

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 **and ending** JUN 30, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY PARTNERS		D Employer identification number 95-4302067	
	Doing Business As		E Telephone number (213) 346-3200	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	1000 NORTH ALAMEDA STREET	240	G Gross receipts \$ 30,570,785.	
	City, town, or post office, state, and ZIP code LOS ANGELES, CA 90012			
F Name and address of principal officer: PAUL J. VANDEVENTER SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.COMMUNITYPARTNERS.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1991	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>COMMUNITY DEVELOPMENT AND SOCIAL ENTERPRISE ORGANIZATION.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 18	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 18	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 366	
	6 Total number of volunteers (estimate if necessary)	6 150	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	19,457,569.	22,999,098.
	9 Program service revenue (Part VIII, line 2g)	1,531,235.	2,021,029.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	105,782.	38,155.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,094,624.	25,058,282.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	458,724.	593,936.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,820,691.	10,334,556.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	142,650.	111,178.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,176,327.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,644,728.	9,542,401.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,066,793.	20,582,071.
19 Revenue less expenses. Subtract line 18 from line 12	4,027,831.	4,476,211.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	18,975,522.	23,993,556.
	21 Total liabilities (Part X, line 26)	1,290,823.	1,750,500.
	22 Net assets or fund balances. Subtract line 21 from line 20	17,684,699.	22,243,056.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ MAMIE FUNAHASHI, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name NANAZ BENYAMINI	Preparer's signature 	Date 10/08/13	Check if self-employed <input type="checkbox"/>	PTIN P00666808
	Firm's name ▶ SINGERLEWAK LLP	Firm's EIN ▶ 95-2302617		Phone no. (310) 477-3924	
	Firm's address ▶ 10960 WILSHIRE BLVD. STE 700 LOS ANGELES, CA 90024-3783				

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 to any question 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

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

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

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

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

4a (Code:) (Expenses \$ 855,414. including grants of \$) (Revenue \$ 2,750.)

ASSOCIATES IN LEARNING AND LEADERSHIP

ASSOCIATES IN LEARNING AND LEADERSHIP (ALL) BUILDS THE CAPACITY OF SCHOOL COMMUNITIES AND ORGANIZATIONS THROUGH "INSTITUTES," WORKSHOPS, AND ON-SITE COACHING TO MAXIMIZE LEARNING.

4b (Code:) (Expenses \$ 819,605. including grants of \$ 145,688.) (Revenue \$)

FARMER VETERAN COALITION

FARMER VETERAN COALITION PROVIDES INFORMATION, MENTORING, TRAINING, AND PLACEMENTS FOR VETERANS OF IRAQ AND AFGHANISTAN TO ENCOURAGE EMPLOYMENT AND ENTREPRENEURSHIP IN AGRICULTURE.

4c (Code:) (Expenses \$ 702,950. including grants of \$ 112,303.) (Revenue \$ 18,500.)

COLLEGE MATCH

COLLEGE MATCH ASSISTS WELL-QUALIFIED, LOW-INCOME HIGH SCHOOL STUDENTS TO GAIN ADMISSION TO GOOD COLLEGES WITH SUFFICIENT FINANCIAL ASSISTANCE.

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

(Expenses \$ 14,435,712. including grants of \$ 335,945.) (Revenue \$ 1,999,779.)

4e Total program service expenses 16,813,681.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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 to any question in this Part VI [X]

