Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

DLN: 93493039012011 OMB No. 1545-0047

Open to Public Inspection

		enue Servic			20 2227					
				ning 07-01-2019 , and ending 06-3	30-2020	155	:.			
		pplicable:	C Name of organization COMMUNITY PARTNERS			D Employ	er identifi	cation number		
] Address change] Name change] Initial return] Final return/terminat					95-430	2067			
		_	Doing business as							
			t							
☐ Am	nende	d return	Number and street (or P.O. box if mai		uite	E Telephor	ie number			
□Ар	plicati	on pending	1000 NORTH ALAMEDA STREET NO 24	40		(213) 3	46-3200			
			City or town, state or province, count	ry, and ZIP or foreign postal code						
			LOS ANGELES, CA 90012			G Gross re	ceipts \$ 89	,389,562		
			F Name and address of principal	officer:	H(a)	Is this a group re	turn for			
			PAUL J VANDEVENTER 1000 NORTH ALAMEDA STREET N	0 240		subordinates?		□Yes ☑ No		
			LOS ANGELES, CA 90012	2 - 0	H(b)	Are all subordinat	es	☐ Yes ☐No		
I Ta:	x-exer	mpt status	: 501(c)(3) 501(c) () (ir	nsert no.) 4947(a)(1) or 527		included? If "No," attach a l	ist (see			
7 147	- l i d	L		1sert (10.)		Group exemption	•	•		
J 44	ebsii	te:► w	WW.COMMUNITYPARTNERS.ORG		"(")	Group exemption	Hamber			
			n: 🗹 Corporation 🗌 Trust 🔲 Associ	Day .	L Year o	of formation: 1991	M State o	of legal domicile: CA		
K Forr	n of o	rganizatior	1: Corporation L Trust L Associ	lation Li Other P						
Pa	art I	Sun	ımary							
			escribe the organization's mission or	most significant activities:						
as			ITY DEVELOPMENT AND SOCIAL EN							
ပို	-									
π										
Governance	١,	Charle th	nic box > if the organization disc	ontinued its operations or disposed of	mara tha	n 25% of its not a	cooto			
ိ			of voting members of the governing			ii 25% or its het a	3	14		
	l		•	the governing body (Part VI, line 1b)			4	14		
Activities &	l		·	endar year 2019 (Part V, line 2a)			5	987		
Ĭ	l		mber of volunteers (estimate if nece	, , , , , , , , , , , , , , , , , , , ,			6	1,200		
Ç	l		,	• •				· · ·		
•	l			/III, column (C), line 12			7a	0		
	b	Net unre	elated business taxable income from	Form 990-T, line 39	<u> </u>		7b	0		
						Prior Year		Current Year		
<u>Q:</u>	8	Contribu	itions and grants (Part VIII, line 1h)			52,402,	102	65,343,542		
Ĕ	9	Program	service revenue (Part VIII, line 2g)			3,114,	319	4,540,639		
Ravenue	10	Investm	ent income (Part VIII, column (A), lin	nes 3, 4, and 7d)		511,	196	577,646		
_	11	Other re	evenue (Part VIII, column (A), lines 5,	, 6d, 8c, 9c, 10c, and 11e)			130	0		
	12	Total rev	venue—add lines 8 through 11 (mus	t equal Part VIII, column (A), line 12)		56,027,	747	70,461,827		
	13	Grants a	and similar amounts paid (Part IX, co	lumn (A), lines 1-3)		6,953,0	308	8,979,606		
	14	Benefits	paid to or for members (Part IX, col	umn (A), line 4)			0	0		
S	l		, , , ,	efits (Part IX, column (A), lines 5-10)		28,624,:	181	34,577,676		
Seg	l		onal fundraising fees (Part IX, colum	, , , , , , , , , , , , , , , , , , , ,		73,8		178,267		
<u>&</u>	l		draising expenses (Part IX, column (D), lir	, ,,		, 5,	373	1,0,207		
Expenses	l			· — ·		10.262	527	22 704 401		
	l		kpenses (Part IX, column (A), lines 1	·		19,362,6				
	l		penses. Add lines 13–17 (must equa			55,013,0		67,529,950		
	19	Revenue	e less expenses. Subtract line 18 from	m line 12		1,014,0		2,931,877		
€ &					Begi	inning of Current Y	ear	End of Year		
alan		Tabal as	cata (Dart V. lina 16)			42 722 :	360	46 124 220		
Net Assets or Fund Balances	l		sets (Part X, line 16)			42,732,		46,134,339		
ž Š	l		bilities (Part X, line 26)			4,411,9		5,020,102		
			ets or fund balances. Subtract line 21	1 from line 20		38,320,	381	41,114,237		
	rt II		nature Block		11					
				ned this return, including accompanying Declaration of preparer (other than off						
any k										
		11	1.11			2224 24 42				
		Signa	ture of officer			2021-01-13 Date				
Sign Here		, "								
пете	•		E FUNAHASHI CFO or print name and title							
		<u> </u>		Droppyor's signs to	Date		DTIN			
	_		Print/Type preparer's name		Date 2021-01-1	3 Check 🗀 if 📙	PTI N P00666808			
Paid		-	Final name & CMCEDI SWAY 12	<u>l</u>		self-employed				
Pre		51	Firm's name SINGERLEWAK LLP			Firm's EIN ► 95-	230261/			
Use	On	ıly 🏻	Firm's address ▶ 10960 WILSHIRE BOULE	VARD 7TH FLOOR		Phone no. (310)	477-3924			
			LOS ANGELES, CA 9002	243783						
M	he TD	ا مانمان				1		es 🗆 No		
			s this return with the preparer shows eduction Act Notice, see the sepa	,		No. 11282Y	₫ ¥	Form 990 (2019)		
יט ויט	aper	MOIK KE	Jungalon Act Notice, see the sepa		∟at.	INU. IIZOZY		roim 330 (2019)		

Form	990 (2	019)					Pa	age 2
Pa	rt III	Statement	of Program Servi	ce Accomplis	hments			
		Check if Sched	dule O contains a resp	onse or note to	any line in this Part III .			✓
1	Briefly	describe the o	rganization's mission:					
SEE	SCHEDL	JLE O						
2	Did th	e organization i	undertake any signific	ant program ser	vices during the year wh	ich were not listed on		
	the pr	ior Form 990 or	r 990-EZ?				🗌 Yes 🗹 No)
	If "Yes	s," describe the	se new services on Sc	hedule O.				
3	Did th	e organization o	cease conducting, or n	nake significant	changes in how it conduc	cts, any program		
							. □Yes ☑N	No
			se changes on Schedu					
4		•			nts for each of its three I:	argest program services, as r	measured by expenses	
						grants and allocations to oth		
	expen	ses, and revent	ue, if any, for each pro	gram service re	ported.			
	(0.1) /F	4 200 200		2.202.202.) (5		
4a	(Code:) (Expenses \$	4,300,000	including grants of \$	2,300,000) (Revenue \$)	
	See Au	Iditional Data						
4b	(Code:) (Expenses \$	4,176,958	including grants of \$) (Revenue \$	299,028)	
		Iditional Data	, (= +	.,,	4	, (+	,,	
	-							
4c	(Code:) (Expenses \$	3,146,133	including grants of \$	2,870,968) (Revenue \$)	
	See Ad	lditional Data	, , , , , ,				,	
	(Code:) (Expenses \$	41,548,864	including grants of \$	3,808,638) (Revenue \$	4,241,611)	
						, EDUCATION, ENVIRONMENTAL	SUSTAINABILITY, HEALTH, AN	ND
	SOCIA	L SERVICES TO BE	RING ABOUT POSITIVE CH	HANGE TO COMMUI	NITIES.			
4d	Other	program service	ces (Describe in Sched	ule O.)				
		nses \$	•	luding grants of	\$ 3,808.63	88) (Revenue \$	4,241,611)	
4e		<u> </u>	rice expenses ▶	53,171,9		7,	, -, ,	
70	iotai	program serv	TOO EXPENSES F	33,171,3			Form 990 (2	2019)

Form	990 (2019)			Page 3
Par	Checklist of Required Schedules			
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 2	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part 2	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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 🥦	11b		No
	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 2	11c		No
	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 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	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	18	Yes	
19	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	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	ایما	Yes	

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Yes

21

Form	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I </i>	25a		No
	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>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \ref{Matter}	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance	· · · · ·	'	
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> ;		
1 ~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 760		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 760 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
~	(gambling) winnings to prize winners?	1c	Yes	

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
	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			
L	this return	2b	Yes	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No ——
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		No
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
11	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

orm 9	90 (2019)			Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Ne 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to	lines
Sec	tion A. Governing Body and Management			
			Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 14			
	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	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
	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?	2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervisior of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	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?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
		\square	Yes	No
b :	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
	and branches to ensure their operations are consistent with the organization's exempt purposes?	100		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a caxable entity during the year?	16a		No
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶			
	<u>CA</u>			
	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☑ Own website ☐ Another's website ☑ Upon request ☑ Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶MAMIE FUNAHASHI CFO 1000 N ALAMEDA ST STE 240 LOS ANGELES, CA 90012 (213) 346-3200			

EXECUTIVE COMMITTEE - CHAIR

DIR OF RESEARCH, HUMAN RIGHTS DATA

(15) MAMIE FUNAHASHI

CHIEF FINANCIAL OFFICER

(16) PAUL VANDEVENTER

PRESIDENT & CEO

(17) PATRICK BALL

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- 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, or 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 directoring organization, more than \$10,000 of reportable constructions for the order in which to list the 	ompensation fro	m the									
Check this box if neither the organization no	r any related oi	rganizat	ion c	omp	ens	ated a	any o	current officer, dire	ctor, or trustee.		
(A) Name and title	(B) Average hours per week (list any hours for related	pers	an on on is	e bo both	t cho x, u h an	eck m inless office	er	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-Z/1099-	(W-Z/1099- MISC)	related organizations	
(1) BONNIE BOSWELL BOARD MEMBER	2.00	х						0	0	0	
(2) ANDREA CAPACHIETTI BOARD MEMBER	2.00	х						0	0	0	
(3) STEVEN J COBB BOARD MEMBER	2.00	х						0	0	0	
(4) ELADIO CORREA BOARD MEMBER	2.00	х						0	0	0	
(5) OSCAR E CRUZ BOARD MEMBER	2.00	х						0	0	0	
(6) VICTOR DE LA CRUZ JD BOARD MEMBER	2.00	х						0	0	0	
(7) CHARLES J HAMILTON III ESQ BOARD MEMBER	2.00	X						0	0	0	
(8) IRWIN J JAEGER BOARD MEMBER	2.00	х						0	0	0	
(9) RIGIO J SABORIO BOARD MEMBER	2.00	х						0	0	0	
(10) ANI ZONNEVELD BOARD MEMBER	2.00	X						0	0	0	
(11) ANGE-MARIE HANCOCK PHD EXECUTIVE COMMITTEE - PAST CHAIR	10.00	х		х				0	0	0	
(12) CHRISTOPHER P KEARLEY EXECUTIVE COMMITTEE - TREASURER	10.00	х		х				0	0	0	
(13) HELEN B KIM EXECUTIVE COMMITTEE - SECRETARY	5.00	х		х				0	0	0	
(14) PERRY C PARKS III	5.00	х		х				0	0	0	

50.00

50.00

40.00

Х

38.021

66,796

26,439

0

0

214,426

366,733

190,429

Form 990 (2019) Part VII Section A. Officers, Directors	. Trustees. K	ev Fm	nlov	ees.	an	d Hid	ihes	st Compensated	Employees (co	ntinued)	Page 8
(A) Name and title	(B) Average hours per week (list any hours	Position than of is b	on (do	(C) o not ox, u	che inles	eck mess pers	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estim amount comper from	of other nsation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	1 -	tion and ted zations
(18) SHERI NICOLE DUNN BERRY	40.00					Х		201,567	,		15,397
DIR. OF PROGRAMS (19) GAYLE BYRNE VP OF CONTRACTS, GRANTS & RISK MGMT.	40.00					Х		164,663		0	8,815
(20) BRIDGET COLE PROJECT DIRECTOR	40.00					Х		163,184			25,037
(21) DANIEL ROSENFELD EXECUTIVE DIR, LAND USE SOLUTIONS	40.00					Х		215,644		0	17,742
				Н							
1b Sub-Total				•	*						
d Total (add lines 1b and 1c) 2 Total number of individuals (including but of reportable compensation from the organisms)	not limited to				e) w	-1	ceive	1,516,646 ed more than \$100	0,000		198,247
										Yes	No
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for	,		,		,	•	_		· '	3	No
4 For any individual listed on line 1a, is the organization and related organizations graindividual										l Yes	
5 Did any person listed on line 1a receive o services rendered to the organization? <i>If</i> "								ganization or indivi		5	No
Section B. Independent Contractors									_		
1 Complete this table for your five highest of from the organization. Report compensat										nsation	
	(A) pusiness address							Descrip	(B) otion of services		c) nsation
CHAPTER TWO INC								CONSULTING			500,109
8929 SOUTH SEPULVEDA BLVD 405 LOS ANGELES, CA 90045											
THE CALIFORNIA ENDOWMENT								RENT			491,163
1000 N ALAMEDA ST LOS ANGELES, CA 90012 DESERT VISTA CONSULTING								CONSULTING	SERVICE		251,195
10002 N 28TH PLACE											,
PHOENIX, AZ 85028 MASTERS POLICY CONSULTING								CONSULTING	SERVICE		177,540
80 N RAYMOND AVE 207 PASADENA, CA 91103											
PATRICIA E POWERS, 4907 SECLUDED OAKS LANE CARMICHAEL, CA 95608								CONSULTING	SERVICE		138,105
2 Total number of independent contractors (in	ncluding but not	limited	l to t	hose	liste	ed abo	ove)	who received mor	e than \$100,000 c	f	

