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## Return of Organization Exempt From Income Tax

2011

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

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

<b>A For the 2011 calendar year, or tax year beginning</b> , 2011, and ending	
<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> COMMUNITY PARTNERS INTERNATIONAL PREVIOUSLY: FDTN FOR THE PEOPLE OF BURMA 2550 NINTH STREET #111 BERKELEY, CA 94710  <b>F</b> Name and address of principal officer: <b>H. NATHAN</b> SAME AS C ABOVE
<b>D</b> Employer identification number: 94-3375666 <b>E</b> Telephone number: 510-225-9676 <b>G</b> Gross receipts \$ 4,277,572.	
<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No', attach a list (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> 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 <b>J</b> Website: ▶ WWW.CPINTL.ORG	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: 2000 <b>M</b> State of legal domicile: CA	

<b>Part I Summary</b>																									
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>COMMUNITY PARTNERS INTERNATIONAL WORK WITH LOCAL PARTNERS TO IMPROVE HEALTH AND EDUCATION THROUGH COMMUNITY-DRIVEN DEVELOPMENT LED BY AND FOR THE PEOPLE OF BURMA/MYANMAR</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) <span style="float:right">3 16</span> 4 Number of independent voting members of the governing body (Part VI, line 1b) <span style="float:right">4 13</span> 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) <span style="float:right">5 16</span> 6 Total number of volunteers (estimate if necessary) <span style="float:right">6 15</span> 7a Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float:right">7a 0.</span> 7b Net unrelated business taxable income from Form 990-T line 36 <span style="float:right">7b 0.</span>																								
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<b>Part II Signature Block</b>	
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: <u>T. Lee</u> Date: <u>10/12/2012</u> T. LEE, M.D., M.H.S. DIRECTOR Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name: DOUGLAS W. REGALIA Preparer's signature: DOUGLAS W. REGALIA Date: OCT 09 2012 Check <input type="checkbox"/> if self-employed PTIN: P00186389 Firm's name: REGALIA & ASSOCIATES, CPAS Firm's address: 103 TOWN & COUNTRY DR., STE. K DANVILLE, CA 94526 Firm's EIN: 68-0260103 Phone no: (925) 314-0390

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 08/18/11

Form 990 (2011)

G17

14

SCANNED NOV 01 2012

**Part III Statement of Program Service Accomplishments**

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

☒

- 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 ☒ 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 ☒ 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 and section 4947(a)(1) trusts 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 \$ 1,422,511. including grants of \$ 884,382.) (Revenue \$ )**HEALTH**

WE BELIEVE THAT HEALTHY FAMILIES BUILD STRONG COMMUNITIES. OUR SUPPORT OF COMMUNITY-BASED PUBLIC HEALTH AND CLINICAL CARE IN BURMA AND ALONG ITS BORDERS REACHES MORE THAN 1 MILLION PEOPLE - MANY OF THEM DISPLACED AND LIVING IN UNSTABLE CONFLICT-AFFECTED ZONES WITH NO OTHER HEALTH CARE AVAILABLE.

WE FOCUS ON EVIDENCE-BASED PUBLIC HEALTH AND CLINICAL CARE INITIATIVES THROUGH INNOVATIVE TRAINING AND PARTNERSHIP WITH LOCAL HEALTH CLINICS, BACKPACK MEDICS AND VILLAGE-BASED HEALTH WORKERS.

FOR ADDITIONAL INFORMATION, PLEASE REFER TO SCHEDULE O.

**4b** (Code ☐) (Expenses \$ 1,118,795. including grants of \$ 983,291.) (Revenue \$ )**EDUCATION**

WE BELIEVE EDUCATION IS THE CORNERSTONE OF CIVIL SOCIETY. OUR SUPPORT FOR COMMUNITY-BASED EDUCATION IN BURMA AND ALONG ITS BORDERS REACHES MORE THAN 100,000 STUDENTS, 7,500 TEACHERS AND 1,000 SCHOOLS, PROVIDING CLASSROOM SUPPLIES, TEACHER TRAINING AND SALARIES, LUNCH AND SNACK PROGRAMS, SCHOOL-BASED HEALTH OUTREACH, LIFE SKILLS AND ARTS COURSES, SCHOLARSHIPS AND SHELTER. WE PARTNER WITH 62 COMMUNITY-BASED ORGANIZATIONS TO SUPPORT PRE-SCHOOLS, PRIMARY AND SECONDARY EDUCATION, ADVANCED STUDY, ADULT LITERACY, VOCATIONAL TRAINING, LEADERSHIP SKILLS, PROJECT MANAGEMENT, COMMUNITY EDUCATION COURSES, AGRICULTURE, AND FINANCIAL LITERACY FOR MIGRANT WORKERS. FOR ADDITIONAL INFORMATION, PLEASE REFER TO SCHEDULE O.

**4c** (Code ☐) (Expenses \$ 665,139. including grants of \$ 579,847.) (Revenue \$ )**COMMUNITY DEVELOPMENT**

WE WORK WITH OUR LOCAL PARTNERS TO INTEGRATE HEALTH, EDUCATION AND COMMUNITY DEVELOPMENT. TOGETHER, WE TAILOR SOLUTIONS TO A COMMUNITY'S SPECIFIC NEEDS IN ANY GIVEN VILLAGE, SLUM, MIGRANT WORKER ENCLAVE OR REFUGEE ENCAMPMENT. PROJECTS INCLUDE IRRIGATION, TOILETS, CLEAN WATER, CISTERNS, FOOTBRIDGES, SCHOOL CONSTRUCTION, INCOME-GENERATING AGRICULTURE AND ORGANIZATION OF FINANCIAL AND AGRICULTURAL CO-OPERATIVES. THIS INTEGRATED APPROACH RESPONDS TO THE INTERLOCKING CHALLENGES OF REAL LIFE AND CREATES AN ENVIRONMENT CONDUCTIVE TO SHARING AND LEVERAGING RESOURCES.