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] 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, physical address, and telephone number of the person who possesses the books and records of the organization:
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 to any question 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) KATE ANDERSON BOARD MEMBER	2.00	X					0.	0.	0.	
(2) JAMES DE BREE BOARD MEMBER	2.00	X					0.	0.	0.	
(3) ANDREA CAPACHIETTI BOARD MEMBER	2.00	X					0.	0.	0.	
(4) STEVEN J. COBB BOARD MEMBER	2.00	X					0.	0.	0.	
(5) GARY E. ERICKSON BOARD MEMBER	2.00	X					0.	0.	0.	
(6) HELEN B. KIM BOARD MEMBER	2.00	X					0.	0.	0.	
(7) IRWIN J. JAEGER BOARD MEMBER	2.00	X					0.	0.	0.	
(8) HENRY JONES BOARD MEMBER	2.00	X					0.	0.	0.	
(9) ANN REISS LANE BOARD MEMBER	2.00	X					0.	0.	0.	
(10) DEIDRE LIND BOARD MEMBER	2.00	X					0.	0.	0.	
(11) STEVEN A. NISSEN BOARD MEMBER	2.00	X					0.	0.	0.	
(12) PERRY PARKS BOARD MEMBER	2.00	X					0.	0.	0.	
(13) JOY PICUS BOARD MEMBER	2.00	X					0.	0.	0.	
(14) LISA CLERI REALE BOARD MEMBER	2.00	X					0.	0.	0.	
(15) JACK SHAKELY BOARD MEMBER	2.00	X					0.	0.	0.	
(16) WILLIAM C. CHOI CHAIR	5.00	X		X			0.	0.	0.	
(17) ELADIO CORREA VICE CHAIR	5.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) STEVE MEIER SECRETARY/TREASURER	5.00	X		X				0.	0.	0.
(19) PAUL J. VANDEVENTER PRESIDENT & CEO	50.00			X				280,504.	0.	48,223.
(20) LINDA FOWELLS EXEC. VICE PRESIDENT	50.00			X				173,179.	0.	31,573.
(21) DONNA ROBERTS VICE PRESIDENT & CFO	50.00			X				162,680.	0.	15,901.
(22) ANDREW BRIDGE (UNTIL 8/2012) PROJECT DIRECTOR	40.00					X		141,602.	0.	20,691.
(23) MADELINE DI NONNO PROJECT DIRECTOR	40.00					X		168,269.	0.	696.
(24) ROBERT GARCIA PROJECT DIRECTOR	40.00					X		125,000.	0.	7,627.
(25) BRIDGET HOGAN COLE SENIOR PRGORAM DIRECTOR	40.00					X		117,570.	0.	13,698.
(26) DENNIS ZANE PROJECT DIRECTOR	40.00					X		119,495.	0.	13,738.
1b Sub-total								1,288,299.	0.	152,147.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,288,299.	0.	152,147.

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE CALIFORNIA ENDOWMENT 1000 N. ALAMEDA ST., LA, CA 90012	RENT & PARKING	394,646.
THE BAKER GROUP, 6245 BRISTOL PKWY #231, CULVER CITY, CA 90230	CONSULTING SERVICES	307,843.
CITY OF LOS ANGELES 200 N. MAIN ST. #300, LA, CA 90012	CONSULTING SERVICES	219,042.
LA CONSERVATION CORPS P.O. BOX 15868, LA, CA 90015	CONSULTING SERVICES	217,592.
THE PROPELLANT GROUP LLC 781 MORADA PLACE, ALTADENA, CA 91001	CONSULTING SERVICES	171,126.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **9**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b	44,819.					
	c Fundraising events	1c	1,553,088.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	3,339,579.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,061,612.					
	g Noncash contributions included in lines 1a-1f: \$		289,188.					
	h Total. Add lines 1a-1f			22,999,098.				
Program Service Revenue	2 a CONTRACT & RESIDENT FE	Business Code	900099	1,287,987.	1,287,987.			
	b CONFERENCE/WORKSHOP FE		900099	647,927.	647,927.			
	c PROGRAM MERCHANDISE RE		900099	85,115.	85,115.			
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			2,021,029.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			35,509.			35,509.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		5,051,389.						
		b Less: cost or other basis and sales expenses		5,048,743.				
		c Gain or (loss)		2,646.				
	d Net gain or (loss)			2,646.			2,646.	
	8 a Gross income from fundraising events (not including \$ 1,553,088. of contributions reported on line 1c). See Part IV, line 18	a		463,760.				
		b Less: direct expenses	b	463,760.				
		c Net income or (loss) from fundraising events			0.			
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a								
b								
c								
d All other revenue								
e Total. Add lines 11a-11d								
12 Total revenue. See instructions.				25,058,282.	2,021,029.	0.	38,155.	