Part	VII									
		Check if Sched	dule	O contains a	respo	nse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s	1	a Federated campa	igns		1a			revenue		312 317
ants		b Membership dues	s .	. [1b	86,407				
55. E		c Fundraising even	ts .		1c	362,917				
fts,		d Related organizat	tions	; <u> </u>	1d					
ni; Gi	e Government grants (contributions) 1e 22,459,580					22,459,580				
tributions, Gifts, Grants Other Similar Amounts		f All other contributio and similar amounts above	s not	included	1f	42,434,638				
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contributio lines 1a - 1f:\$			1 g	331,594				
<u>ه</u>		h Total. Add lines :	1a-1	т	• •		65,343,542			
	٦.	a PROGRAM SERVICES				Business Code	2,750,177	2,750,177		
<u>a</u>	28	a PROGRAM SERVICES				900099	, ,	, ,		
Program Service Revenue		CONTRACTS				900099	1,716,432 74,030	1,716,432 74,030		
e	(PROGRAM TUITION/M	1ERC	Н.		900099	74,030	74,030		
Ę.	_									
E	C									
ogra	e	e								
\$. All -th		.:						
		f All other program			ا	4.540.630				
		Investment income				4,540,639		Τ		
		similar amounts) .			· ·	terest, and other				512,839
		Income from invest	men	it of tax-exer	npt bo		<u> </u>			
	5	Royalties	_			(ii) Personal	•			
				(i) Rea		(II) Personal				
	6	a Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income								
		or (loss)	6с	(1)			_			
	•	d Net rental income		(i) Securit		(ii) Other				
	78	7a Gross amount from sales of assets other 7a 18,468,752				, ,				
	b	·	than inventory Less: cost or other basis and 7b 18,398,429				6			
	c	Gain or (loss)	7c		70,323	-5,51	6			
		d Net gain or (loss)	•				64,807	7		64,807
Other Revenue	88	a Gross income from fu (not including \$ contributions reported	d on	362,917 of line 1c).						
ev		See Part IV, line 18			8a	523,790 523,790				
er f		b Less: direct expen c Net income or (los			8b ng eve	<u> </u>	<u>'</u>			
	0 -	Gross income from	nami	ing activities						
	<i>-</i> -	See Part IV, line 19	•		9a					
	ı	b Less: direct expen	ses		9b					
	•	c Net income or (los	s) fr	om gaming a	ctiviti	es 🕨				
	10	aGross sales of inve	entor	rv. less						
		returns and allowa			10a					
	١	b Less: cost of good	s sol	ld	10b					
	•	c Net income or (los			nvento					
	1.	Miscellaneo 1a	us R	evenue		Business Code	_			
	1.	-u								
		b						-		
		с						<u> </u>		
	•	-								
		d All other revenue								
		e Total. Add lines 1				•		1		
		2 Total revenue. S						-		
		- rotar revenue. S	ee If	.56 actions .	•	• • • •	70,461,827	4,540,639	0	577,646 Form 990 (2019)

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c		_		
Check if Schedule O contains a response or note to ar	ny line in this Part IX			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,959,348	7,959,348		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	973,674	973,674		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	46,584	46,584		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	712,750	220,319	492,431	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	28,182,729	19,709,595	5,113,020	3,360,114
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	840,481	593,481	145,720	101,280
9 Other employee benefits	2,533,516	1,759,373	475,525	298,618
10 Payroll taxes	2,308,200	1,618,717	412,134	277,349
11 Fees for services (non-employees):				
a Management				
b Legal	56,284	19,287	36,997	
c Accounting	83,309		83,309	_
d Lobbying	61,557	61,557		
e Professional fundraising services. See Part IV, line 17	178,267			178,267
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,973,423	11,166,743	772,456	34,224
12 Advertising and promotion	82,514	210	82,304	
13 Office expenses	696,265	475,587	220,678	
14 Information technology	101,423	63,993	37,430	
15 Royalties				
16 Occupancy	1,838,365	1,470,692	367,673	
17 Travel	1,417,844	1,213,143	204,701	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	1,131,236	988,416	142,820	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	130,239	270	129,969	
23 Insurance	176,143	7,999	168,144	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUNDS DISBURSED TO SEPA	1,843,571	1,831,033	12,538	
b PROGRAM SUPPLIES	906,036	905,626	410	
c HONORARIA	734,118	719,240	14,878	
d POSTAGE & PRINTING	242,676	208,606	34,070	
e All other expenses	2,319,398	1,158,462	1,154,810	6,126
25 Total functional expenses. Add lines 1 through 24e	67,529,950	53,171,955	10,102,017	4,255,978
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Form 990 (2019)

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298,248

14,882,789

1,777,869

42,732,360

4,411,979

4.411.979

2,878,387

35,441,994

38,320,381

42,732,360

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Page 11

309,211

14,741,256

1,785,604

46,134,339

5,020,102

5.020.102

4.512,109

36,602,128

41,114,237

46,134,339

Form 990 (2019)

	(A) Beginning of year		(B) End of year
Cash-non-interest-bearing	9,263,218	1	13,915,556
Savings and temporary cash investments	25,470	2	593,117
Pledges and grants receivable, net	15,826,024	3	14,213,280
Accounts receivable, net		4	
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.		6	
Notes and loans receivable, net		7	
Inventories for sale or use		8	
Prepaid expenses and deferred charges	658,742	9	576,315

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33

Liabilities 22

Fund Balances

ō 29

Assets 30

Assets

Investments—publicly traded securities .

Other assets. See Part IV, line 11 .

Tax-exempt bond liabilities . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Accounts payable and accrued expenses

Intangible assets .

Grants payable .

Deferred revenue . .

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related. See Part IV, line 11

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

Form 990 (2019)

Additional Data

Software ID:

Software Version: **EIN:** 95-4302067

Name: COMMUNITY PARTNERS

Form 990 (2019)

Form 990, Part III, Line 4a:

CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE: CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE IS A POPULATION HEALTH MODEL

THAT LINKS HEALTH CARE SYSTEMS, COMMUNITY RESOURCES AND SOCIAL SERVICES WITH PRIMARY PREVENTION APPROACHES IN A GEOGRAPHIC REGION TO ADDRESS A PARTICULAR HEALTH NEED, SUCH AS CHRONIC DISEASE, ON A COMMUNITY-WIDE BASIS.

Form 990, Part III, Line 4b: SAFE PLACE FOR YOUTH: SAFE PLACE FOR YOUTH'S MISSION IS TO FIND, STABILIZE, AND ASSIST HOMELESS YOUTH UNDER THE AGE OF 25 AND IMPROVE THEIR LIVES.

Form 990, Part III, Line 4c: F5LA FCE PAF:F5LA FCE PAF IS A PARTNERSHIP WITH FIRST 5 LOS ANGELES TO WORK WITH POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND PARTICULARLY THOSE AT RISK HAVE ACCESS TO AFFORDABLE FARLY CARE AND EDUCATION.

efil	e GR/	<u>APHIC pri</u> i	nt - DO NOT PROCESS	As Filed Data -	ata - DLN: 9349303901					
SCI		ULE A	- Dublic 4	Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047		
	m 990			rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2019		
		the Treasury	► Go to <u>www.irs</u>	<u>a.gov/Form990</u> for in			ormation.	Open to Public Inspection		
Nam	e of th	nie Service ne organiza PARTNERS	tion				Employer identific	<u> </u>		
COMM	ONTT	IAITIVEICS					95-4302067			
	rt I		for Public Charity State				See instructions.			
_	rganız		a private foundation because	•	•		(A)(:)			
1		·	onvention of churches, or as							
2	Ш		scribed in section 170(b)(`	, ,				
3			or a cooperative hospital serv	-			-			
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's		
5		-	ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170		
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).			
7	✓		ation that normally receives (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the gener	al public described in		
8		A communi	ty trust described in sectior	170(b)(1)(A)(vi).	(Complete Part I	I.)				
9			ural research organization de rant college of agriculture. S					ege or university or a		
10		from activit investment	ation that normally receives: lies related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	nctions—subject to cer less taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross		
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).			
12		more public	ation organized and operated ly supported organizations of through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a			
a		organizatio	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	appoint or elect a majo						
b		manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ation vested in the sar						
С		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its		
d		Type III n functionally	on-functionally integrated integrated. The organization in You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar			
e		Check this	box if the organization receiv or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally		
f	Enter		• • • • • • • • • • • • • • • • • • • •		-		<u> </u>			
g	Provi	de the follow	ing information about the su	pported organization(s).					
	(i) N	lame of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
Tota			tion Act Notice, see the Ir		Cat. No. 11285		Schedule A (Form 9			

	If the organization failed	d to qualify unde	r the tests listed	below, please of	complete Part II	I.)		
S	ection A. Public Support		<u>.</u>					
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not	39,430,724	38,285,416	44,520,201	52,402,102	6	5,343,542	239,981,985
2	include any "unusual grant.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	39,430,724	38,285,416	44,520,201	52,402,102	6	5,343,542	239,981,985
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							20,653,854
6	(f) Public support. Subtract line 5 from line 4.							219,328,131
	ection B. Total Support	1			I.			
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e)	2019	(f) Total
7	Amounts from line 4	39,430,724	38,285,416	44,520,201	52,402,102	6	5,343,542	239,981,985
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties	174,167	316,782	374,213	419,136		512,839	1,797,137
9	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).							
11	10					•		241,779,122
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		15,602,532
13	First five years. If the Form 990 is f	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501	(c)(3) orga	nization,
	check this box and $\boldsymbol{stop\ here}\ \boldsymbol{.}\ \boldsymbol{.}\ \boldsymbol{.}$						▶□	
S	ection C. Computation of Publi	c Support Perc	entage					
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14		90.710 %
15	Public support percentage for 2018 So	chedule A, Part II, l	ine 14			15		88.700 %
16 a	33 1/3% support test—2019. If the	e organization did r	not check the box o	on line 13, and line	e 14 is 33 1/3% or	more, c	heck this b	ox
b	and stop here. The organization qua 33 1/3% support test—2018. If the	ne organization did	not check a box or	n line 13 or 16a, a	and line 15 is 33.1	′3% or n	nore, check	this
17 a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization Part VI how the organization meets	t— 2019. If the orgon meets the "facts	ganization did not o -and-circumstance	check a box on lin s" test, check this	e 13, 16a, or 16b, box and stop he	and line re. Expl	e 14 ain	. ▶⊔
b	organization	st—2018. If the or zation meets the "f on meets the "facts	rganization did not facts-and-circumsta s-and-circumstance	check a box on li ances" test, check es" test. The organ	ne 13, 16a, 16b, o this box and stor nization qualifies a	r 17a, a > here. s a publ	nd line icly	_
18	supported organization	ion did not check a	box on line 13, 16			 and see	· · · · ·	▶□

Р	art III Support Schedule for									
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)									
S	tne organization falls to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)					
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)			
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not include any "unusual grants.").									
2	Gross receipts from admissions,									
	merchandise sold or services									
	performed, or facilities furnished in any activity that is related to the									
	organization's tax-exempt purpose									
3	Gross receipts from activities that are									
	not an unrelated trade or business									
4	under section 513 Tax revenues levied for the									
•	organization's benefit and either paid									
_	to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5									
7a	Amounts included on lines 1, 2, and									
L	3 received from disqualified persons Amounts included on lines 2 and 3									
D	received from other than disqualified									
	persons that exceed the greater of									
	\$5,000 or 1% of the amount on line 13 for the year.									
c	Add lines 7a and 7b									
8	Public support. (Subtract line 7c									
	from line 6.)									
Se	ection B. Total Support		1				Г			
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
9	Amounts from line 6									
10a	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties and income from similar sources.									
b	Unrelated business taxable income									
	(less section 511 taxes) from									
	businesses acquired after June 30, 1975.									
С	Add lines 10a and 10b.									
11	Net income from unrelated business									
	activities not included in line 10b,									
	whether or not the business is regularly carried on.									
12	Other income. Do not include gain or									
	loss from the sale of capital assets									
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,									
13	11, and 12.).									
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>			
	check this box and stop here						▶ ⊔			
	ection C. Computation of Public S			! (6))		1 1				
15	Public support percentage for 2019 (lin		•			15				
16	Public support percentage from 2018 S	-	<u> </u>			16				
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17				
17 10	Investment income percentage for 201	-		-		17				
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not			
	more than 33 1/3%, check this box and s									
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the									
ט	not more than 33 1/3%, check this box	-			•		_			
20	Private foundation. If the organization	-	-							
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖			

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

	ule A (Form 990 or 990-EZ) 2019			Pag
ar	Type III Non-Functionally Integrated 509(a)(3) Supporting O)rgani:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval require			
6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	sive (provide		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

outer distributions (describe in Fair 42). See instructions						
7 Total annual distributions. Add lines 1 through 6.						
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions						
9 Distributable amount for 2019 from Section C, line 6						
10 Line 8 amount divided by Line 9 amount						
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
	Underdistributions	Distributable				

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

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Additional Data

Software ID: Software Version:

EIN: 95-4302067

Name: COMMUNITY PARTNERS

Schedule A (Form 990 or 990-EZ) 2019

Part VI

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

instructions).

