

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

**2013**

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

**A For the 2013 calendar year, or tax year beginning** JUL 1, 2013 **and ending** JUN 30, 2014

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b>		<b>D Employer identification number</b>	
	COMMUNITY PARTNERS		95-4302067	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	
1000 NORTH ALAMEDA STREET		240		
City or town, state or province, country, and ZIP or foreign postal code		<b>E Telephone number</b>		
LOS ANGELES, CA 90012		(213) 346-3200		
<b>F Name and address of principal officer:</b> PAUL J. VANDEVENTER		<b>G Gross receipts \$</b> 32,678,022.		
SAME AS C ABOVE		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If "No," attach a list. (see instructions)		
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶		
<b>J Website:</b> WWW.COMMUNITYPARTNERS.ORG				
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1991		
		<b>M State of legal domicile:</b> CA		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: COMMUNITY DEVELOPMENT AND SOCIAL ENTERPRISE ORGANIZATION.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	20
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	380
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	3600
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	22,999,098.	21,927,270.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,021,029.	2,017,878.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,155.	68,622.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	315.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,058,282.	24,014,085.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	593,936.	2,459,913.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	10,334,556.	12,347,719.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,340,321.	111,178.	59,595.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,542,401.	11,979,868.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,582,071.	26,847,095.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	4,476,211.	-2,833,010.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	23,993,556.	21,357,173.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,750,500.	1,853,329.
		22,243,056.	19,503,844.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	MAMIE FUNAHASHI, CFO				
Type or print name and title					
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	NANAZ BENYAMINI	NANAZ BENYAMINI	11/05/14		P00666808
Firm's name ▶ SINGERLEWAK LLP			Firm's EIN ▶ 95-2302617		
Firm's address ▶ 10960 WILSHIRE BLVD. STE 700			Phone no. (310) 477-3924		
LOS ANGELES, CA 90024-3783					

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 2,175,575. including grants of \$ 1,086,645. ) (Revenue \$ ) CCI SAFETY NET INNOVATIONS PROGRAM

THE CCI SAFETY NET INNOVATIONS PROGRAM FOCUSES ON SUPPORTING SAFETY NET PROVIDERS, INCLUDING COMMUNITY HEALTH CENTERS, PUBLIC HOSPITAL CLINICS, RURAL CLINICS, MEDI-CAL PLANS AND OTHER COMMUNITY BASED ORGANIZATIONS THAT SUPPORT THE UNDERSERVED POPULATIONS ACROSS CALIFORNIA.

4b (Code: ) (Expenses \$ 1,356,421. including grants of \$ 104,207. ) (Revenue \$ ) FARMER VETERAN COALITION

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

4c (Code: ) (Expenses \$ 1,295,240. including grants of \$ ) (Revenue \$ 280,000. ) BABY2BABY

BABY2BABY PROVIDES LOS ANGELES FAMILIES IN NEED WITH GENTLY-USED ESSENTIAL EQUIPMENT, CLOTHING, AND PRODUCTS FOR YOUNG CHILDREN.

4d Other program services (Describe in Schedule O.) (Expenses \$ 17,086,897. including grants of \$ 1,269,061. ) (Revenue \$ 1,737,878. )

4e Total program service expenses 21,914,133.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a-14b regarding IRS filings, employee reporting, foreign accounts, and charitable contributions.