**4d** Other program services (Describe in Schedule O) SEE SCHEDULE O

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► 3,206,445.

**Part IV Checklist of Required Schedules**

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

BAA

Form 990 (2011)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	10	
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b> X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 16	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b> X	
<b>b</b> If 'Yes,' enter the name of the foreign country: <b>THAILAND</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b> X	
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b> X	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b> X	
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<b>7b</b> X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter		
<b>a</b> Gross income from members or shareholders	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	<b>14b</b>	

**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 ☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. <b>1a</b> 16		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 13		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? SEE SCHEDULE O	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? SEE SCH O	X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O		
<b>12a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
<b>b</b> Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	X	
<b>b</b> Other officers of key employees of the organization SEE SCHEDULE O	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

▶ S. COMSTOCK 2550 NINTH STREET, SUITE 111 BERKELEY CA 94710 510-225-9676

**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****1 a** 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 (describe hours for related organizations in Schedule O)	(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) H. NATHAN, PH.D. PRESIDENT & CEO	20	X		X				0.	0.	0.
(2) A. SENAUE SECRETARY	2.5	X		X				0.	0.	0.
(3) G. SENECA TREASURER	2.5	X		X				0.	0.	0.
(4) B. CONDON, M.B.A. VICE PRESIDENT	2.5	X		X				0.	0.	0.
(5) E. MONCOEUR DIRECTOR	2.5	X						0.	0.	0.
(6) J. DUDLEY DIRECTOR	2.5	X						0.	0.	0.
(7) J. KORNFIELD, PH.D. DIRECTOR	2.5	X						0.	0.	0.
(8) H. KUIPER, M.P.H., DRPH DIRECTOR	2.5	X						0.	0.	0.
(9) T. LEE, M.D., M.H.S. DIRECTOR	20	X						0.	0.	0.
(10) S. MCDONALD DIRECTOR	2.5	X						0.	0.	0.
(11) A. RICHARDS, M.D., M.H. DIRECTOR	2.5	X						0.	0.	0.
(12) C. RICHARDS, PH.D. DIRECTOR	2.5	X						0.	0.	0.
(13) S. SZE DIRECTOR	2.5	X						0.	0.	0.
(14) T. U MAUNG DIRECTOR	2.5	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(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			
(15) D. VAN DUSEN DIRECTOR	2.5	X						0.	0.	0.
(16) T. CAQUETTE EXEC DIRECTOR	40			X				88,000.	0.	0.
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1 b Sub-total</b>								88,000.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								88,000.	0.	0.

**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 **0**

**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

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		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

**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

**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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 4,258,620.				
	<b>g</b> Noncash contributions included in lns 1a-1f \$	4,788.				
<b>h Total.</b> Add lines 1a-1f			4,258,620.			
<b>PROGRAM SERVICE REVENUE</b>	<b>2a</b> _____ <b>Business Code</b> _____					
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts)		635.			635.
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents					
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory					
	<b>b</b> Less cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		<b>a</b> 16,850.			
	<b>b</b> Less direct expenses		<b>b</b> 6,847.			
	<b>c</b> Net income or (loss) from fundraising events		10,003.			
	<b>9a</b> Gross income from gaming activities See Part IV, line 19		<b>a</b>			
	<b>b</b> Less direct expenses		<b>b</b>			
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>a</b>				
<b>b</b> Less: cost of goods sold		<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> <u>OTHER INCOME</u>			1,467.	1,467.		
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			1,467.			
<b>12 Total revenue.</b> See instructions			4,270,725.	1,467.	0.	635.

**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) but are not required to complete columns (B), (C), and (D)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the United States See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	2,447,520.	2,447,520.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	88,000.	54,350.	16,534.	17,116.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
<b>7</b> Other salaries and wages	431,760.	302,073.	59,136.	70,551.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
<b>9</b> Other employee benefits	34,901.	24,560.	5,081.	5,260.
<b>10</b> Payroll taxes	46,239.	32,539.	6,731.	6,969.
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	315.		315.	
<b>c</b> Accounting	23,011.		23,011.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other	50,276.	2,139.	46,237.	1,900.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	12,818.	9,532.	1,292.	1,994.
<b>14</b> Information technology	10,604.	9,899.	618.	87.
<b>15</b> Royalties				
<b>16</b> Occupancy	32,456.	24,138.	3,270.	5,048.
<b>17</b> Travel	100,053.	82,764.	4,004.	13,285.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	2,349.		2,349.	
<b>23</b> Insurance	3,135.		3,135.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROJECT EXPENSES	226,093.	226,093.		
<b>b</b> OTHER EXPENSES	32,742.	-19,884.	35,482.	17,144.
<b>c</b> SERVICE CHARGES	9,640.	1,268.	5,701.	2,671.
<b>d</b> STAFF AND BOARD DEVELOPMENT	9,469.	8,471.	985.	13.
<b>e</b> All other expenses	1,321.	983.	133.	205.
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,562,702.	3,206,445.	214,014.	142,243.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing	1,605,858.	1	1,609,794.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	421,868.	3	1,012,940.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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 instructions)		6	
	7 Notes and loans receivable, net	213,256.	7	230,444.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	5,701.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 14,688.		
	b Less accumulated depreciation	10b 10,858.	3,879.	10c 3,830.
	11 Investments — publicly traded securities		11	
	12 Investments — other securities See Part IV, line 11		12	
	13 Investments — program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,244,861.	16	2,862,709.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses	32,771.	17	55,413.
	18 Grants payable	121,548.	18	7,231.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 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 <b>Total liabilities.</b> Add lines 17 through 25	154,319.	26	62,644.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets	1,229,058.	27	939,972.
	28 Temporarily restricted net assets	861,484.	28	1,860,093.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	2,090,542.	33	2,800,065.
	34 <b>Total liabilities and net assets/fund balances</b>	2,244,861.	34	2,862,709.