Facts And Circumstances Test

Political Campaign and Lobbying Activities

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

DLN: 93493039012011

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

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

▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** COMMUNITY PARTNERS 95-4302067 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes ☐ No Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b......... Did the filing organization file Form 1120-POL for this year? ☐ Yes 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a

				separate political organization. If none, enter -0
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see th	e instructions for Form 990 or 990-EZ.	Cat.	No. 50084S Schedule C (Form 990 or 990-EZ) 2019

Sche	nedule C (Form 990 or 990-EZ) 2019				Р	Page 3
Pa	Complete if the organization is exempt under section 501(c)(3) and has Form 5768 (election under section 501(h)).					
For	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	<u> </u>	(a)	(b)		
activ	ivity.	Yes	No	4	Amoui	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation including any attempt to influence public opinion on a legislative matter or referendum, through the use					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		1		
С	Media advertisements?	Yes		1		130
d	Mailings to members, legislators, or the public?	Yes			- :	25,566
е	Publications, or published or broadcast statements?	Yes				352
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			- :	29,099
h	n Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes				6,410
i	Other activities?		No			
j	· · · · · · · · · · · · · · · · · · ·					61,557
2a			No			
b						
С	, , , , , , , , , , , , , , , , , , , ,					
d	, , ,					
Pa	Complete if the organization is exempt under section 501(c)(4), section 5	i01(c)(5), d	or sect	ion		
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1	103	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					\vdash
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		ŀ	3		\vdash
Pa	art III-B Complete if the organization is exempt under section 501(c)(4), section 5			ion 5		:)(6)
	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b answered "Yes.") Part III-A	, line	3, is		-,(-,
1	Dues, assessments and similar amounts from members	1				
2	expenses for which the section 527(f) tax was paid).					
a		2a				
b	,	2b				
c		2c				
3 4	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues . If notices were sent and the amount on line $2c$ exceeds the amount on line $3c$, what portion of the exces					
4	the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?					
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P	Part IV Supplemental Information		1			
Pro	rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grousstructions), and Part II-B, line 1. Also, complete this part for any additional information.	up list); Part II	-A, lines	1 an	d 2 (se	ee
7113	Return Reference Explanation					
PAR	RT II-B, LINE 1: - CA STATE LOBBYING: AB 130, AB 166, AB 285, AB 302, AB 539, AB	751, AB 891.	AB 109	2, AB	1350.	AB
. ,	1482, AB 1593, AB 1645, AB 2176, AB 2200, AB 2360, AB 2835, AB 3 SB 72, SB 127, SB 210, SB 218, SB 337, SB 354, SB 400, SB 616, SE 1044 - FEDERAL LOBBYING: HR 2464, HR 3398, HR 5855, HR 7085, I FAMILY ACT - LA CITY LOBBYING: AIR QUALITY MEASURE, METRO TR HOUSING, SUSTAINABILITY PLAN, SIDEWALK PROGRAM, DEFUND TH PROJECT	3213, AB 3300 3 732, SB 743, MMIGRATION, ANSIT, VISIO	, HB 82. SB 961 STIMUI N 2022,	2, SB , SB 7 _US P. AFFO	1, SB 708, SI ACKAG RDABL	50, B GE, LE

efile GRAPHIC print - DO NOT PROCESS
SCHEDULE D

As Filed Data -

Supplemental Financial Statements

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

OMB No. 1545-0047

DLN: 93493039012011

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

	me of the organization MUNITY PARTNERS		Employer identification number
CUI	IMONITY PARTNERS		95-4302067
Pa	rt I Organizations Maintaining Donor Advi	sed Funds or Other Similar Funds o	or Accounts.
	Complete if the organization answered "Ye		
		(a) Donor advised funds	(b) Funds and other accounts
•	Total number at end of year	1	
2	Aggregate value of contributions to (during year)	15,400	
1	Aggregate value of grants from (during year)	308	
ŀ	Aggregate value at end of year	63,742	
;	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex		
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose o	
Pa	t II Conservation Easements.	a" on Form 000 Port IV line 7	
	Complete if the organization answered "Ye		
•	Purpose(s) of conservation easements held by the organ		
	Preservation of land for public use (e.g., recreation	n or education) \square Preservation of an	historically important land area
	Protection of natural habitat	☐ Preservation of a d	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the for	rm of a conservation
	easement on the last day of the tax year.		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histori	c structure included in (a)	2c
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferre tax year •	d, released, extinguished, or terminated by	the organization during the
ı	Number of states where property subject to conservation	on easement is located >	
;	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		of violations, Yes No
•	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	
,	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations, and enforcing conser	vation easements during the year
3	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?		70(h)(4)(B)(i)
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financial state	
ar	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Treasures, or Oth	er Similar Assets.
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	.6 (ASC 958), not to report in its revenue sta public exhibition, education, or research in f	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:	.6 (ASC 958), to report in its revenue statem	
(i) Revenue included on Form 990, Part VIII, line 1		▶\$
	i)Assets included in Form 990, Part X		
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS		ncial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		·
b	Assets included in Form 990, Part X		

Par		Organizations M	aintaining Col	lections o	f Art, I	Histori	cal T	reası	ires, or	Other	Similar A	ssets (con:	tinued)	
3		g the organization's acq s (check all that apply):		n, and other	records	, check	any of	the fo	llowing th	at are a	significant	use of its co	llection	
а		Public exhibition				d		Loan	or exchar	nge prog	grams			
b		Scholarly research				e		Othe	r					
С		Preservation for future	e generations											
4	Provi Part :	ide a description of the	_	lections and	explain	how the	y furtl	ner the	e organiza	tion's e	xempt purp	ose in		
5		ng the year, did the org ts to be sold to raise fur										☐ Yes		lo
Pai	rt IV	Escrow and Cust Complete if the or X, line 21.			on For	rm 990	, Part	IV, li	ne 9, or	reporte	ed an amo	unt on For	n 990,	Part
1a	Is the	e organization an agent ded on Form 990, Part	t, trustee, custodi X?	an or other i	ntermed	liary for	contri 	bution	s or other	assets	not 	Yes		lo
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	te the fo	allowina	table:		Г			Amount		_
c		nning balance		·		_				1c	<u> </u>			_
d	_	tions during the year .								1d				_
е		ibutions during the year								1e				
f		ng balance							—	1f				_
2a		he organization include							_	count lia	ability?	Yes		— lo
b	If "Y∈	es," explain the arrange	ement in Part XIII	. Check here	if the e	xplanati	on has	been	provided	in Part	XIII	. 🗆		
Pa	rt V	Endowment Fun												
		Complete if the or	ganization ansv			rm 990	, Part	IV, li						
_				(a) Curren	t year	(b) P	rior yea	ır	(c) Two ye	ars back	(d) Three ye	ears back (e)	Four yea	ars back
	-	ning of year balance .												
		butions												
		vestment earnings, gair	ns, and losses											
d	Grants	s or scholarships	•											
е		expenditures for facilition	es											
f	Admin	istrative expenses .												
g	End of	year balance												
2 a		ide the estimated perce d designated or quasi-e	-	ent year end	balance	e (line 1	g, colu	mn (a)) held as	:				
b		nanent endowment ►												
		porarily restricted endo	wmont b											
С		percentages on lines 2a	***************************************		10/6									
За		here endowment funds:				tion that	t are h	eld an	d adminis	tered fo	r the			
		nization by:			3								Yes	No
	(i) u	nrelated organizations					•					3a(i))	
		related organizations .										3a(ii))	
		es" on 3a(ii), are the re						.?				. 3b		
4		ribe in Part XIII the inte			ı s endo	wment f	unds.							
Pai	rt VI	Land, Buildings, Complete if the or			on For	rm 990	Dart	T\/ li	ne 11a	See Fo	rm 990 D	art V ling 1	10	
	Descr	iption of property	(a) Cost or oth (investme	ner basis		or other					depreciation		Book valu	ie
1 ~	Land													
		ngs	-					26 112			ברח ככ			4.00
		hold improvements						26,113			22,027			4,086
		ment	<u> </u>				8	56,765			551,640			305,125
е	otner								I			1		

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

309,211

Part VII Investments—Other Securities.) + T) / :	11h C F 000	Doub V. Bing 4.2
Complete if the organization answered "Yes" on Form 990, P (a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: -year market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, P (a) Description of investment	art IV, li	ne 11c. See Form 990, (b) Book value	Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, lin	ne 11d. See Form 990, Pai	
(a) Description			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			•
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, lin	ne 11e or 11f.See Form	990, Part X, line 25.
 (a) Description of liability (1) Federal income taxes 			(b) Book value
(2)			
(3)			
(4) (5)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (h) must equal Form 990, Part Y, col (R) line 25.)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote	e to the or	ganization's financial state	
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check h	ere if the		een provided in Part XIII Schedule D (Form 990) 2019

Part XI

2

а

b

c

4

b

C 5

1

2

C

d

е 3

b

Part XIII

4

5

Part XII

Schedule D (Form 990) 2019

Page 4

824,047

70,461,827

70,461,827

68,492,018

962,068

67,529,950

67.529.950

Schedule D (Form 990) 2019

d Other (Describe in Part XIII.) 2d 523,790 e 2e Subtract line 2e from line 1 3 3

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Supplemental Information

Total expenses and losses per audited financial statements

Net unrealized gains (losses) on investments

Donated services and use of facilities

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Subtract line 2e from line 1 .

Recoveries of prior year grants

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2a

2b

2c

2a

2b

2c

2d

4a 4b

4a 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

-138.021

438.278

1

2e

3

4c

5

438,278

523,790

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

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software Version: EIN: 95-4302067

Name: COMMUNITY PARTNERS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION IS ORGANIZED AS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM INCOME TAXES UN DER THE INTERNAL REVENUE CODE SECTION 501(C)(3), AND FROM FRANCHISE TAXES UNDER SECTION 23 710(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE, EXCEPT WITH RESPECT TO ANY UNRELATED B USINESS INCOME. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND H AS CONCLUDED THAT, AS OF JUNE 30, 2020 AND 2019, THERE ARE NO UNCERTAIN POSITIONS TAKEN TH AT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CUR RENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Software ID:

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 523,790.

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pplemental Information						
Return Reference	Explanation					
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 523,790.					