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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARIA AGUILAR, M.D. BOARD MEMBER	2.00	X						0.	0.	0.
(2) KATE ANDERSON BOARD MEMBER	2.00	X						0.	0.	0.
(3) ANDREA CAPACHETTI BOARD MEMBER	2.00	X						0.	0.	0.
(4) WILLIAM C. CHOI BOARD MEMBER/IMMEDIATE PAST CHAIR	2.00	X						0.	0.	0.
(5) JAMES DE BREE, CPA BOARD MEMBER	2.00	X						0.	0.	0.
(6) GARY E. ERICKSON BOARD MEMBER	2.00	X						0.	0.	0.
(7) ANGE-MARIE HANCOCK, PH.D. BOARD MEMBER	2.00	X						0.	0.	0.
(8) IRWIN J. JAEGER BOARD MEMBER	2.00	X						0.	0.	0.
(9) HENRY JONES BOARD MEMBER	2.00	X						0.	0.	0.
(10) HELEN B. KIM BOARD MEMBER	2.00	X						0.	0.	0.
(11) ANN REISS LANE BOARD MEMBER	2.00	X						0.	0.	0.
(12) DEIDRE LIND BOARD MEMBER	2.00	X						0.	0.	0.
(13) STEVEN A. NISSEN BOARD MEMBER	2.00	X						0.	0.	0.
(14) PERRY PARKS BOARD MEMBER	2.00	X						0.	0.	0.
(15) JOY PICUS BOARD MEMBER	2.00	X						0.	0.	0.
(16) LISA CLERI REALE BOARD MEMBER	2.00	X						0.	0.	0.
(17) JACK SHAKELY BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEVE J. COBB TREASURER	5.00	X		X				0.	0.	0.
(19) ELADIO CORREA CHAIR	10.00	X		X				0.	0.	0.
(20) STEVE MEIER SECRETARY	5.00	X		X				0.	0.	0.
(21) SHERI NICOLE DUNN BERRY DIRECTOR OF PROGRAMS	50.00			X				108,205.	0.	393.
(22) LINDA FOWELLS EXECUTIVE VICE PRESIDENT	50.00			X				192,063.	0.	35,387.
(23) MAMIE FUNAHASHI (FROM 08/2013) CHIEF FINANCIAL OFFICER	50.00			X				50,288.	0.	96.
(24) DONNA ROBERTS (UNTIL 08/2013) VICE PRESIDENT & CFO	50.00			X				117,194.	0.	19,148.
(25) PAUL VANDEVENTER PRESIDENT & CEO	50.00			X				309,029.	0.	61,168.
(26) PATRICK BALL PROJECT DIRECTOR	40.00					X		127,624.	0.	9,788.
<b>1b Sub-total</b>								904,403.	0.	125,980.
<b>c Total from continuation sheets to Part VII, Section A</b>								518,056.	0.	54,918.
<b>d Total (add lines 1b and 1c)</b>								1,422,459.	0.	180,898.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE CALIFORNIA ENDOWMENT 1000 N. ALAMEDA ST., LA, CA 90012	RENT & PARKING	393,467.
CENTER FOR CARE INNOVATIONS, 450 GEARY STREET, STE 400, SAN FRANCISCO, CA 94102 CITY OF LOS ANGELES	CONSULTING SERVICES	303,102.
200 N. MAIN ST. #300, LA, CA 90012	CONSULTING SERVICES	222,047.
GET TO KNOW SOCIETY, 201-2040 SPRINGFIELD ROAD, KELOWNA, BRITISH COLUMBIA, CANADA	CONSULTING SERVICES	182,925.
GRAVITY TANK, 114 WEST ILLINOIS, 3RD FLOOR, CHICAGO, IL 60654	CONSULTING SERVICES	177,312.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **8**

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	89,913.				
	<b>c</b> Fundraising events	<b>1c</b>	1,467,540.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	4,031,195.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	16,338,622.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		234,413.				
	<b>h Total.</b> Add lines 1a-1f			21,927,270.			
Program Service Revenue	<b>2 a</b> CONTRACT & RESIDENT FE			900099	1,314,439.	1,314,439.	
	<b>b</b> CONFERENCE/WORKSHOP FE			900099	608,341.	608,341.	
	<b>c</b> PROGRAM MERCHANDISE RE			900099	95,098.	95,098.	
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f				2,017,878.		
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)				157,589.		157,589.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties				315.		315.
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss)			-88,967.		-88,967.
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,467,540. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		480,615.			
		<b>b</b> Less: direct expenses		480,615.			
		<b>c</b> Net income or (loss) from fundraising events			0.		
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>11 a</b> Miscellaneous Revenue			<b>Business Code</b>				
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions.				24,014,085.	2,017,878.	0.	68,937.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,147,633.	2,147,633.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	312,280.	312,280.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	947,276.	384,404.	562,872.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	9,542,627.	6,893,671.	1,564,511.	1,084,445.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	261,537.	186,429.	46,661.	28,447.
<b>9</b> Other employee benefits	728,005.	504,071.	150,688.	73,246.
<b>10</b> Payroll taxes	868,274.	611,467.	162,219.	94,588.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	75,530.	72,371.	3,159.	
<b>c</b> Accounting	65,840.		65,840.	
<b>d</b> Lobbying	29,399.	29,399.		
<b>e</b> Professional fundraising services. See Part IV, line 17	59,595.			59,595.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,973,961.	4,782,255.	191,706.	
<b>12</b> Advertising and promotion	52,718.	51,718.	1,000.	
<b>13</b> Office expenses	352,861.	234,991.	117,870.	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	840,523.	661,772.	178,751.	
<b>17</b> Travel	1,162,491.	1,031,870.	130,621.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,078,897.	967,283.	111,614.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	9,672.		9,672.	
<b>23</b> Insurance	102,095.	32,575.	69,520.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> FUNDS DISBURSED TO SEPA	1,655,779.	1,655,779.		
<b>b</b> PROGRAM SUPPLIES	404,511.	404,511.	0.	
<b>c</b> POSTAGE & PRINTING	303,250.	247,903.	55,347.	
<b>d</b> HONORARIA	245,408.	241,105.	4,303.	
<b>e</b> All other expenses	626,933.	460,646.	166,287.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	26,847,095.	21,914,133.	3,592,641.	1,340,321.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	8,223,382.	<b>1</b>	4,224,274.
	<b>2</b> Savings and temporary cash investments .....	4,116,649.	<b>2</b>	1,399,847.
	<b>3</b> Pledges and grants receivable, net .....	6,668,373.	<b>3</b>	5,967,179.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	254,851.	<b>9</b>	438,131.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 169,285.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 164,137.	14,820.	<b>10c</b> 5,148.
	<b>11</b> Investments - publicly traded securities .....	3,871,635.	<b>11</b>	8,353,075.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	843,846.	<b>15</b>	969,519.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	23,993,556.	<b>16</b>	21,357,173.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,750,500.	<b>17</b>	1,853,329.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,750,500.	<b>26</b>	1,853,329.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	2,024,821.	<b>27</b>	2,037,608.
	<b>28</b> Temporarily restricted net assets .....	20,218,235.	<b>28</b>	17,466,236.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	22,243,056.	<b>33</b>	19,503,844.	
<b>34</b> Total liabilities and net assets/fund balances .....	23,993,556.	<b>34</b>	21,357,173.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	24,014,085.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	26,847,095.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,833,010.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	22,243,056.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	93,798.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	19,503,844.