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Form 990 (2011)

**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	4,270,725.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,562,702.
3	Revenue less expenses Subtract line 2 from line 1	3	708,023.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,090,542.
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	1,500.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,800,065.

**Part XII Financial Statements and Reporting**

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

☐

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

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

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Form 990 (2011)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization **COMMUNITY PARTNERS INTERNATIONAL**  
**PREVIOUSLY: FDTN FOR THE PEOPLE OF BURMA**

Employer identification number  
**94-3375666**

**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 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 — Other
- 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 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?

- (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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
<b>11 g (i)</b>		
<b>11 g (ii)</b>		
<b>11 g (iii)</b>		

**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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

**Schedule A (Form 990 or 990-EZ) 2011**

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	1,002,854.	2,418,088.	810,410.	2,005,780.	4,275,470.	10,512,602.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0.
<b>4 Total.</b> Add lines 1 through 3	1,002,854.	2,418,088.	810,410.	2,005,780.	4,275,470.	10,512,602.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,855,185.
<b>6 Public support.</b> Subtract line 5 from line 4						7,657,417.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	1,002,854.	2,418,088.	810,410.	2,005,780.	4,275,470.	10,512,602.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,107.	2,478.	2,504.	1,517.	635.	9,241.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV					1,467.	1,467.
<b>11 Total support.</b> Add lines 7 through 10						10,523,310.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	0.

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	72.77 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	83.68 %

**16a 33-1/3% support test – 2011.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☒**b 33-1/3% support test – 2010.** 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. ▶ ☐**17a 10%-facts-and-circumstances test – 2011.** 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. ▶ ☐**b 10%-facts-and-circumstances test – 2010.** 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. ▶ ☐**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. ▶ ☐

BAA

Schedule A (Form 990 or 990-EZ) 2011

**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 yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33-1/3% support tests — 2011.** 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 — 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information.  
(See instructions).

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Financial Statements**

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 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

**2011****Open to Public  
Inspection**

Employer identification number

COMMUNITY PARTNERS INTERNATIONAL  
PREVIOUSLY: FDTN FOR THE PEOPLE OF BURMA

94-3375666

**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)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 XIV, 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 XIV, 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 XIV

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 XIV and complete the following table

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

	Amount
1c	
1d	
1e	
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 XIV

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

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

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV 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		14,688.	10,858.	3,830.
e Other				

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

▶ 3,830.

BAA

Schedule D (Form 990) 2011

**Part VII Investments – Other Securities.** See Form 990, Part X, line 12. N/A

(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) -----		
<b>Total.</b> (Column (b) must equal Form 990 Part X, column (B) line 12.) ▶		

**Part VIII Investments – Program Related.** See Form 990, Part X, line 13. N/A

(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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15. N/A

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

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	

**2 FIN 48 (ASC 740) Footnote.** In Part XIV, 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) **SEE PART XIV**

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	4,270,725.
2	Total expenses (Form 990, Part IX, column (A), line 25)	3,562,702.
3	Excess or (deficit) for the year Subtract line 2 from line 1	708,023.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV) SEE PART XIV	1,500.
9	Total adjustments (net) Add lines 4 through 8	1,500.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	709,523.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	4,277,572.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.) SEE PART XIV	2d	6,847.
e	Add lines 2a through 2d	2e	6,847.
3	Subtract line 2e from line 1	3	4,270,725.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,270,725.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	3,569,549.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	6,847.
e	Add lines 2a through 2d	2e	6,847.
3	Subtract line 2e from line 1	3	3,562,702.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,562,702.

**Part XIV 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X- FIN 48 FOOTNOTE****INCOME TAXES**

FINANCIAL STATEMENT PRESENTATION FOLLOWS THE RECOMMENDATIONS OF ASC 740. INCOME

TAXES. UNDER ASC 740, CPI IS REQUIRED TO REPORT INFORMATION REGARDING ITS EXPOSURE

TO VARIOUS TAX POSITIONS TAKEN BY THE ORGANIZATION AND REQUIRES A TWO-STEP PROCESS

THAT SEPARATES RECOGNITION FROM MEASUREMENT. THE FIRST STEP IS DETERMINING WHETHER

A TAX POSITION HAS MET THE RECOGNITION THRESHOLD; THE SECOND STEP IS MEASURING A TAX

POSITION THAT MEETS THE RECOGNITION THRESHOLD. MANAGEMENT BELIEVES THAT CPI HAS

**Part XIV** Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

ADEQUATELY EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2011, CPI DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE OR AN ACCRUAL FOR A TAX LIABILITY WOULD BE NECESSARY.

CPI HAS RECEIVED NOTIFICATION FROM THE INTERNAL REVENUE SERVICE AND THE STATE OF CALIFORNIA THAT IT QUALIFIES FOR TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE. THIS EXEMPTION IS SUBJECT TO PERIODIC REVIEW BY THE FEDERAL AND STATE TAXING AUTHORITIES AND MANAGEMENT IS CONFIDENT THAT THE ORGANIZATION CONTINUES TO SATISFY ALL FEDERAL AND STATE STATUTES IN ORDER TO QUALIFY FOR CONTINUED TAX EXEMPTION STATUS. CPI MAY PERIODICALLY RECEIVE UNRELATED BUSINESS INCOME REQUIRING THE ORGANIZATION TO FILE SEPARATE TAX RETURNS UNDER FEDERAL AND STATE STATUTES. UNDER SUCH CONDITIONS, CPI CALCULATES AND ACCRUES THE APPLICABLE TAXES PAYABLE.