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493039012011 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** COMMUNITY PARTNERS 95-4302067 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments region and independent fundraising, program specific type of in the region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) See Add'l Data 10.329 3a Sub-total . b Total from continuation sheets to Part I . . . 10,329 c Totals (add lines 3a and 3b)

Schedule F (Form 990)	2019							Page 2		
	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		PACIFIC - AUSTRALIA,	SUPPORT LOCAL COMMUNITIES IN VIETNAM.	21,200						
		· · · · · · · · · · · · · · · · · · ·	CLEAN TECH OPEN AWARD	10,000						
		PACIFIC	GENERAL GRANT FOR PROJECT'S ANNUAL EVENT	7,500						
		'								
2 Enter total numb	per of recipient	organizations listed r	above that are recogni	ized as charities by th	ne foreign country,	recognized as tax-				

Schedule F (Form 990) 2019

	uplicated if addit	(c) Number of		(a) Mannay of az -!-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	dule F (Form 990) 2019		Page 4
Par	Toreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	☐Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
	(see Instructions for Form 8865)	☐Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	☐Yes	✓ No

Schedule F (I	Form 990) 2019 Page 5
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
Return Reference	Explanation
PART I, LINE 2:	GRANTEE CERTIFIES THAT THEY DO NOT DEAL WITH ANYONE SUBJECT TO SANCTIONS FROM THE OFFICE OF FOREIGN ASSETS CONTROL (OFAC) OF THE US DEPARTMENT OF THE TREASURY, ANYONE KNOWN TO SUPPORT TERRORISM, OR ANYONE TO HAVE

990 Schedule F, Supplemental Information Return Reference Explanation

PART III ACCOUNTING METHOD:

Additional Data

EUROPE

Software ID: Software Version:

EIN: 95-4302067

Name: COMMUNITY PARTNERS

CONSULTING

1,050

Form 990 Schedule F	Part I - Activitie	s Outside The United States

(a) Region	offices in the region	employees or agents in region	in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	(r) Total expenditures for region
NORTH AMERICA		5	PROGRAM SERVICES	CONSULTING	6,255

2 PROGRAM SERVICES

Form 990 Schedule F Par	t I - Activities	Outside The U	Jnited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
CENTRAL AMERICA AND THE CARIBBEAN		1	PROGRAM SERVICES	CONSULTING	3,024

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SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493039012011

2019

Open to Public Inspection

Name of the organization				Employer ide	ntification number
COMMUNITY PARTNERS				95-4302067	
Part I Fundraising Activ	•	-	n answered "Yes" on Fo	orm 990, Part IV, line :	17.
Indicate whether the organiz				all that apply.	
a 🗸 Mail solicitations		· ,	e ✓ Solicitation of non-	,	
b ✓ Internet and email solicit	ations		f Solicitation of gove	-	
_	acion3		_	-	
c Phone solicitations			g ✓ Special fundraising	events	
d In-person solicitations					
2a Did the organization have a vorkey employees listed in Fo					es 🗌 No
b If "Yes," list the 10 highest p to be compensated at least \$) pursuant to agreements (under which the fundraise	eris
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
VELOCITY INK LLC 9157 CAMINO REAL	GRANTWRITING	No	1,555,180	45,500	1,509,680
SAN GABRIEL, CA 91755					
KRISTEN A GRIMM 2604 N BEACHWOOD DR 1	GRANTWRITING	No	1,441,111	9,719	1,431,392
LOS ANGELES, CA 90068 MELISSA DAVIS	GRANTWRITING				
4632 141ST COURT SE	GRANTWRITING	No	1,315,552	9,283	1,306,270
BELLEVUE, WA 98006	GRANTWRITING				
JMP GRANTS CONSULTING 3637 GLENDON AVE 107		No	627,280	13,500	613,780
LOS ANGELES, CA 90034					
CECILY LERNER CONSULTING 17926 MARTHA ST	GRANTWRITING	No	438,739	35,000	403,739
ENCINO, CA 91316					
JUDITH SPIEGEL 4321 KENYON AVE	GRANTWRITING	No	357,259	28,500	328,759
LOS ANGELES, CA 90066 ADAM LEWIS SOMERS	GRANTWRITING				
PO BOX 187	GRANTWRITING	No	261,790	5,475	256,31!
SANTA PAULA, CA 93061 MARIA PRICHARD	GRANTWRITING				
1400 N CORONADO ST		No	239,300	13,000	226,300
LOS ANGELES, CA 90026 LILIAN CONOVER	GRANTWRITING				
3848 LOS FELIZ BLVD 23 LOS ANGELES, CA 90027		No	113,515	6,990	106,52!
JENNIFER WISHNER	GRANTWRITING				
PO BOX 176 SEAL BEACH, CA 90740		No	109,000	11,300	97,700
Total			6,458,726	178,267	6,280,460
			1	1,5,207	0,200,400

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.

- 1		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		NATIONAL	OPEN NEWS	80	(add col. (a) through col. (c))
		NETWORK OF HOSPITALS (event type)	(event type)	(total number)	
Keverkie					
	1 Gross receipts	147,240	133,387	606,080	886,70
	2 Less: Contributions	146,912	38,937	177,068	362,91
	3 Gross income (line 1 minus line 2)	328	94,450	429,012	523,79
	4 Cash prizes				
ی ا	5 Noncash prizes				
126	6 Rent/facility costs	328	20,981	56,764	78,07
Direct Expenses	7 Food and beverages		44,265	84,430	128,69
3	8 Entertainment			174,512	174,51
	9 Other direct expenses		29,204	113,306	142,51
	10 Direct expense summary. Add lines 4	through 9 in column (d)		•	523,79
	. ,	• , ,			323,/9
	11 Net income summary. Subtract line 10	from line 3, column (d)			
Par	11 Net income summary. Subtract line 10 t III Gaming. Complete if the org		s" on Form 990, Part I	V, line 19, or reported	
	11 Net income summary. Subtract line 10				more than \$15,000
	11 Net income summary. Subtract line 10 t III Gaming. Complete if the org		(b) Pull tabs/Instant bingo/progressive bingo	V, line 19, or reported (c) Other gaming	more than \$15,000 (d) Total gaming (add
Keverkie	t III Gaming. Complete if the org on Form 990-EZ, line 6a.	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add
Keverkie	11 Net income summary. Subtract line 10 t III Gaming. Complete if the org on Form 990-EZ, line 6a. 1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add
ises Keverkie	t III Gaming. Complete if the org on Form 990-EZ, line 6a.	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add
ises Keverkie	11 Net income summary. Subtract line 10 t III Gaming. Complete if the org on Form 990-EZ, line 6a. 1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add
Experises Keverne	11 Net income summary. Subtract line 10 t III Gaming. Complete if the org on Form 990-EZ, line 6a. 1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add
ises Keverkie	11 Net income summary. Subtract line 10 t III Gaming. Complete if the orgon Form 990-EZ, line 6a. 1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add
Experises Keverne	11 Net income summary. Subtract line 10 t III Gaming. Complete if the org on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	more than \$15,000
Experises Keverne	11 Net income summary. Subtract line 10 t III Gaming. Complete if the orgon Form 990-EZ, line 6a. 1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant	(c) Other gaming	more than \$15,000 (d) Total gaming (add
Experises Keverne	11 Net income summary. Subtract line 10 till Gaming. Complete if the orgon Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	more than \$15,000 (d) Total gaming (add
Experises Keverne	11 Net income summary. Subtract line 10 till Gaming. Complete if the orgon Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No Chrough 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	more than \$15,000 (d) Total gaming (add
Experises Keverne	11 Net income summary. Subtract line 10 till Gaming. Complete if the orgon Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No Chrough 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	more than \$15,000 (d) Total gaming (add
Direct Experises Keverkie	11 Net income summary. Subtract line 10 11 Gaming. Complete if the orgon Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No Through 5 in column (d) It line 7 from line 1, column conducts gaming activities	(b) Pull tabs/Instant bingo/progressive bingo Yes	(c) Other gaming Yes % No	more than \$15,000 (d) Total gaming (add col.(a) through col.(c))
a Direct Experises Keverkie	11 Net income summary. Subtract line 10 11 Gaming. Complete if the orgon Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No Chrough 5 in column (d) t line 7 from line 1, column (d) aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	more than \$15,000 (d) Total gaming (add col.(a) through col.(c))
Direct Experises Keverkie	11 Net income summary. Subtract line 10 11 Gaming. Complete if the orgon Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No Chrough 5 in column (d) t line 7 from line 1, column ion conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	more than \$15,000 (d) Total gaming (add col.(a) through col.(c))
a Direct Experises Keverkie	11 Net income summary. Subtract line 10 till Gaming. Complete if the org on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 in the organization licensed to conduct guide in the organization licensed to conduct g	(a) Bingo Yes % No Chrough 5 in column (d) It line 7 from line 1, column ion conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	more than \$15,000 (d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ning activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		· Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$ \$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ▶						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3		
		pt activities during the tax year					
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

Treasury

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

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

▶ Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

DLN: 93493039012011

Open to Public Inspection

Internal Revenue Service							
Name of the organization COMMUNITY PARTNERS						Employer identification 95-4302067	cation number
Part I General Inform	nation on Grants	and Assistance					
Does the organization mat the selection criteria used	ntain records to sub	stantiate the amount of	the grants or assistance,	the grantees' eligibility	for the grants or assistant	ce, and	
2 Describe in Part IV the org							☑ Yes ☐ N
			and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, line	e 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of sect3 Enter total number of other	. , . ,	-					73
For Paperwork Reduction Act Noti				Cat. No. 5005			hedule I (Form 990) 2019

(a) Type of grant or assistance (b) Number of recipients		of			Amount of (d) Amount of noncash assistan		(e) Method of valuation (I FMV, appraisal, other		(f) Description of noncash assistance	
See Additional Data Table	L								<u> </u>	
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
Part IV Suppleme	ntal Informati	on. Provide the i	nformatio	n required in	Part I,	line 2; Part III, c	olum	nn (b); and any other ac	dditiona	l information.
Return Reference	Explanati	on								

Additional Data

CHILD CARE RESOURCE

CHATSWORTH, CA 91311

ADVANCEMENT PROJECT

LOS ANGELES, CA 90026

1910 W SUNSET BLVD SUITE

CENTER INC

91311

500

20001 PRAIRIE ST

CHATSWORTH CA

Software Version: **EIN:** 95-4302067 Name: COMMUNITY PARTNERS

34-1601127

95-4835230

organization	ìf applicable	grant	cash	(book, FMV, appraisal,	İ
or government			assistance	other)	i
					i

472,670

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

501(C)(3)

Software ID:

(a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of valuation (book, FMV, appraisal,
or government			-	assistance	other)

SUPPORT POLICY ADVOCACY

(h) Purpose of grant

TO AFFORDABLE EARLY CARE AND EDUCATION

or assistance

(q) Description of

non-cash assistance

ENSURE THAT ALL CHILDREN IN LOS

lorganizations to SUPPORT POLICY ADVOCACY lorganizations to

ANGELES COUNTY AND PARTICULARLY THOSE AT RISK HAVE ACCESS TO AFFORDABLE EARLY CARE AND EDUCATION ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND PARTICULARLY THOSE AT RISK HAVE ACCESS

405,000 CASH GRANT

CASH GRANT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) LOS ANGELES AREA CHAMBER 95-2597392 501(C)(3) 350,000 CASH GRANT SUPPORT POLICY I ADVOCACY OF COMMERCE FOUNDATION 350 SOUTH BIXEL STREET 250 ORGANIZATIONS TO LOS ANGELES, CA 90017 ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND PARTICULARLY THOSE AT RISK HAVE ACCESS TO AFFORDABLE EARLY CARE AND EDUCATION 94-3059243 501(C)(3) 325,000 CASH GRANT SUPPORT POLICY ADVOCACY ORGANIZATIONS TO

TO AFFORDABLE EARLY CARE AND EDUCATION

CHILDREN NOW
1404 FRANKLIN ST SUITE 700
OAKLAND, CA 94612

94-3059243

501(C)(3)

325,000

CASH GRANT

SUPPORT POLICY
ADVOCACY
ORGANIZATIONS TO
ENSURE THAT ALL
CHILDREN IN LOS
ANGELES COUNTY AND
PARTICULARLY THOSE
AT RISK HAVE ACCESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) NEW VENTURE FUND 20-5806345 501(C)(3) 280,000 CASH GRANT SUPPORT POLICY 1201 CONNECTICUT AVE NW IADVOCACY SUITE 300 ORGANIZATIONS TO WASHINGTON, DC 20036 IENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND

AND POLICIES

PARTICULARLY THOSE AT RISK HAVE ACCESS TO AFFORDABLE EARLY CARE AND EDUCATION CITY OF LONG BEACH GOV'T 200,089 CASH GRANT CALIFORNIA PO BOX 630 ACCOUNTABLE

LONG BEACH, CA 908420001 COMMUNITIES FOR HEALTH INITIATIVE PROGRAM: IMPROVING HEALTH CARE SYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 501(C)(3) 200.000 CASH GRANT FRESNO METRO MINISTRY 94-2181848 I CALIFORNIA 4270 N BLACKSTONE 212 ACCOUNTABLE FRESNO, CA 937261909 COMMUNITIES FOR HEALTH INITIATIVE PROGRAM: IMPROVING

(f) Method of valuation

(g) Description of

(h) Purpose of grant

HEALTH INITIATIVE PROGRAM: IMPROVING HEALTH CARE SYSTEM AND POLICIES

PROGRAM: IMPROVING
HEALTH CARE SYSTEM
AND POLICIES

HEALTH EDUCATION COUNCIL
3950 INDUSTRIAL BLVD 600
WEST SACRAMENTO, CA

WEST SACRAMENTO, CA

PROGRAM: IMPROVING
HEALTH CARE SYSTEM
AND POLICIES

CASH GRANT
ACCOUNTABLE
COMMUNITIES FOR

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(b) EIN

HEALTH EDUCATION COU 3950 INDUSTRIAL BLVD WEST SACRAMENTO, CA 95691

(a) Name and address of

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 95-4192908 501(C)(3) 200.000 CASH GRANT LACUSC MEDICAL CENTER I CALIFORNIA FOUNDATION ACCOUNTABLE 1200 N STATE STREET STE COMMUNITIES FOR 1008 HEALTH INITIATIVE

(f) Method of valuation

(g) Description of

(h) Purpose of grant

IAND POLICIES

LOS ANGELES, CA 90033 PROGRAM: IMPROVING HEALTH CARE SYSTEM IAND POLICIES NORTH COAST 94-1671958 501(C)(3) 200.000 CASH GRANT CALTEORNIA OPPORTUNITIES INC ACCOUNTABLE