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 to any question in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	284,030.	284,030.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	298,906.	298,906.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	11,000.	11,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	653,546.	240,578.	412,968.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,117,591.	6,119,144.	1,093,340.	905,107.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	196,800.	149,788.	26,831.	20,181.
9 Other employee benefits	656,050.	476,100.	117,995.	61,955.
10 Payroll taxes	710,569.	524,366.	108,297.	77,906.
11 Fees for services (non-employees):				
a Management				
b Legal	112,435.	109,573.	2,862.	
c Accounting	63,673.		63,673.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	111,178.			111,178.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,003,914.	3,869,713.	134,201.	
12 Advertising and promotion	124,646.	124,146.	500.	
13 Office expenses	274,975.	183,350.	91,625.	
14 Information technology				
15 Royalties				
16 Occupancy	697,497.	580,578.	116,919.	
17 Travel	1,009,837.	928,037.	81,800.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	993,100.	931,096.	62,004.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,677.		11,677.	
23 Insurance	47,864.	28,160.	19,704.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SEPARATED PROJ TRANSFER	822,563.	822,261.	302.	
b PROGRAM SUPPLIES	297,333.	297,333.		
c POSTAGE & PRINTING	259,612.	221,138.	38,474.	
d HONORARIA	255,665.	250,126.	5,539.	
e All other expenses	567,610.	364,258.	203,352.	
25 Total functional expenses. Add lines 1 through 24e	20,582,071.	16,813,681.	2,592,063.	1,176,327.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,098,310.	1	8,223,382.
	2 Savings and temporary cash investments	2,300,600.	2	4,116,649.
	3 Pledges and grants receivable, net	5,927,062.	3	6,668,373.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	212,703.	9	254,851.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 169,285.		
	b Less: accumulated depreciation	10b 154,465.	18,243.	10c 14,820.
	11 Investments - publicly traded securities	5,663,466.	11	3,871,635.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	755,138.	15	843,846.
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,975,522.	16	23,993,556.	
Liabilities	17 Accounts payable and accrued expenses	1,290,823.	17	1,750,500.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,290,823.	26	1,750,500.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,697,911.	27	2,024,821.
	28 Temporarily restricted net assets	15,986,788.	28	20,218,235.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	17,684,699.	33	22,243,056.
34 Total liabilities and net assets/fund balances	18,975,522.	34	23,993,556.	

Form **990** (2012)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,058,282.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,582,071.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,476,211.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,684,699.
5	Net unrealized gains (losses) on investments	5	82,146.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	22,243,056.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

Form **990** (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,973,429.	12,723,242.	13,161,006.	19,457,569.	22,454,521.	80,769,767.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12,973,429.	12,723,242.	13,161,006.	19,457,569.	22,454,521.	80,769,767.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12,415,676.
6 Public support. Subtract line 5 from line 4.						68,354,091.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	12,973,429.	12,723,242.	13,161,006.	19,457,569.	22,454,521.	80,769,767.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	231,586.	108,881.	72,798.	105,820.	35,509.	554,594.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						81,324,361.
12 Gross receipts from related activities, etc. (see instructions)					12	9,248,031.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	84.05 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	84.77 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2012

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), 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 expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012
LHA

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		1,958.
e Publications, or published or broadcast statements?	X		3,937.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		35,491.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			41,386.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to 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, line 2; 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 369, AB 710, AB 11, AB 1446, AB 1081, AB 553,

AB 889

- CA SENATE LOBBYING: SB 791, SB 829, SB 120, SB 161

- LA CITY LOBBYING: 30-10 PLAN, DWP RATE ADJUSTMENT, DON'T WASTE LA

CAMPAIGN, OPEN SPACE STRATEGY, SEWER FEE INCREASE, CORNFIELDS ARROYO

Part IV Supplemental Information (continued)