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

COMMUNITY PARTNERS INTERNATIONAL

Employer identification number

94-3375666

**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  
**PART V**

**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 PT V
(1) BURMA			SEE NEXT PAGE		1,090,759.
(2) THAILAND			SEE NEXT PAGE		1,332,665.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Sub-total</b>					2,423,424.
<b>b Total from continuation sheets to Part I</b>					
<b>c Totals (add lines 3a and 3b)</b>	0	0			2,423,424.

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

Schedule F (Form 990) 2011

**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. Check this box if no one recipient 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)
(1)			BURMA	COM. DEVEL.	1,090,759.	LOCAL FUNDS			
(2)			THAILAND	HEALTH & EDU	1,332,665.	LOCAL FUNDS			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities 0



**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' 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 PART V	(c) Number of recipients PART V	(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)
ART EDUCATION & (1) COMMUNITY DEVELOPMT HEALTH & EDUCATION	BURMA YANGON, MYANMAR	1	15,996.	LOCAL FUNDS			
(2) PROGRAMS		2	8,100.	LOCAL FUNDS			
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

BAA

**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

**Part V Supplemental Information**

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

**PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US**

ONCE GRANTS ARE APPROVED, RECIPIENT ORGANIZATION MUST SIGN CPI LETTER OF AGREEMENT

STATING THE TERMS OF GRANT AND REPORTING SCHEDULE. A BUDGET IS PREPARED IN ADVANCE

OF ALL INTERNATIONAL WORK. LOCAL ORGANIZATIONS WORKING IN THE DESIGNATED FOREIGN

COUNTRIES PROVIDE ONGOING REPORTS REGARDING PROGRESS OF WORK. FINANCIAL AND

NARRATIVE REPORTS ARE REQUIRED AT LEAST ONCE AT THE END OF THE PROJECT PERIOD,

HOWEVER, IN CASES WHERE THE PROJECT PERIOD EXTENDS 9 MONTHS, REPORTING IS REQUIRED OF

GRANTEE TWO TIMES; INTERIM REPORT AND FINAL REPORT. PROGRAM GRANTS MANAGER HANDLES

THE DOCUMENTATION FOR SUCH REPORTING. EXPENDITURES ARE MADE AGAINST BUDGET AMOUNTS

AND ANALYZED CONTINUOUSLY BY US-BASED MANAGEMENT. DISCUSSIONS, E-MAILS, AND OTHER

TECHNIQUES OF COMMUNICATION ARE EMPLOYED TO ENSURE THAT FUNDS ARE UTILIZED ACCORDING

TO THE ORIGINAL INTENT. ACCOMPLISHMENTS ARE DOCUMENTED IN WRITING AND SUBMITTED TO

THE HEAD OFFICE IN SAN FRANCISCO.

CPI PROVIDED FUNDING FOR A VARIETY OF ACTIVITIES IN LOCATIONS THROUGHOUT BURMA AS

DETAILED ON SCHEDULE F, PAGE 2:

COMMUNITY DEVELOPMENT PROGRAMS: \$665,139

PROJECTS INCLUDE IRRIGATION, TOILETS, CLEAN WATER, CISTERNS, FOOTBRIDGES, SCHOOL

CONSTRUCTION, INCOME-GENERATING AGRICULTURE AND ORGANIZATION OF FINANCIAL AND

AGRICULTURAL CO-OPERATIVES.

EDUCATION FUNDING: \$1,118,795

CPI PARTNERS WITH 62 COMMUNITY-BASED ORGANIZATIONS TO SUPPORT PRE-SCHOOLS, PRIMARY

AND SECONDARY EDUCATION, ADVANCED STUDY, ADULT LITERACY, VOCATIONAL TRAINING,

**Part V Supplemental Information**

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

**PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US (CONTINUED)**

LEADERSHIP SKILLS, PROJECT MANAGEMENT, COMMUNITY EDUCATION COURSES, AGRICULTURAL AND FINANCIAL LITERACY FOR MIGRANT WORKERS.

HEALTH PROGRAMS: \$1,422,511

HEALTH FUNDING SUPPORTS CLEAN BIRTHS AND EMERGENCY OBSTETRIC CARE FOR MOTHERS LIVING IN REMOTE VILLAGES; MALARIA SCREENING, TREATMENT AND PREVENTION FOR VILLAGERS LIVING IN A COUNTRY WITH THE HIGHEST NUMBER OF MALARIA DEATHS IN SOUTHEAST ASIA; TRAUMA MANAGEMENT IN A COUNTRY WITH ONE OF THE HIGHEST NUMBER OF LANDMINE INJURIES AND DEATHS IN THE WORLD; VITAMIN A DISTRIBUTION TO PREVENT BLINDNESS AND HELP CHILDREN SURVIVE AND THRIVE; HEALTH SYSTEMS STRENGTHENING TO IMPROVE COMMUNITY-BASED INFRASTRUCTURE AND ASSESSMENT OF HEALTH NEEDS AND SERVICES.

**PART I, LINE 3F - METHOD OF ACCOUNTING**

CASH BASIS METHOD OF ACCOUNTING IS UTILIZED.

**PART III, LINE 1 - METHOD OF ACCOUNTING**

THE CASH METHOD OF ACCOUNTING IS USED. ALL DISBURSEMENTS ARE CATEGORIZED IN THE GENERAL LEDGER.

**PART III, LINE 1 - ESTIMATED NUMBER OF RECIPIENTS**

FUNDING TO INDIVIDUALS:

COMMUNITY PARTNERS INTERNATIONAL PROVIDED FUNDING TO THREE INDIVIDUALS IN THE TOTAL AMOUNT OF \$24,096 FOR THE YEAR ENDED DECEMBER 31, 2011. THESE INDIVIDUALS CONVERTED THE MONEY TO LOCAL CURRENCY AND UTILIZED THE FUNDS TO COORDINATE THE OPERATION OF VARIOUS PROGRAMS IN LOCATIONS THROUGHOUT THAILAND AND BURMA.