413 NORTH STATE ST UKIAH. CA 95482

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(b) EIN

(a) Name and address of

COMMUNITIES FOR HEALTH INITIATIVE PROGRAM: IMPROVING HEALTH CARE SYSTEM

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 501(C)(3) 200.000 CASH GRANT SAN DIEGO HEALTHCARE 46-5359485 I CALIFORNIA QUALITY COLLABORATIVE ACCOUNTABLE PO BOX 230397 COMMUNITIES FOR ENCINITAS, CA 92024 HEALTH INITIATIVE

(f) Method of valuation

(g) Description of

(h) Purpose of grant

IAND POLICIES

PROGRAM: IMPROVING HEALTH CARE SYSTEM SANTA CLARA COUNTY PUBLIC 94-6000533 GOV'T 200.000 CASH GRANT HEALTH DEPARTMENT

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(b) EIN

(a) Name and address of

IAND POLICIES CALTEORNIA ACCOUNTABLE 1775 STORY RD COMMUNITIES FOR SAN JOSE, CA 95122 HEALTH INITIATIVE PROGRAM: IMPROVING HEALTH CARE SYSTEM

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) GOV'T 200.000 CASH GRANT SONOMA COUNTY I CALIFORNIA ACCOUNTABLE 1450 NEOTOMAS SUITE 200 SANTA ROSA, CA 95405 COMMUNITIES FOR

(f) Method of valuation

(g) Description of

(h) Purpose of grant

THEALTH INITIATIVE

HEALTH INITIATIVE

PROGRAM: IMPROVING HEALTH CARE SYSTEM AND POLICIES

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(b) EIN

(a) Name and address of

2662 HARRIS ST

EUREKA, CA 95503

					PROGRAM: IMPROVING HEALTH CARE SYSTEM AND POLICIES
THE NORTH COAST HEALTH IMPROVEMENT AND INFORMATION NETWORK	27-4520226	501(C)(3)	200,000	CASH GRANT	CALIFORNIA ACCOUNTABLE COMMUNITIES FOR

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 94-3213100 501(C)(3) 200.000 CASH GRANT TIDES CENTER I CALIFORNIA 1014 TORNEY AVE ACCOUNTABLE SAN FRANCISCO, CA 94129 COMMUNITIES FOR HEALTH INITIATIVE

(f) Method of valuation

(g) Description of

(h) Purpose of grant

HEALTH CARE SYSTEM IAND POLICIES

PROGRAM: IMPROVING HEALTH CARE SYSTEM IAND POLICIES YWCA SAN GABRIEL VALLEY 95-1641967 501(C)(3) 200.000 CASH GRANT CALIFORNIA 943 NORTH GRAND AVE ACCOUNTABLE

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(b) EIN

(a) Name and address of

COVINA, CA 91724 COMMUNITIES FOR HEALTH INITIATIVE PROGRAM: IMPROVING

if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CHILD 360 22-3902958 501(C)(3) 200,000 CASH GRANT SUPPORT POLICY 515 SOUTH FIGUEROA ST IADVOCACY SUITE 900 ORGANIZATIONS TO LOS ANGELES, CA 90071 IENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND

(f) Method of valuation

(g) Description of

(h) Purpose of grant

PARTICULARLY THOSE AT RISK HAVE ACCESS TO AFFORDABLE EARLY 95-0691090 501(C)(3) 181,730 CASH GRANT CENTRAL CITY ASSOCIATION 626 WILSHIRE BLVD 850 LOS ANGELES, CA 90017

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

CARE AND EDUCATION SUPPORT THE FOUNDATION TO IMPROVE THE CONNECTIVITY, ACCESSIBILITY, AND EXPERIENCE WHO IENLIVEN DOWNTOWN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) VIOLINS OF HOPE 81-3775463 N/A 156,581 CASH GRANT SUPPORT PUBLIC 10724 WILSHIRE BL 606 EDUCATION ABOUT THE LOS ANGELES, CA 90024 HOLOCAUST THROUGH MUSIC AND CULTURE USING VIOLINS. VIOLAS AND CELLOS. PROSOCIAL 20-8962064 CORPORATION 145,200 CASH GRANT SUPPORT PUBLIC IENGAGEMENT CAMPAIGNS IN THE PURSUIT OF SUSTAINABLE SOCIAL IMPACT ON A WIDE VARIETY OF ISSUES,

SUCH AS HEALTH. EDUCATION, THE ENVIRONMENT AND HUMAN RIGHTS

1001 GAYLEY AVE 241500 LOS ANGELES, CA 90024

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ALLIANCE FOR SOUTHERN 82-1726203 501(C)(3) 142,928 CASH GRANT SUPPORT, ENERGIZE CALIFORNIA INNOVATION IAND CONNECT THE 87 N RAYMOND AVE 200 SOCAL NODES. PASADENA, CA 91103 THEREBY INCREASING IECONOMIC :

125,986

(e) Amount of non-

(f) Method of valuation

CASH GRANT

(g) Description of

(h) Purpose of grant

DEVELOPMENT IN EACH

SUPPORT POLICY

ORGANIZATIONS TO

ENSURE THAT ALL

CHILDREN IN LOS ANGELES COUNTY AND PARTICULARLY THOSE AT RISK HAVE ACCESS TO AFFORDABLE EARLY CARE AND EDUCATION

REGION.

IADVOCACY

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

(c) IRC section

CALIFORNIA CHILD CARE RESOURCE & REFERRAL NETWORK 1182 MARKET ST STE 300 SAN FRANCISCO, CA 94102

(a) Name and address of

(b) EIN

94-2718807

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 501(C)(3) 116.625 THE NATIONAL THEATRE FOR 41-1381625 CASH GRANT SUPPORT INTERACTIVE. CHILDREN INC EDUCATIONAL THEATRE PROGRAMMING TO 6305 SANDBURG RD 100 PROVIDE ENRICHMENT IEDUCATION ON

MINEAPOLIS, MN 55427

ISOCIETAL ISSUES. MY529 87-0680188 CORPORATION 107.990 CASH GRANT SUPPORT LOCAL 60 400 WEST ISTUDENTS WITH A SEAMLESS PATHWAY

SALT LAKE CITY, UT 841011284

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FROM PRESCHOOL THROUGH COLLEGE.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) MERCED COUNTY 94-6000521 GOV'T 100.000 CASH GRANT CALIFORNIA DEPARTMENT OF PUBLIC ACCOUNTABLE HEALTH COMMUNITIES FOR 260 E 15TH STREET HEALTH INITIATIVE MERCED, CA 95341 PROGRAM: IMPROVING HEALTH CARE SYSTEM AND POLICIES 52-1982223 501(C)(3) 100,000 CASH GRANT SUPPORT POLICY

IADVOCACY

ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND PARTICULARLY THOSE AT RISK HAVE ACCESS TO AFFORDABLE EARLY CARE AND EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

THE EDUCATION TRUST WEST 1250 H ST NW 700 WASHINGTON, DC 20005

(d) Amount of cash (b) EIN (c) IRC section (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance THE GRANTSMANSHIP CENTER 95-4073138 501(C)(3) 93.975 CASH GRANT SUPPORT THE POSITIVE 350 SOUTH BIXEL ST STE 110 IMPACT OF SMALL TO LOS ANGELES, CA 90017 MEDIUM-SIZE NONPROFITS IN LOS ANGELES COUNTY

501(C)(3) 81,784 EVERYCHILD CALIFORNIA 93-1187319 CASH GRANT SUPPORT POLICY 1107 2ND ST 320 SACRAMENTO, CA 95814

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of

LADVOCACY ORGANIZATIONS TO IENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND PARTICULARLY THOSE AT RISK HAVE ACCESS TO AFFORDABLE EARLY CARE AND EDUCATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) INNERCITY STRUGGLE 27-2133211 501(C)(3) 75,000 CASH GRANT SUPPORT POLICY I ADVOCACY 2811 WHITTIER BLVD LOS ANGELES, CA 90023 ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND PARTICULARLY THOSE AT RISK HAVE ACCESS TO AFFORDABLE EARLY CARE AND EDUCATION 94-2959973 501(C)(3) 75,000 CASH GRANT SUPPORT POLICY ADVOCACY

AT RISK HAVE ACCESS TO AFFORDABLE EARLY CARE AND EDUCATION

CHILD CARE LAW CENTER 445 CHURCH ST SAN FRANCISCO, CA 94114 ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND PARTICULARLY THOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) COMMUNITY COALITION 95-4298811 501(C)(3) 75,000 CASH GRANT SUPPORT POLICY I ADVOCACY 8101 SOUTH VERMONT AVE LOS ANGELES, CA 90044 ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND PARTICULARLY THOSE

(f) Method of valuation

(g) Description of

(h) Purpose of grant

AT RISK HAVE ACCESS
TO AFFORDABLE EARLY
CARE AND EDUCATION

AT RISK HAVE ACCESS TO AFFORDABLE EARLY CARE AND EDUCATION COUNCIL FOR A STRONG 13-3840271 501(C)(3) 75,000 CASH GRANT SUPPORT POLICY AMERICA ADVOCACY 1212 NEW YORK AVE NW ORGANIZATIONS TO SUITE 300 ENSURE THAT ALL WASHINGTON, DC 20005 CHILDREN IN LOS ANGELES COUNTY AND PARTICULARLY THOSE

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) MOMSRISING EDUCUATION 20-4448446 501(C)(3) 75,000 CASH GRANT SUPPORT POLICY I ADVOCACY FUND 12001 BEL-RED ROAD 100B ORGANIZATIONS TO BELLVUE, CA 98005 ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND PARTICULARLY THOSE AT RISK HAVE ACCESS TO AFFORDABLE EARLY CARE AND EDUCATION UNITED WAYS OF CALIFORNIA 94-1646369 501(C)(3) 75,000 CASH GRANT SUPPORT POLICY ADVOCACY

ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND PARTICULARLY THOSE AT RISK HAVE ACCESS TO AFFORDABLE EARLY CARE AND EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

UNITED WAYS OF CALIFORNIA 1107 FAIR OAKS AVE 12 SOUTH PASADENA, CA 91030

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) HARBOR COMMUNITY CLINIC 23-7103245 501(C)(3) 50.000l CASH GRANT PILOT PROGRAM TO INC IMPROVE HEALTH 593 W 6TH ST OUTCOMES OF SAN PEDRO, CA 90731 UNDERSERVED CHILDREN WITH ASTHMA 501(C)(3) 94-2460352 50,000 CASH GRANT SUPPORT POLICY ADVOCACY

CARE AND EDUCATION

SILICON VALLEY LEADERSHIP
GROUP
2001 GATEWAY PLACE SUITE
101E
SAN JOSE, CA 95110

SUPPORT POLICY
ADVOCACY
ORGANIZATIONS TO
ENSURE THAT ALL
CHILDREN IN LOS
ANGELES COUNTY AND
PARTICULARLY THOSE
AT RISK HAVE ACCESS
TO AFFORDABLE EARLY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 95-2138184 501(C)(3) 50.000 ICASH GRANT LOS ANGELES BIOMEDICAL IPILOT PROGRAM TO RESEARCH INSTITUTE IMPROVE HEALTH

ICLEANTECH SOLUTIONS

1124 W CARSON ST
TORRANCE, CA 90502

AEROSHIELD MATERIALS INC 84-3097936 CORPORATION 50,000 CASH GRANT OUTCOMES OF UNDERSERVED CHILDREN WITH ASTHMA

PROGRAM DEVELOPING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

21 BROOKLINE ST UNIT 202

CAMBRIDGE, MA 02139

(b) EIN (e) Amount of non-(a) Name and address of (c) IRC section (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LOS ANGELES, CA 90017

CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST STE 400 LOS ANGELES, CA 90012	95-3510055	501(C)(3)	45,254	CASH GRANT	SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND PARTICULARLY THOSE AT RISK HAVE ACCESS TO AFFORDABLE EARLY CARE AND EDUCATION
					l .