SECO SPECIFIC PLAN, LOW IMPACT DEVELOPMENT ORDINANCE, BIKE PARKING

ORDINANCE, BILLBOARD BLIGHT, SCAG REGIONAL TRANSPORTATION PLAN, LIVING

STREETS/PEDESTRIAN FUNDING, RECYCLE WATER, LAND CONSERVATION FUND,

TRANSPORTATION

- LA COUNTY LOBBYING: MEASURE R EXTENSION

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input 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 type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an 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 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

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

Yes No

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

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- ▶ \$ _____
- (ii) Assets included in Form 990, Part X
- ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- ▶ \$ _____
- b Assets included in Form 990, Part X
- ▶ \$ _____

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

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

- a Public exhibition
- 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	

b If "Yes" to 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. 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				
d Equipment		169,285.	154,465.	14,820.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 14,820.

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. 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)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. 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		
1	Total revenue, gains, and other support per audited financial statements	1 25,803,363.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a 82,146.
b	Donated services and use of facilities	2b 199,175.
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIII.)	2d 463,760.
e	Add lines 2a through 2d	2e 745,081.
3	Subtract line 2e from line 1	3 25,058,282.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIII.)	4b
c	Add lines 4a and 4b	4c 0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5 25,058,282.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1 21,245,006.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a 199,175.
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIII.)	2d 463,760.
e	Add lines 2a through 2d	2e 662,935.
3	Subtract line 2e from line 1	3 20,582,071.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIII.)	4b
c	Add lines 4a and 4b	4c 0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5 20,582,071.

Part XIII Supplemental Information

Complete this part to 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 RECOGNIZES THE IMPACT OF TAX

POSITIONS ON THE FINANCIAL STATEMENTS IN ACCORDANCE WITH FINANCIAL

ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION

TOPIC NO. 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ("ASC 740"). ASC

740 CLARIFIES THE UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN

ENTERPRISE'S FINANCIAL STATEMENTS IN ACCORDANCE WITH FASB STATEMENTS NO.

109, ACCOUNTING FOR INCOME TAXES, AND PRESCRIBES A RECOGNITION AND

MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX

Part XIII Supplemental Information (continued)

RETURN. IN ACCORDANCE WITH ASC 740 THE ORGANIZATION RECOGNIZES THE IMPACT
 OF TAX POSITIONS IN THE FINANCIAL STATEMENTS IF THAT POSITION IS MORE
 LIKELY THAN NOT OF BEING SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS
 OF THE POSITION. TO DATE, THE ORGANIZATION HAS NOT RECORDED ANY UNCERTAIN
 TAX POSITIONS. THE ORGANIZATION RECOGNIZES POTENTIAL ACCRUED INTEREST AND
 PENALTIES RELATED TO UNCERTAIN TAX POSITIONS IN INCOME TAX EXPENSE. DURING
 THE YEAR ENDED JUNE 30, 2013, THE ORGANIZATION DID NOT RECOGNIZE ANY
 AMOUNT IN POTENTIAL INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX
 POSITIONS. IN ACCORDANCE WITH THE TAX STATUTE, THE ORGANIZATION'S TAX
 RETURNS REMAIN SUBJECT TO EXAMINATION FOR ALL TAX YEARS ENDED ON OR AFTER
 JUNE 30, 2009 WITH REGARD TO ALL TAX POSITIONS AND THE RESULTS REPORTED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	463,760.
------------------------	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	463,760.
------------------------	----------

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

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" to Form 990, Part IV, line 14b.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
HAITI	0	0	GRANT TO CHARITABLE ORGANIZATION	N/A	11,000.
3 a Sub-total	0	0			11,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			11,000.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		HAITI	DIABETES CARE	11,000	CHECK	0	N/A	N/A

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 1

3 Enter total number of other organizations or entities 0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(g) Description of non-cash 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 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)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2012