**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

**2011**

**Open to Public  
Inspection**

Name of the organization **COMMUNITY PARTNERS INTERNATIONAL**  
**PREVIOUSLY: FDTN FOR THE PEOPLE OF BURMA**

Employer identification number  
**94-3375666**

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

**2a** 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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						0.

**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.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SPECIAL EVENT (event type)	(event type)	(total number)	(add column (a) through column (c))
	1 Gross receipts	16,850.			16,850.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	16,850.			16,850.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,847.			6,847.
	10 Direct expense summary Add lines 4 through 9 in column (d)				6,847.
	11 Net income summary Combine line 3, column (d), and line 10				10,003.

**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.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
DIRECT EXPENSES	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash 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 lines 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 contact 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 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

**2011**

**Open to Public  
Inspection**

Name of the organization **COMMUNITY PARTNERS INTERNATIONAL**  
**PREVIOUSLY: FDTN FOR THE PEOPLE OF BURMA**

Employer identification number  
**94-3375666**

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

CPI WORKS IN PARTNERSHIP WITH LOCAL COMMUNITY-BASED ORGANIZATIONS (CBOS) IN BURMA  
AND ALONG ITS BORDERS AND THIS IS THE CORE OF OUR WORK. TOGETHER WITH LOCAL  
PARTNERS, WE LISTEN TO LOCAL VOICES, BUILD LOCAL CAPACITY AND SUPPORT BASIC NEEDS.  
OUR LONG-TERM RELATIONSHIPS DEVELOP THE TRUST AND EXPERIENCE VITAL TO POSITIVE  
LASTING CHANGE, AND OUR EXTENSIVE NETWORK ENCOMPASSES DIVERSE ETHNICITIES, RELIGIONS  
AND LANGUAGES.

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

**ADDITIONAL INFORMATION REGARDING EDUCATION**

WE SUPPORT LEARNING FOR CHILDREN TOO POOR TO AFFORD SCHOOL FEES; VILLAGERS DISPLACED  
BY CONFLICT; TEACHERS AND HEALTH WORKERS; ADULTS TACKLING BASIC LITERACY, MATH AND  
MONEY SKILLS; WOMEN AND GIRLS RECOVERING FROM EXPLOITATIVE EMPLOYMENT; MIGRANT  
WORKERS; STREET KIDS HUNGRY FOR STABILITY AND LIFE SKILLS; ADVANCED STUDENTS WHOSE  
CAPACITY TO SOLVE COMMUNITY PROBLEMS IS STRENGTHENED BY TECHNICAL TRAINING AND  
HIGHER EDUCATION.

OUR STUDENTS ATTEND SCHOOL IN JUNGLE LEAN-TOS, BAMBOO CLASSROOMS, NIGHT DROP-IN  
CENTERS, MONASTERIES AND NUNNERIES, STILT HOUSES, RICE FIELDS AND RUBBER  
PLANTATIONS, FACTORIES, HEALTH CLINICS, UNIVERSITY CAMPUSES, AND UNIVERSITIES.

**ADDITIONAL INFORMATION REGARDING HEALTH**

USING A TRAIN-THE-TRAINERS MODEL, WE HAVE PARTNERED WITH MORE THAN 60  
COMMUNITY-BASED ORGANIZATIONS ON MALARIA, TUBERCULOSIS, FILARIASIS (ELEPHANTIASIS),  
REPRODUCTIVE HEALTH, TRAUMA CARE, HEALTH SYSTEMS STRENGTHENING, CHILDHOOD  
IMMUNIZATIONS AND CHILD NUTRITION IN A COUNTRY WHERE 1 IN 3 CHILDREN ARE



Name of the organization **COMMUNITY PARTNERS INTERNATIONAL**  
**PREVIOUSLY: FDTN FOR THE PEOPLE OF BURMA**

Employer identification number  
**94-3375666**

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

MALNOURISHED.

OUR HEALTH BRANCH SUPPORTS CLEAN BIRTHS AND EMERGENCY OBSTETRIC CARE FOR MOTHERS  
LIVING IN REMOTE VILLAGES; MALARIA SCREENING, TREATMENT AND PREVENTION FOR VILLAGERS  
LIVING IN A COUNTRY WITH THE HIGHEST NUMBER OF MALARIA DEATHS IN SOUTHEAST ASIA;  
TRAUMA MANAGEMENT IN A COUNTRY WITH ONE OF THE HIGHEST NUMBER OF LANDMINE INJURIES  
AND DEATHS IN THE WORLD; VITAMIN A DISTRIBUTION TO PREVENT BLINDNESS AND HELP  
CHILDREN SURVIVE AND THRIVE; HEALTH SYSTEMS STRENGTHENING TO IMPROVE COMMUNITY-BASED  
INFRASTRUCTURE AND ASSESSMENT OF HEALTH NEEDS AND SERVICES.

**FORM 990, PART VI, LINE 1A - EXPLANATION OF DELEGATED BROAD AUTHORITY TO COMMITTEE**

IN ACCORDANCE WITH COMMON PRACTICE IN THE NONPROFIT COMMUNITY, THE BOARD DELEGATES  
CERTAIN MATTERS TO THE EXECUTIVE COMMITTEE, WHICH IS EMPOWERED TO ACT BETWEEN BOARD  
MEETINGS IF NECESSARY, AND SOMETIMES WITH SPECIFICALLY DELEGATED AUTHORITY TO ACT IN  
PARTICULAR AREAS ON BEHALF OF THE FULL BOARD. THE COMPOSITION OF EXECUTIVE COMMITTEE  
INCLUDES SELECTED MEMBERS OF THE BOARD.

**FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.**

BOARD MEMBERS H. NATHAN AND G. SENECA ARE MARRIED TO EACH OTHER (HUSBAND AND WIFE).

BOARD MEMBERS D. VAN DUSEN AND B. CONDON ARE RELATED TO EACH OTHER (HUSBAND AND  
WIFE).

BOARD MEMBERS C. RICHARDS AND A. RICHARDS ARE RELATED TO EACH (MOTHER AND SON)

**FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS**

IN APRIL 2011, COMMUNITY PARTNERS INTERNATIONAL REVISED ITS BYLAWS AND ARTICLES OF  
INCORPORATION TO REFLECT ITS NAME CHANGE FROM FOUNDATION FOR THE PEOPLE OF BURMA TO  
COMMUNITY PARTNERS INTERNATIONAL.

Name of the organization **COMMUNITY PARTNERS INTERNATIONAL**  
**PREVIOUSLY: FDTN FOR THE PEOPLE OF BURMA**

Employer identification number  
**94-3375666**

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT, A MEMBER OF THE BOARD OF DIRECTORS, AND THE MANAGING DIRECTOR. THIS GROUP OF INDIVIDUALS THEN DISCUSSES THE CONTENTS OF THE RETURN WITH THE OUTSIDE TAX PROFESSIONAL. AFTER A FULL REVIEW (WITH MODIFICATIONS WHERE NECESSARY), THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY. A REPRESENTATIVE OF MANAGEMENT SIGNS AND MAILES THE RETURN TO THE DEPARTMENT OF THE TREASURY.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

MEMBERS OF THE BOARD OF DIRECTORS REVIEW ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. ALL PERSONNEL AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED. THE ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE ORGANIZATION'S POLICIES AND PROCEDURES.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG'**

MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF ALL HIGH-LEVEL PERSONNEL ANNUALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES. THE ORGANIZATION DOES NOT HAVE ANY TOP MANAGEMENT MEMBERS WITH A SALARY IN EXCESS OF \$150,000. NONE OF THE CORPORATE OFFICERS RECEIVE COMPENSATION. EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND THE ORGANIZATION'S POLICIES AND PROCEDURES.

Name of the organization **COMMUNITY PARTNERS INTERNATIONAL**  
**PREVIOUSLY: FDTN FOR THE PEOPLE OF BURMA**

Employer identification number  
**94-3375666**

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES:**

COMPENSATION OF OTHER HIGH-LEVEL PERSONNEL AND KEY EMPLOYEES IS REVIEWED AT LEAST ANNUALLY BY MEMBERS OF MANAGEMENT. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES AND ALL RELATED BENEFITS. SPECIFICALLY, OPPORTUNITY KNOCKS WAGE AND COMPENSATION SURVEY RESULTS INFORM OUR STAFF SALARIES AND BENEFITS. ALL DECISIONS ARE THEN DOCUMENTED IN PERSONNEL FILES.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER LEGAL FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BY TAX AUTHORITIES AND THE GENERAL PUBLIC. TAX RETURNS ARE POSTED ANNUALLY TO [WWW.GUIDESTAR.ORG](http://WWW.GUIDESTAR.ORG) (WHERE IT IS AVAILABLE FOR VIEWING AS AN ELECTRONIC COPY) AND ARE ALSO AVAILABLE AT THE ORGANIZATION'S OFFICE IN SAN FRANCISCO, CALIFORNIA (FOR A PHYSICAL INSPECTION).

2011

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 29010

COMMUNITY PARTNERS INTERNATIONAL  
PREVIOUSLY: FDTN FOR THE PEOPLE OF BURMA

94-3375666

10/09/12

09:36AM

## PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2011	2010	2009	2008	2007
OTHER INCOME	1,467.				
TOTAL	\$ 1,467.	\$ 0.	\$ 0.	\$ 0.	\$ 0.

2011

**SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 4**

CLIENT 29010

COMMUNITY PARTNERS INTERNATIONAL  
PREVIOUSLY: FDTN FOR THE PEOPLE OF BURMA

94-3375666

10/09/12

09:36AM

**SCHEDULE D, PART XI, LINE 8  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

ADJUSTMENT TO NET ASSETS

TOTAL \$ 1,500.  
\$ 1,500.**SCHEDULE D, PART XII, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

SPECIAL EVENTS EXPENSES

TOTAL \$ 6,847.  
\$ 6,847.**SCHEDULE D, PART XIII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

SPECIAL EVENTS EXPENSES

TOTAL \$ 6,847.  
\$ 6,847.

