

EXTENDED TO MAY 15, 2020

Form **990**

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

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

▶ 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.

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning** JUL 1, 2018 **and ending** JUN 30, 2019

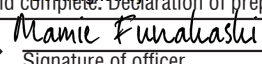
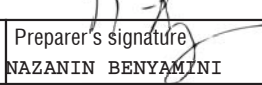
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</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>D Employer identification number</b> 95-4302067 <b>E Telephone number</b> (213) 346-3200
<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>G Gross receipts \$</b> 69,407,638.
<b>J Website:</b> WWW.COMMUNITYPARTNERS.ORG		<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>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
<b>F Name and address of principal officer:</b> PAUL J. VANDEVENTER SAME AS C ABOVE		
<b>H(c) Group exemption number</b> ▶		

**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>	11
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11
<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	793
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	3200
<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 38	<b>7b</b>	64,439.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	44,520,201.
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>Current Year</b>	52,402,102.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,959,013.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		243,588.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		130.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		6,388,377.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		22,856,529.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,384,240.		76,396.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		18,979,776.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		19,362,627.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		48,301,078.	
			55,013,686.
			-578,276.
			1,014,061.
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	40,932,655.
	<b>21</b> Total liabilities (Part X, line 26)	<b>End of Year</b>	42,732,360.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		3,636,194.
			4,411,979.
			37,296,461.

**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>	DocuSigned by:  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 12/17/19 Check if self-employed <input type="checkbox"/> PTIN P00666808	Firm's name ▶ SINGERLEWAK LLP Firm's EIN ▶ 95-2302617 Firm's address ▶ 10960 WILSHIRE BOULEVARD, 7TH FLOOR LOS ANGELES, CA 90024-3783 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 \$ 3,054,678. including grants of \$ ) (Revenue \$ 127,567. ) 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.

4b (Code: ) (Expenses \$ 2,800,000. including grants of \$ 1,800,000. ) (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.

4c (Code: ) (Expenses \$ 2,678,074. including grants of \$ 2,510,976. ) (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 in Schedule O.) (Expenses \$ 34,677,792. including grants of \$ 2,642,032.) (Revenue \$ 2,986,752.)

4e Total program service expenses 43,210,544.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

**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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		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? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

**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)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 793		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.			



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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  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.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records   
 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) 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) IRWIN J. JAEGER BOARD MEMBER	2.00	X						0.	0.	0.
(8) ANGE-MARIE HANCOCK, PH.D. EXECUTIVE COMMITTEE - CHAIR	10.00	X		X				0.	0.	0.
(9) CHRISTOPHER P. KEARLEY EXECUTIVE COMMITTEE - TREASURER	10.00	X		X				0.	0.	0.
(10) HELEN B. KIM EXECUTIVE COMMITTEE - SECRETARY	5.00	X		X				0.	0.	0.
(11) PERRY C. PARKS, III EXECUTIVE COMMITTEE - CHAIR ELECT	5.00	X		X				0.	0.	0.
(12) LINDA FOWELLS EXECUTIVE VICE PRESIDENT	50.00			X				243,741.	0.	45,723.
(13) MAMIE FUNAHASHI CHIEF FINANCIAL OFFICER	50.00			X				192,761.	0.	33,156.
(14) PAUL VANDEVENTER PRESIDENT & CEO	50.00			X				381,579.	0.	67,862.
(15) LANDE AJOSE EXECUTIVE DIR, CA COMPETES	40.00					X		187,268.	0.	4,420.
(16) PATRICK BALL DIR OF RESEARCH, HUMAN RIGHTS DATA A	40.00					X		182,256.	0.	24,377.
(17) SHERI NICOLE DUNN BERRY DIRECTOR OF PROGRAMS	50.00					X		183,653.	0.	12,023.

**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) GAYLE BYRNE DIR. GRANTS & RISK MANAGEMENT	40.00					X		153,306.	0.	8,236.
(19) DANIEL ROSENFELD EXECUTIVE DIR, LAND USE SOLUTIONS	40.00					X		157,500.	0.	12,863.
<b>1b Sub-total</b>								1,682,064.	0.	208,660.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,682,064.	0.	208,660.