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2012

**Open To Public
Inspection**

Name of the organization

COMMUNITY PARTNERS

Employer identification number

95-4302067

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ELIZABETH KILPATRICK - 19841 DEEP HARBOR DRIVE, HUNTINGTON	GRANTWRITING		X	727,003.	36,000.	691,003.
NPO SOLUTIONS - 4370 TUJUNGA AVE SUITE 220, STUDIO CITY,	GRANTWRITING		X	191,104.	32,581.	158,523.
JULIE RAY - 3455 EAST THIRD STREET, TUSCON, CA 85716	GRANTWRITING		X	190,452.	3,810.	186,642.
GRANT FOR GRANTS - 8504 FIRESTONE BLVD. #267, DOWNEY,	GRANTWRITING		X	146,686.	3,762.	142,924.
TULSI CONSULTING - 1526 CLEVELAND RD., GLENDALE, CA	GRANTWRITING		X	143,331.	4,605.	138,726.
GENTRY GROUP - PO BOX 1527, SANTA MONICA, CA 90406	FUNDRAISING/EVENT COORDINATION		X	80,264.	10,000.	70,264.
JOHN MCKINLEY MIMMS - 1907 STEARNS DRIVE, LOS ANGELES,	GRANTWRITING		X	63,798.	7,550.	56,248.
KR ASSOCIATES - PO BOX 985, CULVER CITY, CA 90232	GRANTWRITING		X	16,821.	2,380.	14,441.
ANN RONAN - 32302 ALIPAZ STREET SUITE 269, SAN JUAN	GRANTWRITING		X	9,295.	5,000.	4,295.
Total				1,568,754.	105,688.	1,463,066.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BABY2BABY EVENTS (event type)	GDIGM EVENTS (event type)	45 (total number)	
Revenue	1 Gross receipts	773,876.	247,340.	995,632.	2,016,848.
	2 Less: Contributions	605,951.	232,604.	714,533.	1,553,088.
	3 Gross income (line 1 minus line 2)	167,925.	14,736.	281,099.	463,760.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	240.	3,126.	17,510.	20,876.
	7 Food and beverages		4,435.	89,485.	93,920.
	8 Entertainment		469.	15,433.	15,902.
	9 Other direct expenses	167,685.	6,707.	158,670.	333,062.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(463,760)
11 Net income summary. Combine line 3, column (d), and line 10				0.	

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

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

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

a Is the organization licensed to operate 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 operate 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 operated in:

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to 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 complete this part to provide any additional information (see instructions).

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

(I) NAME OF FUNDRAISER: ELIZABETH KILPATRICK

(I) ADDRESS OF FUNDRAISER:

19841 DEEP HARBOR DRIVE, HUNTINGTON BEACH, CA 92648

(I) NAME OF FUNDRAISER: NPO SOLUTIONS

(I) ADDRESS OF FUNDRAISER:

4370 TUJUNGA AVE SUITE 220, STUDIO CITY, CA 91604

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: JULIE RAY

(I) ADDRESS OF FUNDRAISER: 3455 EAST THIRD STREET, TUSCON, CA 85716

(I) NAME OF FUNDRAISER: GRANT FOR GRANTS

(I) ADDRESS OF FUNDRAISER: 8504 FIRESTONE BLVD. #267, DOWNEY, CA 90241

(I) NAME OF FUNDRAISER: TULSI CONSULTING

(I) ADDRESS OF FUNDRAISER: 1526 CLEVELAND RD., GLENDALE, CA 91202

(I) NAME OF FUNDRAISER: GENTRY GROUP

(I) ADDRESS OF FUNDRAISER: PO BOX 1527, SANTA MONICA, CA 90406

(I) NAME OF FUNDRAISER: JOHN MCKINLEY MIMMS

(I) ADDRESS OF FUNDRAISER: 1907 STEARNS DRIVE, LOS ANGELES, CA 90034

(I) NAME OF FUNDRAISER: KR ASSOCIATES

(I) ADDRESS OF FUNDRAISER: PO BOX 985, CULVER CITY, CA 90232

(I) NAME OF FUNDRAISER: ANN RONAN

(I) ADDRESS OF FUNDRAISER:

