISSUE VOTER 3607 S LAMAR BLVD #1427 AUSTIN, TX 78704	46-2580725	N/A	5,050.	0.	CASH GRANT		MEALS FOR SENIOR PROGRAM COVID-19
JACK DAUENPORT FAMILY KITCHEN INC 3965 S. WESTERN AVE LOS ANGELES, CA 90062							

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOURNEY FORWARD INC 3 SHAWMUT RD CANTON, MA 02021	26-2367620	501(C)(3)	5,000.	0.	CASH GRANT		PROVIDE FINANCIAL SUPPORT TO YOUNG ATHLETES WHO SUFFER SPINAL CORD INJURIES.
WILLAMINA ELEMENTARY SCHOOL 1100 OAKEN HILLS DR WILLAMINA, OR 97396	93-6001120	GOV'T	5,000.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
NORTH CLACKAMAS SCHOOL DISTRICT 8950 SE 36TH AVE MILWAUKIE, OR 97222	93-0599524	GOV'T	5,000.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE MATCH STUDENT SCHOLARSHIPS	119	449,512.	0.	CASH GRANTS	
ARTS ACTIVATION FUND GRANTS	253	218,600.	0.	CASH GRANTS	
SOCAL CAN SCHOLARSHIPS	54	101,663.	0.	CASH GRANTS	
THE UPSIDE GRANTS	43	100,777.	0.	CASH GRANTS	
COLLEGE MATCH STUDENT SCHOLARSHIPS	9	35,500.	0.	CASH GRANTS	

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

PART I, LINE 2:

GRANTEES ARE MONITORED THROUGH REVIEW OF FINANCIAL AND PROGRAM REPORTS,

ROUTINE INTERACTION WITH AND OVERSIGHT OF PROJECT STAFF ACTIVITY, AND SITE

VISITS AS NEEDED.

INDIVIDUAL SCHOLARSHIP APPLICANTS ARE REVIEWED AND SELECTED BY A SELECTION

COMMITTEE. ONCE A SCHOLARSHIP RECIPIENT HAS BEEN SELECTED, A SCHOLARSHIP

AWARD LETTER ALONG WITH PAYMENT IS PROVIDED TO THE RECIPIENT.

**Part III** Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COLLEGE BOUND TODAY MENTOR SCHOLARSHIP RECIPIENTS	7.	26,000.	0.	CASH GRANTS	
EL MONTE PROMISE FOUNDATION POST SECONDARY EDUCATION SCHOLARSHIP	31.	7,750.	0.	CASH GRANTS	
LATINO EQUALITY ALLIANCE SCHOLARSHIP AWARD	10.	7,500.	0.	CASH GRANTS	
OTHER VARIOUS GRANTS	10.	26,372.	0.	CASH GRANTS	



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMUNITY PARTNERS

Employer identification number

95-4302067

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....
- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MAMIE FUNAHASHI CHIEF FINANCIAL OFFICER	(i) 206,186.	(ii) 0.	(iii) 8,240.	17,906.	20,115.	252,447.	0.
(2) PAUL VANDEVENTER PRESIDENT & CEO	(i) 305,963.	(ii) 0.	(iii) 60,770.	20,343.	46,453.	433,529.	0.
(3) PATRICK BALL DIR OF RESEARCH, HUMAN RIGHTS DATA	(i) 189,929.	(ii) 500.	(iii) 0.	15,475.	10,964.	216,868.	0.
(4) SHERI NICOLE DUNN BERRY DIR. OF PROGRAMS	(i) 193,207.	(ii) 0.	(iii) 8,360.	13,606.	1,791.	216,964.	0.
(5) GAYLE BYRNE VP OF CONTRACTS, GRANTS & RISK MGMT.	(i) 164,663.	(ii) 0.	(iii) 0.	8,228.	587.	173,478.	0.
(6) BRIDGET COLE PROJECT DIRECTOR	(i) 148,535.	(ii) 0.	(iii) 14,649.	10,641.	14,396.	188,221.	0.
(7) DANIEL ROSENFELD EXECUTIVE DIR, LAND USE SOLUTIONS	(i) 195,644.	(ii) 20,000.	(iii) 0.	17,200.	542.	233,386.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

**Part III Supplemental Information**

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

PART I, LINE 4A:

PER CONFIDENTIALITY AGREEMENTS SIGNED BY THE ORGANIZATION, SEVERANCE

PACKAGES PAID TO EMPLOYEES ARE NOT OPEN FOR PUBLIC INSPECTION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **COMMUNITY PARTNERS** Employer identification number: **95-4302067**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....	X		2,692.	FMV
5	Clothing and household goods .....	X		278,475.	FMV
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....				
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( VARIOUS ITEMS ) .....	X	33	34,077.	FMV
26	Other ▶ ( GIFT CERTIFIC ) .....	X	13	16,350.	FMV
27	Other ▶ ( ) .....				
28	Other ▶ ( ) .....				