ABEL AND ASSOCIATES 95-3287646 CORPORATION 44,499 ICASH GRANT SUPPORT ECONOMIC 700 S FLOWER STREET STE DEVELOPMENT AND 700 PUBLIC POLICY IN

CALIFORNIA

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 95-6006143 GOV'T 40.000 ICASH GRANT UCLA LUSKIN SCHOOL OF IFELLOWSHWIPS AND DUDLIC AFFAIRC INTERNETING FOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4427 W SLAUSON AVE

LOS ANGELES, CA 90043

HILLTOP COFFEE & KITCHEN	82-1552469	N/A	38.164	CASH GRANT	MEALS FOR SENIOR
43711C SCHOOL OF PUBLIC AFFAIRS BLDG LOS ANGELES, CA 900951656					GRADUATE STUDENTS AT UCLA LUSKIN SCHOOL

IPROGRAM COVID-19

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 34.705 VISIONALITY PARTNERS 46-4928050 CORPORATION ICASH GRANT SUPPORT VICTIMS OF PO BOX 23223 CALIFORNIA FIRES , MUDSLIDES AND MASS ISHOOTING

VENTURA, CA 93002 45-3692288 N/A 34.125 MEALS FOR SENIOR DELICIOUS SOUTHERN ICASH GRANT CUISINE IPROGRAM COVID-19

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4371 CRENSHAW BLVD UNIT D LOS ANGELES, CA 90008

(e) Amount of non-(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SWIFT LLC 4279 1/2 CRENSHAW BLVD LOS ANGELES, CA 90008	84-1727647	CORPORATION	33,335	CASH GRANT	MEALS FOR SENIOR PROGRAM COVID-19
ST MARY'S EPISCOPAL CHURCH 961 S MARIPOSA AVE LOS ANGELES, CA 90006	95-1856331	501(C)(3)	32,250	CASH GRANT	TROJAN SHELTER GRANT: SHELTER FOR LOS ANGELES STUDENTS

| EXPERIENCING HOMELESNESS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) FRESH AND MEATY BURGERS 86-1125854 CORPORATION 31 741 ICASH GRANT MEALS FOR SENIOR RAM COVID-19

LIVING ACTIVE LIVING

INITIATIVES

LOC ANCELES UNITED	05 6001000	COVIT	21 260	CACH CDA	ANT		CUDDODI
3016 W FLORENCE AVE LOS ANGELES, CA 90043							
INC			,			lı .	PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

333 S BEAUDRY AVE

LOS ANGELES, CA 900171466

ISUPPORT LOCAL LOS ANGELES UNIFIED 95-6001908 GOVTI 31,260 ICASH GRANT SCHOOL DISTRICT SCHOOLS IN HEALTH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 27-1266328 N/A 29.030 EL MIGUELENO INC ICASH GRANT IMEALS FOR SENIOR 2301 S VERMONT IPROGRAM COVID-19 27-2489242 CORPORATION 28.010 ICASH GRANT IMEALS FOR SENIOR

LOS ANGELES, CA 90007 BALWIN HILLS WILD WINGS TLC. IPROGRAM COVID-19

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3939 CRENSHAW BLVD UNIT E LOS ANGELES, CA 90008

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

PRESIDIO FOODS INC 3411 WESTMOUNT AVE LOS ANGELES, CA 90043	46-1043909	CORPORATION	27,290	CASH GRANT	MEALS FOR SENIOR PROGRAM COVID-19
PACOIMA BEAUTIFUL 13520 VAN NUYS BLVD SUITE	95-4770745	501(C)(3)	27,000	CASH GRANT	2018 JUST TRANSIT CHALLENGE BUS

13520 VAN NUYS BLVD SUITE 3200 PACOIMA, CA 91331

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SHELTER BLITZ:

IMPROVE PUBLIC TRANSPORTATION IN LOCAL COMMUNITIES

(b) EIN (e) Amount of non-(a) Name and address of (c) IRC section (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 45-4531767 501(C)(3) 25,000 CASH GRANT TENNESSEE HIGHER HIGHER EDUCATION IN EDUCATION INITIATIVE PRISON COHORT 1006 SHELBY AVENUE PROGRAM: PROVIDES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NASHVILLE, TN 37206					COLLEGE EDUCATION RESOURCES TO INCARCERATED INVIDUALS
CAMPUS WITHIN WALLS 109 CAMPUS DR ALBERTA, VA 23821	52-1238450	501(C)(3)	25,000	CASH GRANT	HIGHER EDUCATION I PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO INCARCERATED

INVIDUALS

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 68-0188281 501(C)(3) 25,000 CASH GRANT FEATHER RIVER COLLEGE HIGHER EDUCATION IN 570 GOLDEN FAGLE AVE PRISON COHORT

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

INCARCERATED INVIDUALS

QUINCY, CA 95971					PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO INCARCERATED INVIDUALS
PRISON NEIGHBORHOOD	23-7034689	501(C)(3)	25,000	CASH GRANT	HIGHER EDUCATION IN

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(b) EIN

(a) Name and address of

ARTS AND EDUCATION PRISON COHORT PROJECT PROGRAM: PROVIDES COLLEGE EDUCATION 2040 N MILWAUKEE AVE CHICAGO, IL 60647 RESOURCES TO

(b) EIN (e) Amount of non-(a) Name and address of (c) IRC section (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 45-5291038 501(C)(3) 25,000 CASH GRANT FREEDOM EDUCATION HIGHER EDUCATION IN PROJECT PUGET SOUND PRISON COHORT 918 S HORTON ST 912 PROGRAM: PROVIDES SEATTLE, WA 98134 COLLEGE EDUCATION

					RESOURCES TO INCARCERATED INVIDUALS
SACRAMENTO STATE PRISON EDUCATION PROGRAM 6000 J ST RM 2104 SACRAMENTO, CA 95819	94-3001359	501(C)(3)	25,000	CASH GRANT	HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO

INCARCERATED INVIDUALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(b) EIN (c) IRC section (f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 68-0363349 501(C)(3) 25.000l CASH GRANT SHASTA COLLEGE STEP-UP HIGHER EDUCATION IN PROGRAM PRISON COHORT PO BOX 496006 PROGRAM: PROVIDES

(e) Amount of non-

INCARCERATED INVIDUALS

REDDING, CA 96049 COLLEGE EDUCATION RESOURCES TO INCARCERATED INVIDUALS 25.000 BOSTON UNIVERSITY 04-2103547 501(C)(3) CASH GRANT HIGHER EDUCATION IN 1010 COMMONWEALTH AVE PRISON COHORT BOSTON, MA 02215 PROGRAM: PROVIDES COLLEGE EDUCATION IRESOURCES TO

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(b) EIN (f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) GOV'T 25.000l CASH GRANT HAWAII STATE DEPARTMENT 99-6001081 HIGHER EDUCATION IN OF PUBLIC SAFETY PRISON COHORT 919 ALA MOANA BLVD 405 PROGRAM: PROVIDES COLLEGE EDUCATION

(e) Amount of non-

INCARCERATED INVIDUALS

HONOLULU, HI 96814 IRESOURCES TO INCARCERATED INVIDUALS NORTH CAROLINA FIELD 56-0649251 501(C)(3) 25.000l CASH GRANT HIGHER EDUCATION IN MINISTER PROGRAM PRISON COHORT 120 S WINGATE AVE PROGRAM: PROVIDES COLLEGE EDUCATION WAKE FOREST, NC 27587 IRESOURCES TO

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 06-0646701 501(C)(3) 25,000 CASH GRANT HIGHER EDUCATION IN QUINNIPIACTRINITY PRISON **EDUCATION PROGRAM AT** PRISON COHORT

(d) Amount of cash

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

INCARCERATED INVIDUALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(b) EIN

YORK 275 MT CARMEL AVE CL-AC3 HAMDEN, CT 06518					PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO INCARCERATED INVIDUALS
STETSON UNIVERSITY 412 N WOODLAND BLVD 8358 DELAND, FL 32723	59-0624416	501(C)(3)	25,000	CASH GRANT	HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 35-2247260 GOV'T 24.965 CASH GRANT SUPPORT LOCAL MADERA UNIFIED SCHOOL SCHOOLS IN HEALTH DISTRICT 200 S L STREET LIVING ACTIVE LIVING MADERA, CA 93637 INITIATIVES 501(C)(3) 23.000 CASH GRANT 2018 JUST TRANSIT 46-4736278 CHALLENGE BUS

SHELTER BLITZ: IMPROVE PUBLIC TRANSPORTATION IN LOCAL COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CLIMATE RESOLVE 525 SOUTH HEWITT STREET LOS ANGELES, CA 90013

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 32-0556686 501(C)(3) 21.943 SHARED HARVEST ICASH GRANT IPROVIDE RESOURCES

IPROGRAM COVID-19

FOUNDATION
910 N MARTEL AVE 309
LOS ANGELES, CA 90046

MEL'S FISH ENTERPRISES INC 81-3801172 CORPORATION 21.100 CASH GRANT MEALS FOR SENIOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4026 W JEFFERSON BLVD

LOS ANGELES, CA 90016

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 82-4921672 CORPORATION 20.150 HOTVILLE CHICKEN LLC ICASH GRANT IMEALS FOR SENIOR 4070 MARLTON AVE IPROGRAM COVID-19

LIVING ACTIVE LIVING

INITIATIVES

LOS ANGELES, CA 90008

DAVID DOUGLAS SCHOOL 93-6014226 GOV'T 20,000 CASH GRANT SCHOOLS IN HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

11300 NE HALSEY ST

PORTLAND, OR 97220

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 86-1134505 GOV'T 19.788 ANTIOCH UNIFIED SCHOOL ICASH GRANT ISUPPORT LOCAL DISTRICT SCHOOLS IN HEALTH

IPROGRAM COVID-19

2304 G ST
ANTIOCH, CA 94509

M'DEARS BAKERY BISTRO LLC 56-7828359 CORPORATION 19.650

CASH GRANT

MEALS FOR SENIOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7717 SO WESTERN AVE

LOS ANGELES, CA 90047

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) CASTLE'S CATERING LLC 27-5118541 CORPORATION 19.555 ICASH GRANT MEALS FOR SENIOR 4287 CRENSHAW BLVD IPROGRAM COVID-19

PRESCHOOL

LOW-INCOME CHILDREN AND CHILDREN WITH DISABILITIES

ISCHOLARSHIPS FOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 18.000 COALITION FOR RESPONSIBLE 20-2445113 ICASH GRANT SUPPORT PROGRAM COMMUNITY DEVELOPMENT FOR ECONOMIC DEVELOPMENT OF LOW-3101 SOUTH GRAND AVE INCOME FAMILIES AND

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

LOS ANGELES

LOS ANGELES, CA 90007 SMALL BUSINESSES IN LOS ANGELES BROTHERHOOD 95-2543819 501(C)(3) 18,000 CASH GRANT

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

LOS ANGELES SUPPORT PROGRAM CRUSADE INC IFOR ECONOMIC 200 E SLAUSON AVE

DEVELOPMENT OF LOW-

LOS ANGELES, CA 90011 INCOME FAMILIES AND SMALL BUSINESSES IN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government N/A 17.540 SOUTHERN TACO 81-1192538 ICASH GRANT IMEALS FOR SENIOR 1416 E 99TH ST IPROGRAM COVID-19 LOS ANGELES, CA 90002 95-4831217 N/A 16.845 ICASH GRANT MEALS FOR SENIOR OUEEN BEES DELIGHTFUL CATERING IPROGRAM COVID-19

1236 WEST 84TH STREET LOS ANGELES, CA 90044

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) GOV'T 15.000l CENTENNIAL SCHOOL ICASH GRANT ISUPPORT LOCAL DISTRICT 281 SCHOOLS IN HEALTH 18135 SE BROOKLYN ST LIVING ACTIVE LIVING PORTLAND, OR 972361049 INITIATIVES 93-6000586 GOV'T 14.825 CRESWELL SCHOOL DISTRICT ICASH GRANT ISUPPORT LOCAL

SCHOOLS IN HEALTH

INITIATIVES

LIVING ACTIVE LIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

998 WEST A STREET

CRESWELL, OR 97426

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-1537095 CORPORATION 14.824 EARLESRESTAURANTLLC ICASH GRANT IMEALS FOR SENIOR 3864 CRENSHAW BLVD IPROGRAM COVID-19 LOS ANGELES, CA 90008

INITIATIVES

PAJARO VALLEY UNIFIED 77-0375541 GOV'T 14.760 ICASH GRANT SCHOOL DISTRICT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WATSONVILLE, CA 95076

SUPPORT LOCAL SCHOOLS IN HEALTH 1140 MENASCO DR LIVING ACTIVE LIVING

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) LA VALENTINA GRILL INC. 62-5073805 N/A 14 52N ICASH GRANT MEALS FOR SENTOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2719 SOUTH VERMONT AVE LOS ANGELES, CA 90007	02-30/3003	11/7	14,520	CASTI GIVANT	PROGRAM COVID-19
PALOS VERDES ESTATES FOUNDATION PO BOX 955 PALOS VERDES ESTATES, CA 90274	95-3603084	501(C)(3)	14,409	CASH GRANT	FUND BEAUTIFICATION, COMMUNITY DEVELOPMENT, CULTURE AND ARTS, AND CIVIC ENGAGEMENT ACTIVITIES FOR THE

CITY OF PALOS VERDES

ESTATES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 84-2331944 CORPORATION 14.362 CASH GRANT MEALS FOR SENIOR PEACE LOVE REEDBURG 853 E MANCHESTER AVENUE IPROGRAM COVID-19 LOS ANGELES, CA 90001

ICASH GRANT

MEALS FOR SENIOR

14.345

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CORPORATION

MARIMAR GROUP INC

2215 S VERMONT AVE LOS ANGELES, CA 90007 81-1484507

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 91-6001635 GOV'T 14.299 CASH GRANT SUPPORT LOCAL RENTON SCHOOL DISTRICT

2300 TALBOT RD SOUTH ISCHOOLS IN HEALTH RENTON, WA 98055

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LOS ANGELES, CA 90062

LIVING ACTIVE LIVING ITNITIATIVES BOCATA KITCHEN INC. 83-4593308 CORPORATION 13.850 CASH GRANT MEALS FOR SENIOR 3806 S WESTERN AVE IPROGRAM COVID-19