**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 8

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE CALIFORNIA ENDOWMENT 1000 N. ALAMEDA, LOS ANGELES, CA 90012	RENT	544,558.
CHAPTER TWO INC, 8929 SOUTH SEPULVEDA BLVD #405, LOS ANGELES, CA 90045	CONSULTING SERVICE	453,424.
ADVANCEMENT PROJECT, 1910 W. SUNSET BLVD SUITE 500, LOS ANGELES, CA 90026	CONSULTING SERVICE	355,418.
CHILDREN NOW, 1404 FRANKLIN ST. SUITE 700, OAKLAND, CA 94612	CONSULTING SERVICE	275,000.
DESERT VISTA CONSULTING 10002 N. 28TH PLACE, PHOENIX, AZ 85028	CONSULTING SERVICE	269,810.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	21	



**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>	110,373.				
	<b>c</b> Fundraising events	<b>1c</b>	779,917.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	12,394,027.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	39,117,785.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		77,277.				
	<b>h Total.</b> Add lines 1a-1f		52,402,102.				
	<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM SERVICES	<b>Business Code</b> 900099	1,726,433.	1,726,433.		
<b>b</b> CONTRACTS		900099	1,296,469.	1,296,469.			
<b>c</b> PROGRAM TUITION/MERCH.		900099	91,417.	91,417.			
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			3,114,319.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		419,006.			419,006.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties		130.			130.	
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		12,898,871.					
		<b>b</b> Less: cost or other basis and sales expenses		12,806,681.			
		<b>c</b> Gain or (loss)		92,190.			
<b>d</b> Net gain or (loss)		92,190.			92,190.		
<b>8 a</b> Gross income from fundraising events (not including \$ 779,917. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	573,210.					
	<b>b</b> Less: direct expenses	<b>b</b>	573,210.				
	<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>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</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			56,027,747.	3,114,319.	0.	511,326.	

**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	6,388,913.	6,388,913.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	521,295.	521,295.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	42,800.	42,800.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	952,377.	376,112.	576,265.	
<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	22,938,657.	16,086,530.	4,109,808.	2,742,319.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	657,260.	464,452.	112,975.	79,833.
<b>9</b> Other employee benefits	2,120,202.	1,465,999.	407,639.	246,564.
<b>10</b> Payroll taxes	1,955,685.	1,374,170.	347,489.	234,026.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	250,128.	19,034.	231,094.	
<b>c</b> Accounting	105,576.		105,576.	
<b>d</b> Lobbying	106,346.	106,346.		
<b>e</b> Professional fundraising services. See Part IV, line 17	73,870.			73,870.
<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.)	9,455,619.	8,817,182.	638,437.	
<b>12</b> Advertising and promotion	86,066.		86,066.	
<b>13</b> Office expenses	684,772.	460,366.	224,406.	
<b>14</b> Information technology	170,595.	124,934.	45,661.	
<b>15</b> Royalties				
<b>16</b> Occupancy	1,588,660.	1,255,419.	333,241.	
<b>17</b> Travel	1,683,309.	1,473,203.	210,106.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,622,398.	1,418,682.	203,716.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	146,027.		146,027.	
<b>23</b> Insurance	166,227.	11,110.	155,117.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROGRAM SUPPLIES	708,117.	702,084.	6,033.	
<b>b</b> HONORARIA	673,697.	640,273.	33,424.	
<b>c</b> FUNDS DISBURSED TO SEPA	351,092.	351,092.		
<b>d</b> POSTAGE & PRINTING	284,540.	234,736.	49,804.	
<b>e</b> All other expenses	1,279,458.	875,812.	396,018.	7,628.
<b>25</b> Total functional expenses. Add lines 1 through 24e	55,013,686.	43,210,544.	8,418,902.	3,384,240.
<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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	11,119,815.	<b>1</b>	9,263,218.
	<b>2</b> Savings and temporary cash investments .....	584.	<b>2</b>	25,470.
	<b>3</b> Pledges and grants receivable, net .....	12,754,337.	<b>3</b>	15,826,024.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<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 .....	556,766.	<b>9</b>	658,742.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 768,363.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 470,115.		
		339,072.	<b>10c</b>	298,248.
	<b>11</b> Investments - publicly traded securities .....	14,468,267.	<b>11</b>	14,882,789.
	<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 .....	1,693,814.	<b>15</b>	1,777,869.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	40,932,655.	<b>16</b>	42,732,360.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,636,194.	<b>17</b>	4,411,979.
	<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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<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 .....	3,636,194.	<b>26</b>	4,411,979.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	2,616,993.	<b>27</b>	2,878,387.
	<b>28</b> Temporarily restricted net assets .....	34,679,468.	<b>28</b>	35,441,994.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	37,296,461.	<b>33</b>	38,320,381.
<b>34</b> Total liabilities and net assets/fund balances .....	40,932,655.	<b>34</b>	42,732,360.	