Community Partners International			FEIN 94-3375666		
Grants to Organizations					
Grantee	Address	Relationship	Amount	Purpose	Program
Asia Light	Mandalay, Myanmar	Partner Organization	13,763	Reproductive Health Programs	Health
Ban Nai Soi Learning Center	Mae Hong Son, Thailand 58000	Partner Organization	15,120	Learning Centre Basic Needs Project- Education for Migrant Children	Education
Bangpon Learning Center	Ranong (85000), Thailand	Partner Organization	17,547	Migrant Workers' families all ages education and non-formal education	Education
Banyan Tree Library	Yangon, Myanmar	Partner Organization	1,724	Library operations and Mobile Library to Area Schools	Education
Bay Thisa Dama	Yangon, Myanmar	Partner Organization	22,690	Reproductive Health and Mobile Clinics Programs	Health
Burma Development Association	Yangon, Myanmar	Partner Organization	2,199	HIV Care and Prevention	Health
Burma Medical Association	Yangon, Myanmar	Partner Organization	175,667	Mobile Obstetrics, Reproductive and Maternal Child Health, Trainings and Medical Care for Survivors of Sexual Assault	Health
Burma Relief Center	Chiang Mai, Thailand 50202	Partner Organization	21,728	Emergency Relief for Internally Displaced Persons in Kachin State	Health
Burmese Migrant Education Project/Bridging Education Access	Chiang Mai, Thailand 50203	Partner Organization	90,000	Education Centers for Migrant Burmese in Thailand- Operations	Education
Burmese Migrant Workers Education Committee	Tak 63110, Thailand	Partner Organization	85,090	Annual School Operations Grant	Education
Capacity Building in Kachin State	Hua Hin Prachuapkrakan 77110 Thailand	Partner Organization	36,000	English And Computer Training	Community Development
Capacity Building in Kachin State	Hua Hin Prachuapkrakan 77110 Thailand	Partner Organization	27,875	English And Computer Training	Education
Colorful Girls	Yangon, Myanmar	Partner Organization	1,920	Teenage Girl Education & Empowerment Programs	Community Development
Community Health & Education Keng Tong	Keng Tong, Myanmar	Partner Organization	5,128	Community Development, Water & Sanitation Programs	Education
Community Health & Education Keng Tong	Keng Tong, Myanmar	Partner Organization	16,766	Education Programs	Education
Eastern Burma Community School Project	Mae Sarang, 58110, Thailand	Partner Organization	19,615	Education Programs (School Libraries, Teacher Trainings)	Education
Edunet	Yangon, Myanmar	Partner Organization	34,397	Community Development (Water & Sanitation) Programs	Community Development
Edunet	Yangon, Myanmar	Partner Organization	86,772	Education & Community Schools Support	Education
Enhancing Community Capacity for Sustainable Education	Phangnga province, Thailand	Partner Organization	27,000	Opportunity of migrant children to access education in Thai Public school	Education
Glameit Music School/Center	Yangon, Myanmar	Partner Organization	35,876	Music School Operations & Community Education	Education
Group for Children	Chiangmai 50140, Thailand	Partner Organization	12,047	Running costs of the seven learning centers (two daytime centers and five nighttime centers)	Education
Healthy Living Happy Society	Bago, Myanmar	Partner Organization	10,146	HIV Care and Prevention	Health
Kachin Baptist Convention	Kachin State, Myanmar	Partner Organization	93,062	Malana Control and HIV Care & Prevention Programs	Health
Kachin Development Group	Kachin State, Myanmar	Partner Organization	12,848	Adolescent Reproductive Health Education	Health
Karen Dept of Health & Welfare	Karen State, Myanmar and Mae Sot, Thailand	Partner Organization	312,747	MultipleCommunity Clinical Health and Health Training Programs	Health
Karen State Education Assistance Group	Mae Hong Son 58110, Thailand	Partner Organization	120,659	Karen State Education Assistance	Education
Karen Women's Action Group	Yangon, Myanmar	Partner Organization	93,424	Irrawaddy Delta Education and Community Development programs	Community Development
Kyarktho Monastery Schools	Yangon, Myanmar	Partner Organization	23,777	Education and Teacher Trainings, Reading, Writing and Critical Thinking	Education
Lahu National Development Organization	Chiang Mai, Thailand 50210	Partner Organization	10,197	Literacy Education in Eastern Shan State	Education
Mae Tao Clinic	Mae Sot, Thailand	Partner Organization	158,601	Medical Clinic Operations for Burmese Migrant and Refugee Thai Border Populations	Health
Ma Vjara at U Pandita Monastery, Delta Village Dana Grants	Yangon, Myanmar	Partner Organization	320	Monastery School Operations	Community Development
Meik Swae Myanmar	Lashio, Yangon, Myanmar	Partner Organization	192,900	Community Development programs including Pre-K Education, Teacher Trainings, Arakan State, Lashio and Moken Areas	Community Development
Meik Swae Myanmar	Lashio, Yangon, Myanmar	Partner Organization	7,400	Education Programs	Education
Meik Swae Myanmar	Lashio, Yangon, Myanmar	Partner Organization	1,500	School Facilities Improvement & School Operations	Education
Meik Swae Myanmar	Yangon, Myanmar	Partner Organization	7,208	Education, Clinical Health, Community Development including HIV support	Health
Meik Swae Myanmar	Yangon, Myanmar	Partner Organization	5,000	Monastery and Nunnery School Operations	Education
Meik Swae Myanmar	Yangon, Myanmar	Partner Organization	14,057	Malana Control Program	Health
Meik Swae Myanmar	Yangon, Myanmar	Partner Organization	5,000	Education programs for Migrant People	Education
New Life Group	Mandalay, Myanmar	Partner Organization	11,720	Education and Support for HIV prevention	Education
Pak Nam Learning Center	Ranong 85000 Thailand	Partner Organization	9,954	Migrant Education-School Operations Grant	Education
Pailanarak Foundation	Bangkok 10530, Thailand	Partner Organization	13,033	Encouraging Saving Network for Community Development	Community Development
Paung Daw Oo	Mandalay, Myanmar	Partner Organization	17,671	Reproductive Health and Malana Control Programs	Health
Rehmonya Labor Union	Sangkhlabun 71240, Thailand	Partner Organization	13,200	Support operational costs for primary schools for migrant children	Education
School for Shan State Nationalities Youth	Chiang Mai, Thailand 50205	Partner Organization	35,000	The 11th [Annual] Education Program and the Border Teachers Support Program	Education
Shwe Social Service	Sagaing, Myanmar	Partner Organization	10,146	HIV Care and Prevention	Health
Singshot Development Foundation	Yangon, Irrawaddy Myanmar	Partner Organization	159,420	Education and Community Development Programs	Community Development
Soi Seven Learning Center	Ranong, 85000, Thailand	Partner Organization	15,970	School Operations for Migrant Burmese Children	Education
Sweet Home Orphanage	Piang Luang 50530	Partner Organization	5,832	Orphanage Support- One Year	Education
Sympathetic Doctor's Group	Bago, Myanmar	Partner Organization	15,718	Reproductive Health and Mobile Clinics Programs	Health
Thabyay Education Network	Chiang Mai 50300, Thailand	Partner Organization	215,728	Grants for Multiple Programs 1 Disability Services Related Activities, 2 Scholarships for Advance Studies , & 3 University Foundation and Strategic Development, 4 Small Grants Initiative	Education
Toe Nyio School	Mae Hong Son, 58110, Thailand	Partner Organization	5,180	Annual School Operations	Education
Victoria Learning Center	Ranong 85000, Thailand	Partner Organization	28,061	School Operations and transportation for disadvantaged children	Education
Wat Far Weng	Changmai, Thailand	Partner Organization	14,089	Support of Disadvantaged Children-Pre School Centre	Education
Waitana Learning Center	Ranong 85000, Thailand	Partner Organization	17,112	School Support Grades K-7	Education
YMCA Clinics	Mandalay, Myanmar	Partner Organization	17,860	Mobile Clinics, Reproductive Health and Malana Control Programs	Health
Total Grants to Orgs			2,423,424		
Individual's Name	Address	Relationship	Amount	Purpose	Program
David Jaap van Leeuwen	Bolinas, CA 94924	Partner	15,996	2011 Art Education & Community Development Projects	Community Development
Eain Min Htet	Yangon, Myanmar	Individual/CBO staff r	600	Education Assistance	Education
Tianchai Sookkhang	Yangon, Myanmar	Individual/CBO staff r	7,500	Emergency Medical Funds Staff Network	Community Development
Total Cash Grants to Individuals/Scholarships			24,096		
TOTAL GRANTS TO ORGANIZATIONS AND INDIVIDUALS			2,447,520		