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 32-0620671 CORPORATION 13.730 WHO'S HUNGRY LLC ICASH GRANT IMEALS FOR SENIOR 2959 CRENSHAW BLVD IPROGRAM COVID-19 LOS ANGELES, CA 90016 IMEALS FOR SENIOR

SALBURDEZ LLC 82-0777894 CORPORATION 13.305 ICASH GRANT 2215 S VERMONT AVE STE 101 IPROGRAM COVID-19

102

LOS ANGELES, CA 90007

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other)

(d) Amount of cash

(e) Amount of non-

(f) Method of valuation

CASH GRANT

(g) Description of

(h) Purpose of grant

TO AFFORDABLE EARLY CARE AND EDUCATION

MEALS FOR SENIOR

PROGRAM COVID-19

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

CORPORATION

(b) EIN

46-4789989

THE REGENTS UNIVERSITY OF	94-3067788	GOV'T	13,275	CASH GRANT	S	SUPPORT POLICY
CALIFORNIA					l la	ADVOCACY
PO BOX 989602					l lo	RGANIZATIONS TO
WEST SACRAMENTO, CA					l le	NSURE THAT ALL
95798					l lo	HILDREN IN LOS
					l la	NGELES COUNTY AND
					P	PARTICULARLY THOSE
					l la	AT RISK HAVE ACCESS

13,065

BLUE HOLE CARIBBEAN

2166 W SLAUSON AVE LOS ANGELES, CA 90047

CUISINE INC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 82-5025521 CORPORATION 13.050l HARUN HOLDINGS LLC ICASH GRANT IMEALS FOR SENIOR 4293 CREED AVE IPROGRAM COVID-19

LIVING ACTIVE LIVING

INITIATIVES

LOS ANGELES, CA 90008 MONTGOMERY COUNTY 52-6000989 GOV'T 12.506 ICASH GRANT SUPPORT LOCAL SCHOOLS IN HEALTH

PUBLIC SCHOOLS 12518 GREENLY ST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SILVER SPRING, MD 20906

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 93-6000829 GOV'T 12.400 ICASH GRANT SUPPORT LOCAL MULTNOMAH EDUCATION SERVICE DISTRICT SCHOOLS IN HEALTH LIVING ACTIVE LIVING 11611 NE AINSWORTH CIR PORTLAND, OR 97220 INITIATIVES

ICASH GRANT

MEALS FOR SENIOR

IPROGRAM COVID-19

12.115

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

N/A

EL ARCA BAKERY &

1818 W 54TH ST LOS ANGELES, CA 90062

RESTAURANT

46-5636385

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) HOT AND COOL CORP 81-4467119 CORPORATION 12.090 ICASH GRANT MEALS FOR SENIOR ID-19

ALLIANCE FOR BOYS I AND MEN OF COLOR

4331 DEGNAN BLVD LOS ANGELES, CA 90008			·		PROGRAM COVID-19
TIDES ADVOCACYJUSTICE	94-3153687	501(C)(4)	12,000	CASH GRANT	SUPPORT COMMUNITY

|LEADERSHIP AND TEAMS NETWORK 1014 TORNEY AVE LENGAGEMENT IN THE SAN FRANCISCO, CA 94129 ACTIVITIES OF THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, grant cash non-cash assistance or assistance or government assistance other) 501(C)(3) 12.000 CASH GRANT YOUTH JUSTICE COALITION 83-0466818 ISUPPORT COMMUNITY 1137 E REDONDO BLVD LEADERSHIP AND INGLEWOOD, CA 90802 ENGAGEMENT IN THE ACTIVITIES OF THE

ALLIANCE FOR BOYS I AND MEN OF COLOR

ALLIANCE FOR BOYS AND MEN OF COLOR 12.000 RYSE CENTER 26-0692904 501(C)(3) CASH GRANT SUPPORT COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

205 41ST ST LEADERSHIP AND RICHMOND, CA 94805 ENGAGEMENT IN THE ACTIVITIES OF THE

(c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, grant cash non-cash assistance or assistance or government assistance other) 83-2137871 501(C)(3) 12.000 CASH GRANT MILPA COLLECTIVE SUPPORT COMMUNITY 339 MELODY LANE LEADERSHIP AND ENGAGEMENT IN THE SALINAS, CA 93901

ALLIANCE FOR BOYS I AND MEN OF COLOR

ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN OF COLOR FATHERS AND FAMILIES OF 32-0171398 501(C)(3) 12,000 CASH GRANT SUPPORT COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of

(b) EIN

SAN JOAOUIN LEADERSHIP AND 338 E MARKET ST ENGAGEMENT IN THE STOCKTON, CA 95202 ACTIVITIES OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 82-4711809 501(C)(3) 11.250 CASH GRANT SUPPORT PROGRAM TO MOTIVATING ACTION LEADERSHIP OPPORTUNITY IENCOURAGE CIVIC | PARTICIPATION AMONGST PACIFIC

936 N LA PALOMA AVE ONTARIO, CA 91764 ISLANDERS 501(C)(3) ASIAN AMERICANS 95-3854152 11,000 ICASH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LOS ANGELES, CA 90017

FUTURE OF CALIFORNIA **IELECTIONS PROGRAM:** ADVANCING JUSTICE LOS ANGELES. ITMPROVING FLECTION 1145 WILSHIRE BLVD ISYSTEM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501(C)(3) 11.000 CALIFORNIA CALLS 46-2301623 ICASH GRANT FUTURE OF CALIFORNIA

ICASH GRANT

11.000

IELECTIONS PROGRAM:

IMPROVING FLECTION

IFUTURE OF CALIFORNIA

ELECTIONS PROGRAM:

ISYSTEM

ISYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

4801 EXPOSITION BLVD LOS ANGELES, CA 90016 COALITION FOR HUMANE

IMMIGRANT RIGHTS

2533 W 3RD ST 101 LOS ANGELES, CA 90057

95-4421521

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 94-2505916 501(C)(3) 11.000 ICASH GRANT DISABILITY RIGHTS IFUTURE OF CALIFORNIA

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

IMPROVING FLECTION

SYSTEM

CALIFORNIA IELECTIONS PROGRAM: 1831 K ST IMPROVING FLECTION SACRAMENTO, CA 95811 ISYSTEM

NALEO EDUCATIONAL FUND 52-1212849 501(C)(3) 11.000 ICASH GRANT

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

LOS ANGELES, CA 90015

3RD FLR

(b) EIN

IFUTURE OF CALIFORNIA 1122 W WASHINGTON BLVD **IELECTIONS PROGRAM:**

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 82-4269966 CORPORATION 10.808 CASH GRANT PROVIDE RESOURCES SHARED HARVEST FUND 925 N LA BREA AVENUE 5059 FOR COVID-19 TESTING LOS ANGELES, CA 90038

ICASH GRANT

MEALS FOR SENIOR

10.210

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CORPORATION

SOUTH LA CAFE LLC

4206 HALLDALE AVEUNE LOS ANGELES, CA 90062 84-3138994

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 46-2171378 CORPORATION 10.000 C7 CONCEPTS ICASH GRANT PROVIDE FINANCIAL 1710 CERVATO COURT ISUPPORT TO YOUNG

ISHOWCASE THE

ARTISTIC TALENTS

CAMARILLO, CA 93012 ATHLETES WHO SUFFER ISPINAL CORD INJURIES.

501(C)(3) ART BEYOND THE GLASS LLC 95-4302067 10,000 ICASH GRANT SUPPORT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

10244 MOSSY ROCK CIRCLE LOS ANGELES, CA 90077

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 93-0589713 GOV'T 9.967 RAINIER SCHOOL DISTRICT ICASH GRANT ISUPPORT LOCAL SCHOOLS IN HEALTH

INITIATIVES

28168 OLD RAINIER RD LIVING ACTIVE LIVING RAINIER, OR 97048

INITIATIVES 91-0971800 501(C)(3) 9.771 ICASH GRANT SUPPORT LOCAL FOUNDATION FOR SCHOOLS IN HEALTH

VANCOUVER PUBLIC SCHOOLS LIVING ACTIVE LIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 6039

VANCOUVER, WA 98668

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) EAST LOS ANGELES COLLEGE 33-0034221 501(C)(3) 9,100 ICASH GRANT GENERAL OPERATING FOR ESTEC LA

AMONGST PACIFIC

ISLANDERS

FOUNDATION 1301 AVENIDA CESAR CHAVEZ MONTEREY PARK, CA 91754					INCUBATOR
ARKANSAS COALITION OF MARSHALLESE 614 F EMMA AVE 113	35-2416698	501(C)(3)	8,000	CASH GRANT	SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

614 E EMMA AVE 113 SPRINGDALE, AR 72765

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) LIVING ISLANDS 46-2626255 501(C)(3) 8.0001 CASH GRANT SUPPORT PROGRAM TO 1237 CEDAR ST IENCOURAGE CIVIC LAKE OSWEGO, OR 97034 PARTICIPATION AMONGST PACIFIC ISLANDERS

AMONGST PACIFIC

PENINSULA CONFLICT 77-0144000 501(C)(3) 8,000 CASH GRANT SUPPORT PROGRAM TO RESOLUTION CENTER 1670 S AMPHLETT BLVD 115

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN MATEO, CA 94402

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 77-0290646 501(C)(3) 8.0001 CASH GRANT SUPPORT PROGRAM TO SAMOAN COMMUNITY DEVELOPMENT CENTER IENCOURAGE CIVIC 2055 SUNNYDALE AVE PARTICIPATION AMONGST PACIFIC

SAN FRANCISCO, CA 94134 501(C)(3) 8,000 UNITED TERRITORIES OF 61-1668192 ICASH GRANT PACIFIC ISLANDERS ALLIANCE PORTLAND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ISLANDERS SUPPORT PROGRAM TO ENCOURAGE CIVIC | PARTICIPATION 2808 MLK BLVD 31 AMONGST PACIFIC PORTLAND, CA 97212 ISLANDERS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 61-1668192 501(C)(3) 8.0001 CASH GRANT SUPPORT PROGRAM TO UNITED TERRITORIES OF PACIFIC ISLANDERS ALLIANCE IENCOURAGE CIVIC SEATTLE. | PARTICIPATION 205 F MEEKER ST AMONGST PACIFIC KENT. CA 98032 ISLANDERS 501(C)(3) 8,000 WHITE CENTER COMMUNITY 72-1526567 ICASH GRANT SUPPORT PROGRAM TO

IENCOURAGE CIVIC

AMONGST PACIFIC

I PARTICIPATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DEVELOPMENT ASSOCIATION

605 SW 108TH ST

SEATTLE, CA 98124

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 68-0488293 501(C)(3) 8.0001 CASH GRANT SUPPORT PROGRAM TO TAULAMA FOR TONGANS 1650 S AMPHLETT BLVD 105 IENCOURAGE CIVIC SAN MATEO, CA 94402 I PARTICIPATION AMONGST PACIFIC

ISLANDERS

AMONGST PACIFIC ISLANDERS

UTAH PACIFIC ISLANDER

UTAH PACIFIC ISLANDER

SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION

4220 S 4850 W

AMONGST PACIFIC

SUPPORT PROGRAM TO ENCOURAGE CIVIC
PARTICIPATION

AMONGST PACIFIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WEST VALLEY CITY, UT 84120

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 20-0672173 501(C)(3) 7,500 ICASH GRANT SYNERGY ACADEMIES ISLAM MUSIC PROGRAM: DO DOW 70000 DROVEDEC MUCTO

LOS ANGELES, CA 90016				INSTRUCTIONS TO SCHOOL
HAWTHORNE SCHOOL DISTRICT FBO MUSIC EDUCATION PROGRAMS	GOV'T	7,500	CASH GRANT	SLAM MUSIC PROGRAM: PROVIDES MUSIC INSTRUCTIONS TO

14120 HAWTHORNE BLVD Ischool

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HAWTHORNE, CA 90250

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 27-3537929 CORPORATION 7.210 CASH GRANT BALDWIN HOLDINGS INC. MEALS FOR SENIOR 3767 SANTA ROSALIA DRIVE IPROGRAM COVID-19 LOS ANGELES, CA 90008

ICASH GRANT

MEALS FOR SENIOR

6.960

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CORPORATION

RED RIVER ENTERPRISES

6835 LA TIJERA BLVD LOS ANGELES, CA 90045 20-4139794

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) GOV'T 6.781 TIGARD TUALATIN SCHOOL 93-0572333 ICASH GRANT ISUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING

ITMPROVING FLECTION

ISYSTEM

DISTRICT 231 6960 SW SANDBURG ST TIGARD, OR 97223

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20005

INITIATIVES 52-6078441 501(C)(4) 6.000 COMMON CAUSE ICASH GRANT IFUTURE OF CALIFORNIA 805 15TH ST NW SUITE 800 **IELECTIONS PROGRAM:**

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance ISSUE VOTER 46-1980016 CORPORATION 6.000 CASH GRANT SUPPORT DEMOCRACY 3607 S LAMAR BLVD 1427 BY MAKING CIVIC AUSTIN.TX 78704 TENGAGEMENT ACCESSIBLE. EFFICIENT, AND IMPACTFUL. JACK DAUENPORT FAMILY 46-2580725 N/A 5.050 ICASH GRANT MEALS FOR SENIOR

PROGRAM COVID-19

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

KITCHEN INC

3965 S WESTERN AVE LOS ANGELES, CA 90062

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GOV'T

93-6001120

WILLAMINA ELEMENTARY

1100 OAKEN HILLS DR

WILLAMINA, OR 97396

SCHOOL

JOURNEY FORWARD INC 3 SHAWMUT RD CANTON, MA 02021	26-2367620	501(C)(3)	5,000	CASH GRANT	PROVIDE FINANCIAL SUPPORT TO YOUNG ATHLETES WHO SUFFER
					SPINAL CORD
					INJURIES.