**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>	56,027,747.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	55,013,686.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,014,061.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	37,296,461.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	9,859.
<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 in 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 33, column (B))	<b>10</b>	38,320,381.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form 990 (2018)

**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

**2018**

Open to Public Inspection

Name of the organization <b>COMMUNITY PARTNERS</b>	Employer identification number 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	28,035,248.	39,430,724.	38,285,416.	44,520,201.	52,402,102.	202,673,691.
<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 .....	28,035,248.	39,430,724.	38,285,416.	44,520,201.	52,402,102.	202,673,691.
<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) .....						21,561,607.
<b>6 Public support.</b> Subtract line 5 from line 4.						181,112,084.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	28,035,248.	39,430,724.	38,285,416.	44,520,201.	52,402,102.	202,673,691.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	232,671.	174,167.	316,782.	374,213.	419,136.	1,516,969.
<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						204,190,660.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	13,433,837.
<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 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	88.70 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	87.98 %
<b>16a 33 1/3% support test - 2018.</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 - 2017.</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 - 2018.</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 - 2017.</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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2018. 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 - 2017. 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</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</b> <b>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.

<b>Section A - Adjusted Net Income</b>		(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	

<b>Section B - Minimum Asset Amount</b>		(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	

<b>Section C - Distributable Amount</b>			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).		

Schedule A (Form 990 or 990-EZ) 2018



**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 2018 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-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, 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 2018. 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 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

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>
---	---

**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) 2018

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots 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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<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? .....														

Yes  No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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					

Schedule C (Form 990 or 990-EZ) 2018

**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)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<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	
<b>d</b> Mailings to members, legislators, or the public? .....	X		34,320.
<b>e</b> Publications, or published or broadcast statements? .....	X		7,339.
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		5,000.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		43,293.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		16,394.
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			106,346.
<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 539, AB 539, AB 653, AB 1593,

AB 1893, AB 1904C, AB 2193, AB 2304, AB 2363, AB 2534, AB 2601, AB

2989, SB 2, SB 3, SB 50, SB 127, SB 150, SB 330, SB 732, SB 827, SB

961, SB 1376, SB 1804, PROP 6

- FEDERAL LOBBYING:



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

- LA CITY LOBBYING: BRIDGE HOUSING PLAN, TRANSPORTATION FINANCE

ADVOCACY AND SIDEWALK/VISON ZERO PROGRAM, STREET VENDING, METRO BUDGET,

GOOD FOOD POLICY

**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

**2018**

**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) .....	10,000.	
3 Aggregate value of grants from (during year) .....	10,200.	
4 Aggregate value at end of year .....	48,650.	
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 (e.g., 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included 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 SFAS 116 (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) 2018

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- 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 Temporarily restricted 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.	17,675.	8,438.
d Equipment		742,250.	452,440.	289,810.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				298,248.

**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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	57,113,068.
<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>	9,859.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	502,252.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	573,210.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		1,085,321.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	56,027,747.
<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>	56,027,747.

**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>	56,089,148.
<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>	502,252.	
<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>	573,210.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		1,075,462.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	55,013,686.
<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>	55,013,686.

**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, 2019 AND 2018, THERE ARE NO UNCERTAIN

POSITIONS TAKEN OR EXPECTED TO BE 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 573,210.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 573,210.



**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

**2018**

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		3	PROGRAM SERVICES	CONSULTING	43,850.
EUROPE		1	PROGRAM SERVICES	CONSULTING	2,500.
CENTRAL AMERICA AND THE CARIBBEAN		1	PROGRAM SERVICES	CONSULTING	2,198.
SOUTH AMERICA		2	PROGRAM SERVICES	CONSULTING	1,367.
MIDDLE EAST AND NORTH AFRICA		1	PROGRAM SERVICES	CONSULTING	500.
<b>3 a</b> Subtotal .....	0	8			50,415.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	8			50,415.

**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.	24,000.		0.		
		SUB-SAHARAN AFRICA	SUPPORT YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US MOST, TO REACH THEIR FULL	18,800.		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 2

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.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US MOST, TO REACH THEIR FULL POTENTIAL AS HEALTHY, RESPONSIBLE, AND PRODUCTIVE CITIZENS.

**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.

**2018**

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 - 9157 CAMINO REAL, SAN GABRIEL, CA 91755	GRANTWRITING		X	1,141,720.	38,250.	1,103,470.
LESLIE TRESUN - 1046 E. ELMWOOD AVE., BURBANK, CA	GRANTWRITING		X	12,000.	8,500.	3,500.
<b>Total</b>				1,153,720.	46,750.	1,106,970.