2011

**SCHEDULE O - SUPPLEMENTAL INFORMATION**

**PAGE 3**

CLIENT 29010

COMMUNITY PARTNERS INTERNATIONAL  
PREVIOUSLY: FDTN FOR THE PEOPLE OF BURMA

94-3375666

10/09/12

09 36AM

**FORM 990, PART XI, LINE 5  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

ADJUSTMENT TO NET ASSETS

	\$	1,500.
TOTAL	\$	<u>1,500.</u>

2011

## FEDERAL SUPPORTING DETAIL

PAGE 1

CLIENT 29010

COMMUNITY PARTNERS INTERNATIONAL  
PREVIOUSLY: FDTN FOR THE PEOPLE OF BURMA

94-3375666

10/09/12

09.36AM

CONTRIBUTIONS, GIFTS, AND GRANTS  
OTHER CONTRIBUTIONS, GIFTS, GRANTS, ETC.INDIVIDUAL CONTRIBUTIONS  
FOUNDATION CONTRIBUTIONS

	\$	430,376.
		<u>3,823,456.</u>
TOTAL	\$	<u>4,253,832.</u>

10/09/12

09.36AM

FORM 990, PART IX, LINE 24E  
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
POSTAGE AND SHIPPING	<u>1,321.</u>	<u>983.</u>	<u>133.</u>	<u>205.</u>
TOTAL	\$ <u>1,321.</u>	\$ <u>983.</u>	\$ <u>133.</u>	\$ <u>205.</u>



2011

## FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

CLIENT 29010

COMMUNITY PARTNERS INTERNATIONAL  
PREVIOUSLY: FDTN FOR THE PEOPLE OF BURMA

94-3375666

10/09/12

09 36AM

PROPERTY AND EQUIPMENT  
-----

PROPERTY AND EQUIPMENT CONSIST OF THE FOLLOWING AT DECEMBER 31, 2011 AND 2010:

	2011	2010
	-----	-----
COMPUTERS AND EQUIPMENT	\$ 7,535	\$ 5,235
OFFICE FURNITURE	2,002	2,002
WEB SITE	5,151	5,151
	-----	-----
SUBTOTAL	14,688	12,388
ACCUMULATED DEPRECIATION	(10,858)	(8,509)
	-----	-----
PROPERTY AND EQUIPMENT, NET	\$ 3,830	\$ 3,879
	=====	=====

DEPRECIATION EXPENSE AMOUNTED TO \$2,349 AND \$3,624 FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010, RESPECTIVELY.

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns***Enter filer's identifying number, see instructions**

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions		Employer identification number (EIN) or
	COMMUNITY PARTNERS INTERNATIONAL PREVIOUSLY: FDTN FOR THE PEOPLE OF BURMA		<input checked="" type="checkbox"/> 94-3375666
	Number, street, and room or suite number. If a P.O. box, see instructions		Social security number (SSN)
	2550 NINTH STREET #111		<input type="checkbox"/>
City, town or post office, state, and ZIP code. For a foreign address, see instructions			
BERKELEY, CA 94710			

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► S. COMSTOCK

Telephone No ► 510-225-9676 FAX No ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year 20 11 or
  - ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 1-2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the extended due date for filing the return. See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	COMMUNITY PARTNERS INTERNATIONAL PREVIOUSLY: FDTN FOR THE PEOPLE OF BURMA	<input checked="" type="checkbox"/> 94-3375666
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	REGALIA & ASSOCIATES, CPAS 103 TOWN & COUNTRY DR., STE. K	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	DANVILLE, CA 94526	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of ☒ S. COMSTOCK  
Telephone No ☒ 510-225-9676 FAX No ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 11/15, 20 12
- 5 For calendar year 2011, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_
- 6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return  
☐ Change in accounting period
- 7 State in detail why you need the extension TAXPAYER IS IN THE PROCESS OF OBTAINING THE NECESSARY INFORMATION IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b>	\$
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>8c</b>	\$

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Mr. Douglas Regalia CPA Title \_\_\_\_\_ Date \_\_\_\_\_

BAA

FIF20502L 07/29/11

Form 8868 (Rev 1-2012)

**COPY**