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

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

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

Schedule M (Form 990) 2019



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

COMMUNITY PARTNERS

Employer identification number

95-4302067

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

COMMUNITY PARTNERS (THE "ORGANIZATION") IS A CALIFORNIA NONPROFIT

PUBLIC BENEFIT CORPORATION THAT HELPS FOSTER, LAUNCH AND GROW CREATIVE

SOLUTIONS TO COMMUNITY CHALLENGES. THROUGH FISCAL SPONSORSHIP, THE

ORGANIZATION PROVIDES THE BENEFITS OF TAX-EXEMPT STATUS, A FULL RANGE

OF BACK-OFFICE SERVICES, AND EXPERT GUIDANCE TO THE 160-PLUS PROJECTS

WORKING UNDER ITS UMBRELLA. AS AN INTERMEDIARY, THE ORGANIZATION

COMBINES ITS ROBUST FINANCIAL AND ADMINISTRATIVE SERVICES WITH

EXTENSIVE NONPROFIT DEVELOPMENT EXPERIENCE TO HELP FOUNDATIONS,

GOVERNMENT AGENCIES AND OTHER INSTITUTIONS CREATE AND MANAGE COMPLEX

INITIATIVES, BUILD GRANTEE CAPACITY, AND SUPPORTS OTHER EFFORTS TO

ADVANCE THE PUBLIC GOOD. THE ORGANIZATION'S KNOWLEDGE SHARING

ACTIVITIES ARE DESIGNED TO CAPTURE AND DISSEMINATE NONPROFIT BEST

PRACTICES, AS WELL AS GENERATE INNOVATIVE IDEAS AND PERSPECTIVES TO

STRENGTHEN LEADERS, BUILD THE FIELD, AND SERVE AS A SPRINGBOARD FOR AN

EFFECTIVE CIVIL SOCIETY.

ACROSS ALL PROGRAM AREAS, THE ORGANIZATION WORKS TOWARD ITS

ORGANIZATIONAL VISION: A VIBRANT SOCIETY IN WHICH INDIVIDUALS AND

INSTITUTIONS USE KNOWLEDGE, RESOURCES AND RELATIONSHIPS TO BUILD

EQUITABLE, DEMOCRATIC AND THRIVING COMMUNITIES. THE ORGANIZATION'S WORK

SPANS A WIDE RANGE OF FIELDS, INCLUDING CIVIC ENGAGEMENT, ARTS AND

CULTURE, EDUCATION, SOCIAL JUSTICE, HEALTH, PUBLIC POLICY, SOCIAL

SERVICES AND YOUTH.

Name of the organization COMMUNITY PARTNERS	Employer identification number 95-4302067
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FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THROUGH THE FISCAL SPONSORSHIP PROGRAM, WE ACCEPT NEW PROGRAM PROJECTS ON A REGULAR BASIS. WHILE EACH PROGRAM IS MONITORED AND IDENTIFIED ON A SEPARATE BASIS, THEY ARE ALL CONSIDERED TO BE PART OF THE ORGANIZATION'S FISCAL SPONSORSHIP PROGRAM, WHICH HAS NOT CHANGED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROJECTS FOCUS ON CIVIC AND PHILANTHROPIC ACTIVITIES THAT INCLUDES THE ARTS, EDUCATION, ENVIRONMENTAL SUSTAINABILITY, HEALTH, AND SOCIAL SERVICES TO BRING ABOUT POSITIVE CHANGE TO COMMUNITIES.

EXPENSES \$ 41,548,864. INCL GRANTS OF \$ 3,808,638. REVENUE \$ 4,241,611.

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

THE AUDIT COMMITTEE OF THE ORGANIZATION REVIEWS THE INFORMATIONAL RETURN AND THEN MAKES IT AVAILABLE FOR THE REST OF THE BOARD OF DIRECTORS FOR THEIR REVIEW. THE RETURN IS THEN ELECTRONICALLY FILED.

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

ALL CONTRACTS AND EXPENSES ARE REVIEWED BY FINANCE STAFF AND ALL CORPORATE LEVEL DECISIONS THAT MIGHT BE A CONFLICT OF INTEREST ARE KNOWN BY THE PRESIDENT OF THE ORGANIZATION AND REVIEWED AND DISCUSSED WITH THE APPROPRIATE STAFF AND LEGAL COUNSEL.

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

THE CEO'S COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE AND THE BOARD. AN INDEPENDENT COMPENSATION CONSULTANT IS UTILIZED TO CONDUCT A COMPETITIVE COMPENSATION ASSESSMENT USING THE MOST AVAILABLE FORM 990

Name of the organization COMMUNITY PARTNERS	Employer identification number 95-4302067
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FILINGS OF SELECTED COMPARISON ORGANIZATIONS AND CURRENT MAJOR PUBLISHED

SURVEYS COVERING THE DEFINED EXECUTIVE MARKET. THE CEO'S COMPENSATION IS

APPROVED BY THE BOARD.

THE CEO AND THE EXECUTIVE COMMITTEE REVIEW AND APPROVE THE COMPENSATION OF

OFFICERS. AN INDEPENDENT COMPENSATION CONSULTANT IS UTILIZED TO CONDUCT A

COMPETITIVE COMPENSATION ASSESSMENT FOR THESE POSITIONS AS WELL.

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

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, INFORMATIONAL RETURNS

AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FORM

990 IS ALSO AVAILABLE FOR PUBLIC INSPECTION ON WWW.GUIDESTAR.ORG.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROGRAMMATIC/GENERAL CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES	10,661,615.
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MANAGEMENT AND GENERAL EXPENSES	759,053.
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FUNDRAISING EXPENSES	34,224.
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TOTAL EXPENSES	11,454,892.
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PUBLIC RELATIONS/COMMUNICATIONS:

PROGRAM SERVICE EXPENSES	170,415.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	170,415.
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ART & DESIGN:

PROGRAM SERVICE EXPENSES	179,283.
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Name of the organization COMMUNITY PARTNERS	Employer identification number 95-4302067
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MANAGEMENT AND GENERAL EXPENSES	9,329.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	188,612.
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STAFF & VOLUNTEER RECRUITMENT:

PROGRAM SERVICE EXPENSES	26,681.
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MANAGEMENT AND GENERAL EXPENSES	4,074.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	30,755.
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EVALUATION:

PROGRAM SERVICE EXPENSES	128,749.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	128,749.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	11,973,423.
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