- 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))
		SAFE PLACE FOR YOUTH	MATERNAL MENTAL HEALTH NOW	91	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	300,908.	88,119.	964,100.	1,353,127.
	<b>2</b> Less: Contributions .....	237,059.	82,837.	460,021.	779,917.
	<b>3</b> Gross income (line 1 minus line 2) .....	63,849.	5,282.	504,079.	573,210.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	21,358.		101,132.	122,490.
	<b>7</b> Food and beverages .....	30,380.	90.	139,126.	169,596.
	<b>8</b> Entertainment .....	2,053.		13,937.	15,990.
	<b>9</b> Other direct expenses .....	10,058.	5,192.	249,884.	265,134.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				573,210.
<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 .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<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

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

(I) NAME OF FUNDRAISER: LESLIE TRESUN

(I) ADDRESS OF FUNDRAISER: 1046 E. ELMWOOD AVE., BURBANK, CA 91501

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

Lined area for supplemental information.

**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

**2018**

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 91311	95-3081695	501(C)(3)	557,871.	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
ADVANCEMENT PROJECT 1910 W SUNSET BLVD SUITE 500 LOS ANGELES, CA 90026	95-4835230	501(C)(3)	325,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
COUNTY OF SANTA CLARA P.O. BOX 398414 SAN FRANCISCO, CA 94139	94-6000533	GOV'T	300,000.	0.	CASH GRANT		SUPPORT A POPULATION HEALTH MODEL TO ADDRESS A PARTICULAR HEALTH NEED, SUCH AS CHRONIC DISEASE,
IMPERIAL COUNTY PUBLIC HEALTH DEPARTMENT - 935 BROADWAY ST - EL CENTRO, CA 92243	95-6001665	GOV'T	300,000.	0.	CASH GRANT		SUPPORT A POPULATION HEALTH MODEL TO ADDRESS A PARTICULAR HEALTH NEED, SUCH AS CHRONIC DISEASE,
MERCED COUNTY DEPARTMENT OF PUBLIC HEALTH - 260 E. 15TH STREET - MERCED, CA 95641	94-6000521	GOV'T	300,000.	0.	CASH GRANT		SUPPORT A POPULATION HEALTH MODEL TO ADDRESS A PARTICULAR HEALTH NEED, SUCH AS CHRONIC DISEASE,

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

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

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

51.  
29.

Schedule I (Form 990) (2018)

**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
SAN DIEGO HEALTHCARE QUALITY COLLABORATIVE - PO BOX 230397 - ENCINITAS, CA 92024	46-5359485	501(C)(3)	300,000.	0.	CASH GRANT		SUPPORT A POPULATION HEALTH MODEL TO ADDRESS A PARTICULAR HEALTH NEED, SUCH AS CHRONIC DISEASE,
SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES - 1450 NEOTOMAS, SUITE 200 - SANTA ROSA, CA 95405	94-6000539	GOV'T	300,000.	0.	CASH GRANT		SUPPORT A POPULATION HEALTH MODEL TO ADDRESS A PARTICULAR HEALTH NEED, SUCH AS CHRONIC DISEASE,
TIDES CENTER 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	300,000.	0.	CASH GRANT		SUPPORT A POPULATION HEALTH MODEL TO ADDRESS A PARTICULAR HEALTH NEED, SUCH AS CHRONIC DISEASE,
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
CHILDREN NOW 1404 FRANKLIN ST. SUITE 700 OAKLAND, CA 94612	94-3059243	501(C)(3)	275,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
KRAININ PRODUCTIONS INC 25211 SUMMERHILL LANE STEVENSON RANCH, CA 91381	32-0486931	CORPORATION	175,000.	0.	CASH GRANT		SUPPORT A DOCUMENTARY ABOUT THE LIVES OF THE ACADEMICALLY GIFTED YOUNG PEOPLE WHO GAIN ADMISSION
PROSOCIAL 604 ARIZONA AVE SANTA MONICA, CA 90401	20-8962064	CORPORATION	169,475.	0.	CASH GRANT		SUPPORT PUBLIC ENGAGEMENT CAMPAIGNS IN THE PURSUIT OF SUSTAINABLE SOCIAL IMPACT ON A WIDE VARIETY
CHILD 360 515 SOUTH FIGUEROA ST, SUITE 900 LOS ANGELES, CA 90071	22-3902958	501(C)(3)	150,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
URBAN STRATEGIES FOUNDATION 777 FIGUEROA ST STE 4050 LOS ANGELES, CA 90017	43-1141027	501(C)(3)	114,991.	0.	CASH GRANT		SUPPORT CONFERENCE TO COMMEMORATE 50 YEAR ANNIVERSARY OF MARTIN LUTHER KING JR