ICASH GRANT

ISUPPORT LOCAL

INITIATIVES

SCHOOLS IN HEALTH

LIVING ACTIVE LIVING

5,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 93-0599524 GOV'T 5.000 NORTH CLACKAMAS SCHOOL ICASH GRANT ISUPPORT LOCAL DISTRICT ISCHOOLS IN HEALTH

LIVING ACTIVE LIVING

INITIATIVES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

8950 SF 36TH AVE

MILWAUKIE, OR 97222

COLLEGE MATCH STUDENT SCHOLARSHIPS 119 449,512 CASH GRANTS

COLLEGE MATCH STUDENT SCHOLARSHIPS 119 449,512 CASH GRANTS

ARTS ACTIVATION FUND GRANTS 253 218,600 CASH GRANTS

SOCAL CAN SCHOLARSHIPS 54 101,663 CASH GRANTS

CASH GRANTS

CASH GRANTS

100,777

35,500

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

THE UPSIDE GRANTS

COLLEGE MATCH STUDENT SCHOLARSHIPS

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. COLLEGE BOUND TODAY MENTOR 26,000 CASH GRANTS SCHOLARSHIP RECIPIENTS COLLEGE BOUND TODAY MENTOR 26.000 CASH GRANTS SCHOLARSHIP RECIPIENTS EL MONTE PROMISE FOUNDATION POST 7,750 CASH GRANTS SECONDARY EDUCATION SCHOLARSHIP 7,500 LATINO EQUALITY ALLIANCE SCHOLARSHIP CASH GRANTS AWARD

CASH GRANTS

26,372

OTHER VARIOUS GRANTS

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49303	39012	011
Sch	nedule J	Co	mpensati	on Information	01	MB No.	1545-0	0047
(Form 990)		For certain Officer						
		► Complete if the orga		ited Employees ered "Yes" on Form 990, Part IV,	line 23.	20)
Danar	tment of the Treasury	► Go to www.irs.gov		to Form 990. instructions and the latest inform	nation.	Openi		
-	al Revenue Service	T do to <u>in with sign</u>	77 07 11 101			Insp	ectio	n
	me of the organiza MMUNITY PARTNERS				Employer identifica	tion nu	ımber	
					95-4302067			
Pa	rt I Questi	ons Regarding Compensati	ion				l	
1a				the following to or for a person listed y relevant information regarding thes			Yes	No_
	☐ First-class	s or charter travel		Housing allowance or residence for p	personal use			
	☐ Travel for	companions		Payments for business use of person	al residence			
	Tax idemi	nification and gross-up payments		Health or social club dues or initiatio				
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauff	eur, chef)			
b				follow a written policy regarding payn ve? If "No," complete Part III to expla		1 b		
2				or allowing expenses incurred by all	- 4-3	2		
	directors, truste	es, officers, including the CEO/EX	ecutive Director	r, regarding the items checked on Line	ela?			
3				d to establish the compensation of th	e			
		EO/Executive Director. Check all ed organization to establish compe		CEO/Executive Director, but explain in	n Part III.			
	✓ Compensa	ation committee	П	Written employment contract				
	_ '	ent compensation consultant	Z	Compensation survey or study				
		of other organizations	\checkmark	Approval by the board or compensat	ion committee			
4	During the year related organiza		90, Part VII, Sed	ction A, line 1a, with respect to the fil	ing organization or a			
а	Receive a sever	ance payment or change-of-contr	ol payment? .			4a	Yes	
b		r receive payment from, a supple				4b		No
С			'	nsation arrangement?		4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	For persons liste	ed on Form 990, Part VII, Section	A, line 1a, did t	the organization pay or accrue any				
	•	ontingent on the revenues of:						
а		1?				5a		No
b		anization?				5b		No_
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:	A, line 1a, did t	the organization pay or accrue any				
а	-	1?				6a		No
b						6b		No
_	•	6a or 6b, describe in Part III.	A 10 4 11.1.1					
7				the organization provide any nonfixed rt III		7		No
8	subject to the in	nitial contract exception described	in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 		8		No
9	If "Yes" on line	8, did the organization also follow	the rebuttable	presumption procedure described in F	Regulations section	9		INO
For F	Panerwork Redu	iction Act Notice, see the Insti	ructions for Fo	rm 990. Cat. No. 50	0053T Schedule J	(Forn	1 990)	2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdowr	n of W-2 and/or 1099-MISC	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 MAMIE FUNAHASHI CHIEF FINANCIAL OFFICER	(i)	206,186	0	8,240	17,906	20,115	252,447	0
	(ii)	0	0	0	0	0	0	0
PAUL VANDEVENTER RESIDENT & CEO	(i)	305,963	0	60,770	20,343	46,453	433,529	0
	(ii)	0	0	0	0	0	0	0
PATRICK BALL IR OF RESEARCH, HUMAN	(i)	189,929	500	0	15,475	10,964	216,868	0
IGHTS DATA	(ii)	0	0	0	0	0	0	0
HERI NICOLE DUNN BERRY	(i)	193,207	0	8,360	13,606	1,791	216,964	0
IR. OF PROGRAMS	(ii)	0	0	0	0	0	0	0
GAYLE BYRNE P OF CONTRACTS, GRANTS	711	164,663	0	0	8,228	587	173,478	0
RISK MGMT.	(ii)	0	0	0	0	0	0	0
BRIDGET COLE ROJECT DIRECTOR	(i)	148,535	0	14,649	10,641	14,396	188,221	0
ROJECT DIRECTOR	(ii)	0	0	0	0	0	0	0
DANIEL ROSENFELD XECUTIVE DIR, LAND USE	(i)	195,644	20,000	0	17,200	542	233,386	0
OLUTIONS	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2019 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation PER CONFIDENTIALITY AGREEMENTS SIGNED BY THE ORGANIZATION, SEVERANCE PACKAGES PAID TO EMPLOYEES ARE NOT OPEN FOR PUBLIC INSPECTION. PART I, LINE 4A Schedule 1 (Form 990) 2019

DLN: 93493039012011 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** COMMUNITY PARTNERS 95-4302067 Types of Property (a) (b) (c) (d) Check if Number of contributions or Method of determining Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests Χ 2,692 FMV Books and publications Clothing and household 278,475 FMV Χ goods Cars and other vehicles Boats and planes . . Intellectual property . . Securities-Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Oualified conservation contribution-Historic structures . . . Qualified conservation contribution—Other . Real estate—Residential Real estate—Commercial . 17 Real estate-Other . . Collectibles 18 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . 24 Archeological artifacts . . 34,077 FMV **VARIOUS** Χ 25 Other ► (ITEMS 16,350 FMV **GIFT** Χ 13 Other ► (CERTIFICATES) 27 Other ▶ (_ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II. Nο 31 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2019)

Schedule M (Form 990) (2019) Page 2						
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization					
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.						
Return Reference	Explanation					
	Schedule M (Form 990) (2019)					

efile GRAPHIC	print - DO NOT PROCESS As Filed Data -		DLN: 93493039012011
SCHEDULE (Form 990 or 99) EZ) Department of the Treast	O- Complete to provide information f Form 990 or 990-EZ or to pro		ons on Z(119
Namel & the of gains COMMUNITY PARTNERS 990 Schedule O			Employer identification number 95-4302067
Return Reference		Explanation	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	COMMUNITY PARTNERS (THE ORGANIZATION") N THAT HELPS FOSTER, LAUNCH AND GROW C ISCAL SPONSORSHIP, THE ORGANIZATION PROGE OF BACK-OFFICE SERVICES, AND EXPERT OF UMBRELLA. AS AN INTERMEDIARY, THE ORGAN RATIVE SERVICES WITH EXTENSIVE NONPROFINMENT AGENCIES AND OTHER INSTITUTIONS OF CAPACITY, AND SUPPORTS OTHER EFFORTS TO EDGE SHARING ACTIVITIES ARE DESIGNED TO AS WELL AS GENERATE INNOVATIVE IDEAS AND LD, AND SERVE AS A SPRINGBOARD FOR AN EFFORGANIZATION WORKS TOWARD ITS ORGAN UALS AND INSTITUTIONS USE KNOWLEDGE, RERATIC AND THRIVING COMMUNITIES. THE ORGANIZATION COMMUNITIES. THE ORGANIZATION SOCIAL SERVICES AND YOUTH.	REATIVE SOLUTIONS TO COMM VIDES THE BENEFITS OF TAX-EUIDANCE TO THE 160-PLUS PRIZATION COMBINES ITS ROBUST DEVELOPMENT EXPERIENCE REATE AND MANAGE COMPLEXO ADVANCE THE PUBLIC GOOD CAPTURE AND DISSEMINATE NO PERSPECTIVES TO STRENGT FECTIVE CIVIL SOCIETY. ACRONIZATIONAL VISION: A VIBRANT SOURCES AND RELATIONSHIPS ANIZATION'S WORK SPANS A W	IUNITY CHALLENGES. THROUGH F EXEMPT STATUS, A FULL RAN IOJECTS WORKING UNDER ITS IT FINANCIAL AND ADMINIST ITO HELP FOUNDATIONS, GOVER X INITIATIVES, BUILD GRANTEE INTHE ORGANIZATION'S KNOWL ONPROFIT BEST PRACTICES, HEN LEADERS, BUILD THE FIE INDICATE OF THE FIE IND

Return Reference	Explanation
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:	THROUGH THE FISCAL SPONSORSHIP PROGRAM, WE ACCEPT NEW PROGRAM PROJECTS ON A REGULAR BASIS. WHILE EACH PROGRAM IS MONITORED AND IDENTIFIED ON A SEPARATE BASIS, THEY ARE ALL CONSIDER ED TO BE PART OF THE ORGANIZATION'S FISCAL SPONSORSHIP PROGRAM, WHICH HAS NOT CHANGED.

Return Explanation
Reference

FORM 990,	THE AUDIT COMMITTEE OF THE ORGANIZATION REVIEWS THE INFORMATIONAL RETURN AND THEN MAKES IT
PART VI,	AVAILABLE FOR THE REST OF THE BOARD OF DIRECTORS FOR THEIR REVIEW. THE RETURN IS THEN ELE
SECTION B,	CTRONICALLY FILED.
LINE 11B	

Return Explanation
Reference

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

l	Return Reference	Explanation
I	SECTION B, LINE 15	THE CEO'S COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE AND THE BOARD. AN INDEPENDEN T COMPENSATION CONSULTANT IS UTILIZED TO CONDUCT A COMPETITIVE COMPENSATION ASSESSMENT USI NG THE MOST AVAILABLE FORM 990 FILINGS OF SELECTED COMPARISON ORGANIZATIONS AND CURRENT MA JOR PUBLISHED SURVEYS COVERING THE DEFINED EXECUTIVE MARKET. THE CEO'S COMPENSATION IS APP ROVED BY THE BOARD. THE CEO AND THE EXECUTIVE COMMITTEE REVIEW AND APPROVE THE COMPENSATION OF OFFICERS. AN INDEPENDENT COMPENSATION CONSULTANT IS UTILIZED TO CONDUCT A COMPETITIVE COMPENSATION ASSESSMENT FOR THESE POSITIONS AS WELL.

Return Explanation
Reference

FORM 990, ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, INFORMATIONAL RETURNS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FORM 990 IS ALSO AVAILABLE FOR PU SECTION C, LINE 19

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROGRAMMATIC/GENERAL CONSULTING SERVICES: PROGRAM SERVICE EXPENSES 10,661,615. MANAGEMENT AND GENERAL EXPENSES 759,053. FUNDRAISING EXPENSES 34,224. TOTAL EXPENSES 11,454,892. PUBL IC RELATIONS/COMMUNICATIONS: PROGRAM SERVICE EXPENSES 170,415. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 170,415. ART & DESIGN: PROGRAM SERVICE EXPENSES 179,283. MANAGEMENT AND GENERAL EXPENSES 9,329. FUNDRAISING EXPENSES 0. TOTAL EXPENSE S 188,612. STAFF & VOLUNTEER RECRUITMENT: PROGRAM SERVICE EXPENSES 26,681. MANAGEMENT AND GENERAL EXPENSES 4,074. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 30,755. EVALUATION: PROGRAM SERVICE EXPENSES 128,749. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 128,749.