32302 ALIPAZ STREET SUITE 269, SAN JUAN CAPISTRANO, CA 92675

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2012

Open to Public
Inspection

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUDDHIST TZU CHI MEDICAL FOUNDATION - 1355 BROAD AVE - WILMINGTON, CA 90744	95-4457939	501(C)(3)	7,500.	0.	CASH GRANTS		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
COMMUNITY HEALTH ALLIANCE OF PASADENA - 837 S. FAIROAKS AVE, #204 - PASADENA, CA 91105	95-4536824	501(C)(3)	20,000.	0.	CASH GRANTS		SUPPORT HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION
COMMUNITY HEALTH SYSTEMS, INC. 22675 ALESSANDRO MORENO VALLEY, CA 92553	23-7221695	501(C)(3)	14,183.	0.	CASH GRANTS		SUPPORT HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION
COMMUNITY SAFETY NETWORK 9854 NATIONAL BLVD, #402 LOS ANGELES, CA 90034	90-0995153	501(C)(3)	7,500.	0.	CASH GRANTS		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
CONCERNED CITIZENS OF SOUTH CENTRAL LA - 10729 GRAPE STREET - LOS ANGELES, CA 90059	95-4247392	501(C)(3)	7,500.	0.	CASH GRANTS		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
CRESCENTA FIRE SAFETY COUNCIL 3023 HOPETON RD LA CRESENTA, CA 91214	26-4836309	501(C)(3)	7,500.	0.	CASH GRANTS		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: **23.**
- 3** Enter total number of other organizations listed in the line 1 table: **1.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2012)**

COMMUNITY PARTNERS

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
EISNER PEDIATRIC & FAMILY MEDICAL CENTER - 1530 SOUTH OLIVE STREET - LOS ANGELES, CA 90015	95-1690966	501(C)(3)	14,000.	0.	CASH GRANTS		SUPPORT HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION
FRIENDS OF THE MUSD FOUNDATION 123 S. MONTEBELLO BLVD, MONTEBELLO, CA 90640 - MONTEBELLO, CA 90640	00-3491818	501(C)(3)	6,800.	0.	CASH GRANTS		SUPPORT MONTEBELLO UNIFIED SCHOOL DISTRICT
GARDENA POLICE FOUNDATION PO BOX 3069 GARDENA, CA 90247	37-1530567	501(C)(3)	7,500.	0.	CASH GRANTS		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
GROUP HOME CONSULTANTS 34162 AGUA DULCE CANYON RD AGUA DULCE, CA 91390	95-4857955	501(C)(3)	5,000.	0.	CASH GRANTS		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
HEALTHY CHILD HEALTHY WORLD 10675 SANTA MONICA BLVD LOS ANGELES, CA 90025	22-3665574	501(C)(3)	21,800.	0.	CASH GRANTS		SUPPORT SAFE LIVING ENVIRONMENTS FOR CHILDREN
HILLTOP NURSERY SCHOOL 3625 MARATHON STREET LOS ANGELES, CA 90026	95-1680701	501(C)(3)	25,848.	0.	CASH GRANTS		SUPPORT SCHOOL DEVELOPMENT
HOLLYWOOD POLICE SUPPORT ASSOCIATION - 1358 N WILCOX AVE - LOS ANGELES, CA 90028	95-3848258		5,000.	0.	CASH GRANTS		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
KIDS ARE 1ST 1635 S. BEVERLY GLEN BLVD LOS ANGELES, CA 90024	20-5386310	501(C)(3)	7,500.	0.	CASH GRANTS		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
LA CASA DE SAN GABRIEL 203 E MISSION RD SAN GABRIEL, CA 91776	95-1660846	501(C)(3)	7,500.	0.	CASH GRANTS		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION

Schedule I (Form 990)