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
TIDES CENTER 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	108,882.	0.	CASH GRANT		SUPPORT JUST, EQUITABLE AND INCLUSIVE GOVERNMENT AND ECONOMY IN THE INLAND REGION (RIVERSIDE AND SAN
CHILD CARE LAW CENTER 445 CHURCH ST SAN FRANCISCO, CA 94114	94-2959973	501(C)(3)	100,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
VISIONALITY PARTNERS PO BOX 23223 VENTURA, CA 93002	46-4928050	CORPORATION	97,746.	0.	CASH GRANT		SUPPORT COMMUNITY WHO FACED TRAGEDY DURING THE THOMAS FIRE
EVERYCHILD CALIFORNIA 1107 2ND ST #320 SACRAMENTO, CA 95814	93-1187319	501(C)(3)	80,000.	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, SUITE 300 WASHINGTON, DC 20005	13-3840271	501(C)(3)	75,592.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
DAVID ABEL AND ASSOCIATES 700 S FLOWER STREET STE 700 LOS ANGELES, CA 90017	95-3287646	CORPORATION	75,100.	0.	CASH GRANT		SUPPORT ECONOMIC DEVELOPMENT AND PUBLIC POLICY IN CALIFORNIA
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
MOMRISING 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
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

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
ALLIANCE FOR SOUTHERN CALIFORNIA INNOVATION - 87 N RAYMOND AVE #200 - PASADENA, CA 91103	82-1726203	501(C)(3)	70,111.	0.	CASH GRANT		SUPPORT, ENERGIZE AND CONNECT THE SOCIAL NODES, THEREBY INCREASING ECONOMIC DEVELOPMENT IN
THE GRANTSMANSHIP CENTER 350 SOUTH BIXEL ST STE 110 LOS ANGELES, CA 90017	95-4073138	501(C)(3)	67,290.	0.	CASH GRANT		SUPPORT THE POSITIVE IMPACT OF SMALL TO MEDIUM-SIZE NONPROFITS IN LOS ANGELES COUNTY
CALIFORNIA COMMUNITY FOUNDATION "JOAN PALEVSKY CENTER LOS ANGELES, CA 90012	95-3510055	501(C)(3)	55,812.	0.	CASH GRANT		SUPPORT VICTIMS OF FIRES AND FLOODS IN SOUTHERN CALIFORNIA
CALIFORNIA FIRE FOUNDATION 221 S FIGUEROA ST STE 400 SACRAMENTO, CA 95833	68-0118991	501(C)(3)	55,812.	0.	CASH GRANT		SUPPORT VICTIMS OF FIRES AND FLOODS IN SOUTHERN CALIFORNIA
THOMAS FIRE AND FLOOD RELIEF FUND/UNITED WAY OF SANTA BARBARA COUNTY - 1780 CREEKSIDE OAKS DR - SANTA BARBARA, CA 93101	36-4816075	501(C)(3)	55,812.	0.	CASH GRANT		SUPPORT VICTIMS OF FIRES AND FLOODS IN SOUTHERN CALIFORNIA
LA TRUST FOR CHILDREN'S HEALTH 320 E GUTIERREZ ST LOS ANGELES, CA 90013	94-6002123	501(C)(3)	55,000.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
MONTGOMERY COUNTY PUBLIC SCHOOLS 333 SOUTH BEAUDRY AVE., 29TH FLOOR SILVER SPRING, MD 20906	04-2300472	GOV'T	54,748.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
CENTRAL CITY ASSOCIATION 12518 GREENLY ST LOS ANGELES, CA 90017	46-4928050	501(C)(3)	50,800.	0.	CASH GRANT		SUPPORT THE FOUNDATION TO IMPROVE THE CONNECTIVITY, ACCESSIBILITY, AND EXPERIENCE WHO ENLIVEN
LAUSD 626 WILSHIRE BLVD #850 LOS ANGELES, CA 90017	47-3083319	GOV'T	42,211.	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
THE NATIONAL THEATRE FOR CHILDREN, INC. - 333 S BEAUDRY AVENUE - MINNEAPOLIS, MN 55427	26-3506554	501(C)(3)	31,890.	0.	CASH GRANT		SUPPORT INTERACTIVE, EDUCATIONAL THEATRE PROGRAMMING TO PROVIDE ENRICHMENT EDUCATION ON
SAN DIEGO UNIFIED SCHOOL DISTRICT 6305 SANDBURG RD #100 SAN DIEGO, CA 92103	95-4431992	GOV'T	29,062.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
LA PROMISE FUND 4100 NORMAL ST RM 2121 LOS ANGELES, CA 90012	20-4562686	501(C)(3)	25,000.	0.	CASH GRANT		SUPPORT COMPREHENSIVE, DIVERSE, ROBUST, CLEAN AND FINANCIALLY SOUND PUBLIC TRANSPORTATION
JEWISH FREE LOAN ASSOCIATION 202 W 1ST ST. SUITE 160 LOS ANGELES, CA 90048	95-1691014	501(C)(3)	25,000.	0.	CASH GRANT		SUPPORT A POPULATION HEALTH MODEL TO ADDRESS A PARTICULAR HEALTH NEED, SUCH AS CHRONIC DISEASE,
CALIFORNIA CHILD DEVELOPMENT ADMINISTRATORS ASSOCIATION - 6505 WILSHIRE BLVD, SUITE 715 - SACRAMENTO, CA 95814	91-1187319	501(C)(3)	25,000.	0.	CASH GRANT		SUPPORT A POPULATION HEALTH MODEL TO ADDRESS A PARTICULAR HEALTH NEED, SUCH AS CHRONIC DISEASE,
MY529 1107 2ND ST, SUITE 320 SALT LAKE CITY, UT 84101	87-0680188	CORPORATION	24,829.	0.	CASH GRANT		SUPPORT LOCAL STUDENTS WITH A SEAMLESS PATHWAY FROM PRESCHOOL THROUGH COLLEGE.
ASIAN HEALTH SERVICES 2 60 400 WEST OAKLAND, CA 94607	26-3506554	501(C)(3)	24,093.	0.	CASH GRANT		SUPPORT WORKERS' RIGHTS ADVOCATES, WORKER HEALTH AND SAFETY PROFESSIONALS
PAJARO VALLEY UNIFIED SCHOOL DISTRICT - 818 WEBSTER STREET - WATSONVILLE, CA 95076	77-0375541	GOV'T	22,040.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1140 MENASCO DR - OAKLAND, CA 94607	94-1539563	GOV'T	21,684.	0.	CASH GRANT		SUPPORT WORKERS' RIGHTS ADVOCATES, WORKER HEALTH AND SAFETY PROFESSIONALS