COMMUNITY PARTNERS

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
LA MAESTRA FAMILY CLINIC 4060 FAIRMOUNT AVENUE SAN DIEGO, CA 92105	33-0473171	501(C)(3)	10,000.	0.	CASH GRANTS		SUPPORT HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION
NORTHEAST VALLEY HEALTH CORPORATION - 1172 NORTH MACLAY AVE - SAN FERNANDO, CA 91340	23-7120632	501(C)(3)	18,500.	0.	CASH GRANTS		SUPPORT HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION
PAC-RED 201 S ACACIA AVE COMPTON, CA 90220	46-2838879	501(C)(3)	7,500.	0.	CASH GRANTS		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
POMONA COMMUNITY FOUNDATION 1101 W. MCKINLEY AVE POMONA, CA 91768	39-2073462	501(C)(3)	15,000.	0.	CASH GRANTS		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
RED WHITE BLUE CDC 42314 50TH STREET WEST, QUARTZ HILL, CA 93536 - QUARTZ HILL, CA 93536	45-3115930	501(C)(3)	7,500.	0.	CASH GRANTS		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
THE SABAN FREE CLINIC 8405 BEVERLY BLVD, LOS ANGELES, CA LOS ANGELES, CA 90048	95-2539105	501(C)(3)	10,319.	0.	CASH GRANTS		SUPPORT HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION
THE SALVATION ARMY 1532 W 11TH STREET LOS ANGELES, CA 90012	94-1156347	501(C)(3)	7,500.	0.	CASH GRANTS		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
VALLEY CARE COMMUNITY CONSORTIUM 7515 VAN NUYS BLVD, 5TH FLOOR VAN NUYS, CA 91405	20-5569606	501(C)(3)	10,000.	0.	CASH GRANTS		SUPPORT HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION
VALLEY COMMUNITY CLINIC 6801 COLDWATER CANYON AVE NORTH HOLLYWOOD, CA 91605	23-7050082	501(C)(3)	14,000.	0.	CASH GRANTS		SUPPORT HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COLLEGE MATCH - GRANTS FOR STUDENT SCHOLARSHIPS	53	114,091.	0.	CASH GRANTS	
FARMER VETERAN COALITION FELLOWSHIP FUND - GRANTS TO VETERANS WORKING IN THE AGRICULTURAL INDUSTRY	73	143,775.	0.	CASH GRANTS	
SCORE GRANT ASSISTANCE FUND - GRANTS TO DISABLED INDIVIDUALS	8	27,881.	0.	CASH GRANTS	
BUILDING HEALTHY COMMUNITIES OF LONG BEACH - SCHOLARSHIPS	5	3,575.	0.	CASH GRANTS	
VARIOUS OTHER GRANTS	5	9,584.	0.	CASH GRANTS	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, 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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

COMMUNITY PARTNERS

Employer identification number

95-4302067

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	X								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X								
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) and 501(c)(4) organizations must complete lines 5-9.										
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	X								
b Any related organization?	5b	X								
If "Yes" to line 5a or 5b, describe in Part III.										
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	X								
b Any related organization?	6b	X								
If "Yes" to line 6a or 6b, describe in Part III.										
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X								
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X								
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PAUL J. VANDEVENTER PRESIDENT & CEO	(i)	219,349.	18,469.	42,686.	13,921.	34,302.	328,727.
	(ii)	0.	0.	0.	0.	0.	0.
(2) LINDA FOWELLS EXEC. VICE PRESIDENT	(i)	157,679.	0.	15,500.	12,446.	19,127.	204,752.
	(ii)	0.	0.	0.	0.	0.	0.
(3) DONNA ROBERTS VICE PRESIDENT & CFO	(i)	146,147.	16,533.	0.	5,353.	10,548.	178,581.
	(ii)	0.	0.	0.	0.	0.	0.
(4) ANDREW BRIDGE (UNTIL 8/2012) PROJECT DIRECTOR	(i)	141,602.	0.	0.	13,128.	7,563.	162,293.
	(ii)	0.	0.	0.	0.	0.	0.
(5) MADELINE DI NONNO PROJECT DIRECTOR	(i)	168,269.	0.	0.	0.	696.	168,965.
	(ii)	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

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.**

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		14,000.	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	243,623.	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 ▶ (SUPPLIES)	X	6	13,318.	FMV
26 Other ▶ (CRIBS)	X	1	10,000.	FMV
27 Other ▶ (WINE)	X	1	4,338.	FMV
28 Other ▶ (HARDWARE/ SOFT)	X	1	2,409.	FMV

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
 b If "Yes," describe the arrangement in Part II.
 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 b If "Yes," describe in Part II.
 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a	X	

Part II **Supplemental Information.** Complete this part to 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.