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
AMERICAN INDIANS IN TEXAS 1111 FRANKLIN STREET SAN ANTONIO, TX 78207	74-2717029	501(C)(3)	20,000.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN
AUSTIN JUSTICE COALITION 131 GUADALUPE ST SUITE 104 AUSTIN, TX 78752	81-3138826	501(C)(3)	20,000.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN
DREAM DEFENDERS/TIDES CENTER 314 E HIGHLAND MALL BLVD SUITE 108 SAN FRANCISCO, CA 94129	54-1774039	501(C)(3)	20,000.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN
FLORIDA IMMIGRANT COALITION INC. 1014 TORNEY AVE MIAMI, FL 33137	20-2123833	501(C)(3)	20,000.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN
FLORIDA RIGHTS RESTORATION COALITION EDUCATION FUND - 2800 BISCAYNE BLVD #200 - SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	20,000.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN
GROWING KINGS INC PO BOX 29903 BIRMINGHAM, AL 35201	27-0708543	501(C)(3)	20,000.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN
LA PLAZITA INSTITUTE P.O. BOX 291 ALBUQUERQUE, NM 87105	26-2486467	501(C)(3)	20,000.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN
NEW MEXICO ASIAN FAMILY CENTER 831 ISLETA BLVD SW ALBUQUERQUE, NM 87108	26-0545877	501(C)(3)	20,000.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN
NEXT GENERATION ACTION NETWORK FOUNDATION - 115 MONTCLAIRE DR., SE - DALLAS, TX 75339	81-2565213	501(C)(3)	20,000.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN

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
ONE VOICE PO BOX 398678 SANTA MONICA, CA 90404	95-3900124	501(C)(3)	20,000.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN
PARTNERSHIP FOR SOUTHERN EQUITY 1228 15TH STREET C ATLANTA, GA 30303	27-4424115	501(C)(3)	20,000.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN
SOUTHERN ECHO 100 PEACHTREE ST, NW, SUITE 1960 JACKSON, MS 39213	64-0819311	501(C)(3)	20,000.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN
VOTE 1350 LIVINGSTON LANE NEW ORLEANS, LA 70116	16-1695266	501(C)(3)	20,000.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN
VANCOUVER SCHOOL DISTRICT NO 37 2022 ST BERNARD AVE, RM 307 VANCOUVER, WA 98668	91-0971800	GOV'T	19,818.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
PUENTE ARIZONA PO BOX 6039 PHOENIX, AZ 85036	45-3697690	501(C)(3)	19,775.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - P.O. BOX 21837 - OAKLAND, CA 94607	94-1539563	GOV'T	19,773.	0.	CASH GRANT		SUPPORT WORKERS' RIGHTS ADVOCATES, WORKER HEALTH AND SAFETY PROFESSIONALS
ANTIOCH UNIFIED SCHOOL DISTRICT 1111 FRANKLIN STREET ANTIOCH, CA 94509	86-1134505	GOV'T	19,287.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
SER JOBS FOR PROGRESS OF THE TEXAS GULF COAST - 2304 G ST - HOUSTON, TX 77023	74-1590387	501(C)(3)	18,886.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN

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
SOCIAL POLICY RESEARCH ASSOCIATES 1710 TELEPHONE RD. OAKLAND, CA 94612	94-3143216	CORPORATION	17,765.	0. CASH GRANT			SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
NORTH THURSTON PUBLIC SCHOOLS 1333 BROADWAY, SUITE 310 LACEY, WA 98516	91-6017626	GOV'T	17,631.	0. CASH GRANT			SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
SCHOOL SERVICES OF CALIFORNIA INC 305 COLLEGE ST NE SACRAMENTO, CA 95814	94-2447992	CORPORATION	17,012.	0. CASH GRANT			SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
VIOLINS OF HOPE 1121 L ST #1060 LOS ANGELES, CA 90024	81-3775463	CORPORATION	15,542.	0. CASH GRANT			SUPPORT PUBLIC EDUCATION ABOUT THE HOLOCAUST THROUGH MUSIC AND CULTURE USING VIOLINS, VIOLAS AND
CAPITO ASSOCIATES 10724 WILSHIRE BLVD #606 SAINT CHARLES, IL 60175	34-5808473	CORPORATION	15,150.	0. CASH GRANT			SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
FRESNO UNIFIED SCHOOL DISTRICT 3102 PENDLETON CT FRESNO, CA 93710	94-6002206	GOV'T	14,977.	0. CASH GRANT			SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
VIOLINS OF HOPE 550 E BROWNING LOS ANGELES, CA 90024	81-3775463	501(C)(3)	12,700.	0. CASH GRANT			SUPPORT PUBLIC EDUCATION ABOUT THE HOLOCAUST THROUGH MUSIC AND CULTURE USING VIOLINS, VIOLAS AND
BURBANK EDUCATION FUND 10724 WILSHIRE BL #606 BURBANK, CA 91507	95-3881086	501(C)(3)	10,000.	0. CASH GRANT			SUPPORT LOCAL EDUCATION SYSTEM
STAND! FOR FAMILIES FREE OF VIOLENCE - PO BOX 1788 - CONCORD, CA 94520	94-2476576	501(C)(3)	10,000.	0. CASH GRANT			SUPPORT LOCAL EDUCATION 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
MADERA UNIFIED SCHOOL DISTRICT 1410 DANZIG PLAZA MADERA, CA 93637	35-2247260	GOV'T	9,893.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
PUEBLO COUNTY SCHOOL DISTRICT 70 1902 HOWARD RD PUEBLO WEST, CO 81007	84-6002832	GOV'T	9,880.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
FOUNDATION FOR VANCOUVER PUBLIC SCHOOLS - 386 E HAHNS PEAK AVE - VANCOUVER, WA 98668	91-0971800	501(C)(3)	9,576.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
CIVICA LATINO PO BOX 6039 LOS ANGELES, CA 90017	82-2505029	501(C)(3)	9,300.	0.	CASH GRANT		SUPPORT LATINO COMMUNITY ENGAGEMENT AND VOTER PARTICIPATION.
ILDERTON CONVERSION COMPANY 777 S FIGUEROA ST #4050 ASHEVILLE, NC 28806	82-1812724	CORPORATION	9,271.	0.	CASH GRANT		PROVIDE FINANCIAL SUPPORT TO YOUNG ATHLETES WHO SUFFER SPINAL CORD INJURIES.
ISSUE VOTER 35 DOGWOOD RD NEW YORK, NY 10010	46-1980016	CORPORATION	9,075.	0.	CASH GRANT		SUPPORT DEMOCRACY BY MAKING CIVIC ENGAGEMENT ACCESSIBLE, EFFICIENT, AND IMPACTFUL.
LA-MAS 330 3RD AVENUE LOS ANGELES, CA 90039	38-3886677	501(C)(3)	9,000.	0.	CASH GRANT		SUPPORT ARTS IN THE CITY OF LOS ANGELES
VELOCITY INK LLC 2806 CLEARWATER ST SAN GABRIEL, CA 91775	47-1124822	CORPORATION	8,875.	0.	CASH GRANT		SUPPORT ACCESS TO QUALITY JOBS, REDUCE DISCRIMINATION, AND IMPROVE INDUSTRIES THAT
SHARED VISION CONSULTANTS 9157 CAMINO REAL DUBLIN, CA 94568	20-8337074	CORPORATION	7,750.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND

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
ECHO PARK CHAMBER OF COMMERCE 1509 SCENIC DR LOS ANGELES, CA 90026	45-0549975	501(C)(3)	6,000.	0.	CASH GRANT		SUPPORT ARTS IN THE CITY OF LOS ANGELES
BOB BAKER MARIONETTE THEATER PO BOX 26745 LOS ANGELES, CA 90042	83-0977614	501(C)(3)	5,625.	0.	CASH GRANT		SUPPORT ARTS IN THE CITY OF LOS ANGELES

**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 SCHOLARSHIP AWARD	54	421,500.	0.	CASH GRANTS	
COLLEGE BOUND TODAY MENTOR SCHOLARSHIP AWARD	10	42,500.	0.	CASH GRANTS	
NSF DATA LITERACY SEED SCHOLARSHIP AWARD	4	18,000.	0.	CASH GRANTS	
EDGLEY FELLOWSHIP SCHOLARSHIP AWARD	2	7,500.	0.	CASH GRANTS	
OTHER VARIOUS GRANTS	21	31,795.	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.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

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.

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

<input 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) 2018

**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) LINDA FOWELLS EXECUTIVE VICE PRESIDENT	(i) 221,621. (ii) 0.	0.	22,120.	19,709.	26,014.	289,464.	0.
(2) MAMIE FUNAHASHI CHIEF FINANCIAL OFFICER	(i) 192,761. (ii) 0.	0.	0.	15,174.	17,982.	225,917.	0.
(3) PAUL VANDEVENTER PRESIDENT & CEO	(i) 322,579. (ii) 0.	0.	59,000.	24,172.	43,690.	449,441.	0.
(4) LANDE AJOSE EXECUTIVE DIR, CA COMPETES	(i) 187,268. (ii) 0.	0.	0.	0.	4,420.	191,688.	0.
(5) PATRICK BALL DIR OF RESEARCH, HUMAN RIGHTS DATA A	(i) 182,256. (ii) 0.	0.	0.	14,730.	9,647.	206,633.	0.
(6) SHERI NICOLE DUNN BERRY DIRECTOR OF PROGRAMS	(i) 180,948. (ii) 0.	0.	2,705.	10,252.	1,771.	195,676.	0.
(7) GAYLE BYRNE DIR. GRANTS & RISK MANAGEMENT	(i) 153,306. (ii) 0.	0.	0.	7,665.	571.	161,542.	0.
(8) DANIEL ROSENFELD EXECUTIVE DIR, LAND USE SOLUTIONS	(i) 157,500. (ii) 0.	0.	0.	12,375.	488.	170,363.	0.
	(i) (ii)						
	(i) (ii)						
	(i) (ii)						
	(i) (ii)						
	(i) (ii)						
	(i) (ii)						
	(i) (ii)						
	(i) (ii)						
	(i) (ii)						
	(i) (ii)						
	(i) (ii)						
	(i) (ii)						

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 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

**2018**

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		14,415	FMV
5	Clothing and household goods	X		15,228	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	3	13,599	CASH VALUE
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 ( SOFTWARE/HARD )	X	6	18,400	FMV
26	Other ( VARIOUS ITEMS )	X	31	15,635	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) 2018

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

SCHEDULE M, LINE 32B:

THE ORGANIZATION HIRES A THIRD PARTY BROKER TO SELL THE CONTRIBUTED  
SECURITIES.



**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

**2018**

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
--	--

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 \$ 34,677,792. INCL GRANTS OF \$ 2,642,032. REVENUE \$ 2,986,752.

FORM 990, PART VI, SECTION A, LINE 4:

DURING THE FISCAL YEAR THE ORGANIZATION AMENDED AND RESTATED THEIR ARTICLES OF INCORPORATION IN ORDER TO INCORPORATE MORE ACTIVITIES/PROJECTS THAT THE ORGANIZATION MAINTAINS.

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.

Name of the organization COMMUNITY PARTNERS	Employer identification number 95-4302067
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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 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	8,302,049.
MANAGEMENT AND GENERAL EXPENSES	627,894.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,929,943.

PUBLIC RELATIONS/COMMUNICATIONS:

PROGRAM SERVICE EXPENSES	233,898.
MANAGEMENT AND GENERAL EXPENSES	300.

Name of the organization COMMUNITY PARTNERS	Employer identification number 95-4302067
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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 234,198.

ART & DESIGN:

PROGRAM SERVICE EXPENSES 139,533.

MANAGEMENT AND GENERAL EXPENSES 7,475.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 147,008.

STAFF & VOLUNTEER RECRUITMENT:

PROGRAM SERVICE EXPENSES 50,947.

MANAGEMENT AND GENERAL EXPENSES 2,768.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 53,715.

EVALUATION:

PROGRAM SERVICE EXPENSES 90,755.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 90,755.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 9,455,619.