PART I, OTHER TYPES OF PROPERTY:

BICYCLES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1500.

(D) METHOD OF DETERMINING REVENUE: FMV

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.

OMB No. 1545-0047

2012

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 WORKS WITH SOCIAL ENTREPRENEURS, GRANTMAKERS, AND
CIVIC LEADERS TO IMAGINE POSSIBILITIES, DESIGN SOLUTIONS, AND SEE THEM
THROUGH TO RESULTS. BUILDING ON EXTENSIVE EXPERIENCE WITH COMMUNITY
ORGANIZATIONS, GOVERNMENT AND ELECTED OFFICIALS, BUSINESSES, AND
GRANTMAKERS, COMMUNITY PARTNERS HELPS FOSTER, LAUNCH, AND SUSTAIN
POWERFUL INITIATIVES FOR CHANGE. WE ARE A SOLUTIONS PARTNER; PROVIDING
EXPERTISE IN WHAT WORKS, A VAST KNOWLEDGE BASE IN PROJECT DEVELOPMENT
AND MANAGEMENT, FAMILIARITY WITH THE CIVIC LANDSCAPE, AND A COMMITMENT
TO ADVANCING THE PUBLIC GOOD. OUR PROGRAMS STRENGTHEN CIVIC LEADERS
AND THEIR WORK BY BUILDING CAPACITY, LINKING THEM TO RESOURCES, AND
FACILITATING THE CREATION OF KNOWLEDGE AND THE EXCHANGE OF IDEAS.

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 \$ 14,435,712. INCL GRANTS OF \$ 335,945. REVENUE \$ 1,999,779.

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

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

Name of the organization

COMMUNITY PARTNERS

Employer identification number

95-4302067

CONFLICT OF INTEREST ARE KNOWN BY THE PRESIDENT OF THE ORGANIZATION AND

REVIEWED AND DISCUSSED WITH THE APPROPRIATE STAFF AND LEGAL COUNSEL.

FORM 990, PART VI, SECTION B, LINE 15: THE CEO'S COMPENSATION IS REVIEWED

BY THE EXECUTIVE COMMITTEE AND THE BOARD. AN INDEPENDENT COMPENSATION

CONSULTANT IS UTILIZED TO CONDUCT A COMPETITIVE COMPENSATION ASSESSMENT

USING THE MOST AVAILABLE FORM 990 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.

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

CONSULTING:

PROGRAM SERVICE EXPENSES	3,494,707.
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MANAGEMENT AND GENERAL EXPENSES	31,861.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	3,526,568.
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PUBLIC RELATIONS/COMMUNICATION:

PROGRAM SERVICE EXPENSES	96,516.
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MANAGEMENT AND GENERAL EXPENSES	13,382.
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232212
01-04-13

Name of the organization COMMUNITY PARTNERS	Employer identification number 95-4302067
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	109,898.
WEB HOSTING:	
PROGRAM SERVICE EXPENSES	25,212.
MANAGEMENT AND GENERAL EXPENSES	4,167.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	29,379.
ART & DESIGN:	
PROGRAM SERVICE EXPENSES	171,819.
MANAGEMENT AND GENERAL EXPENSES	680.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	172,499.
STAFF & VOLUNTEER RECRUITMENT:	
PROGRAM SERVICE EXPENSES	10,359.
MANAGEMENT AND GENERAL EXPENSES	60,742.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	71,101.
TECHNOLOGY SUPPORT SERVICES:	
PROGRAM SERVICE EXPENSES	71,100.
MANAGEMENT AND GENERAL EXPENSES	23,369.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	94,469.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,003,914.