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2013)



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization

COMMUNITY PARTNERS

Employer identification number

95-4302067

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	12,723,242.	13,161,006.	19,457,569.	22,454,521.	21,927,270.	89,723,608.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	12,723,242.	13,161,006.	19,457,569.	22,454,521.	21,927,270.	89,723,608.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						6,259,942.
<b>6 Public support.</b> Subtract line 5 from line 4.						83,463,666.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	12,723,242.	13,161,006.	19,457,569.	22,454,521.	21,927,270.	89,723,608.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	108,881.	72,798.	105,820.	35,509.	157,904.	480,912.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						90,204,520.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	9,737,893.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	92.53 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	84.05 %
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

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

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

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

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

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

Name of organization <p style="text-align: center;">COMMUNITY PARTNERS</p>	Employer identification number <p style="text-align: center;">95-4302067</p>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

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

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

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

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

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2013**  
LHA



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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?	X		1,817.
<b>e</b> Publications, or published or broadcast statements?	X		782.
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		26,437.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		363.
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			29,399.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

- FEDERAL LOBBYING: AMERICA FAST FORWARD BONDS,

TRANSPORTATION REAUTHORIZATION

- LA COUNTY LOBBYING: HOMELESS FAMILY SOLUTIONS SYSTEM REDESIGN

- SANTA MONICA MAYOR AND SANTA MONICA CITY COUNCIL- URGING THEM TO

PLACE THE NEWLY PROPOSED TRANSFER TAX ON PROPERTIES ON THE BALLOT

**Part IV** Supplemental Information (continued)

- CA LEGISLATIVE LOBBYING: CAP & TRADE: SB 1122 (PAVELY), SB 1156

(STEINBERG) AND BUDGET TRAILER BILL; AB 1229 (ATKINS), SB 391

(DESAULNIER), \$200 MILLION FOR HOUSING IN ASSEMBLY VERSION OF BUDGET

- LA CITY LOBBYING: PROPOSED SAVE OUR STREETS SALES TAX, CRA BOOMERANG

FUNDS FOR HOUSING

- HEARING ON THE BMOC STATUS OF ADVANCING THE COMMITTEE PRIORITIES AND

POLICIES IN 2013-2014

- CONGRESSWOMAN JUDY CHU'S PROPOSED NATIONAL RECREATION AREA

LEGISLATION

- AB 1331 (RENDON) WATER BOND

- SB 848 (WOLK) WATER BOND

- DRAFT PLAN FOR A HEALTHY LOS ANGELES - LA PLANNING COMMISSION

- SB 1086 (DE LEON) PARK BOND

- S. 392 PHYSICAL ACT; H.R. 2160 PHYSICAL ACT; PHYSICAL EDUCATION

PROGRAM (PEP)

Multiple horizontal lines for additional text entry.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

COMMUNITY PARTNERS

Employer identification number

95-4302067

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions about donor advisement.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, and monitoring details.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

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

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

Table with 2 columns: Description (1c-1f) and Amount

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

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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

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

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

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

- (i) unrelated organizations, (ii) related organizations

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.



Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes. Rows 2-9 are blank.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	24,850,816.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	93,798.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	262,318.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	480,615.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	836,731.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	24,014,085.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	24,014,085.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	27,590,028.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	262,318.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	480,615.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	742,933.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	26,847,095.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	26,847,095.

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE IMPACT OF TAX POSITIONS ON

THE FINANCIAL STATEMENTS IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS

BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION TOPIC NO. 740, ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES ("ASC 740"). ASC 740 CLARIFIES THE

UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL

STATEMENTS IN ACCORDANCE WITH FASB STATEMENTS NO. 109, ACCOUNTING FOR

INCOME TAXES, AND PRESCRIBES A RECOGNITION AND MEASUREMENT OF A TAX

POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IN ACCORDANCE WITH

ASC 740 THE ORGANIZATION RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE

FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT OF BEING

SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. TO

**Part XIII** Supplemental Information (continued)

DATE, THE ORGANIZATION HAS NOT RECORDED ANY UNCERTAIN TAX POSITIONS. THE

ORGANIZATION RECOGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES

ASSOCIATED TO UNCERTAIN TAX POSITIONS IN INCOME TAX EXPENSE. DURING THE

YEAR ENDED JUNE 30, 2014, THE ORGANIZATION DID NOT RECOGNIZE ANY AMOUNT IN

POTENTIAL INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.

IN ACCORDANCE WITH THE TAX STATUTE, THE ORGANIZATION'S TAX RETURNS REMAIN

SUBJECT TO EXAMINATION FOR ALL TAX YEARS ENDED ON OR AFTER JUNE 30, 2010

WITH REGARD TO ALL TAX POSITIONS AND THE RESULTS REPORTED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 480,615.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 480,615.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization  COMMUNITY PARTNERS	Employer identification number  95-4302067
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE	0	1	PROGRAM SERVICES	CONSULTING	11,920.
CANADA	0	1	PROGRAM SERVICES	CONSULTING	182,925.
<b>3 a</b> Sub-total .....	0	2			194,845.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	2			194,845.







**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2013

**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.

Multiple horizontal lines for supplemental information.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

**2013**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

COMMUNITY PARTNERS

Employer identification number

95-4302067

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CINDY MYERS - 307 12TH STREET, PENTALUMA, CA 94952	GRANTWRITING		X	1,341,084.	5,445.	1,335,639.
LAURI CRANE - 219 12TH STREET, SANTA MONICA, CA	FUNDRAISING		X	762,054.	4,250.	757,804.
NPO SOLUTIONS - 4370 TUJUNGA AVE SUITE 220, STUDIO CITY,	GRANTWRITING		X	640,363.	17,339.	623,025.
SANKOFA GROUP - PO BOX 480851, LOS ANGELES, CA	FUNDRAISING		X	437,064.	4,375.	432,689.
MELISSA DAVIS DBA PHILANTHROPROSE - 4632 141ST	GRANTWRITING		X	142,693.	150.	142,543.
SYNERGIES GROUP - 3964 RIVERMARK PLAZE, STE 404,	GRANTWRITING		X	127,236.	3,000.	124,236.
DIANNE JACKSON - PO BOX 56143, LOS ANGELES, CA 90056	GRANTWRITING		X	126,857.	473.	126,384.
CUSTOM WORD - 6847 SHELTON COURT, RANCHO CUCAMONGA, CA	GRANTWRITING		X	126,857.	488.	126,369.
CHRISTINE SISLEY DBA SOLID FOUNDATIONS - 846 GARFIELD	GRANTWRITING		X	110,000.	3,750.	106,250.
KR ASSOCIATES - PO BOX 985, CULVER CITY, CA 90232	GRANTWRITING		X	102,426.	2,480.	99,946.
<b>Total</b>				3,916,634.	41,750.	3,874,885.

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

CA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BABY2BABY EVENTS (event type)	DTS EVENTS (event type)	75 (total number)	
Revenue	<b>1</b> Gross receipts .....	968,417.	204,298.	775,440.	1,948,155.
	<b>2</b> Less: Contributions .....	691,294.	171,607.	604,639.	1,467,540.
	<b>3</b> Gross income (line 1 minus line 2) .....	277,123.	32,691.	170,801.	480,615.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....		8,414.	20,394.	28,808.
	<b>7</b> Food and beverages .....	7,646.	7,394.	63,292.	78,332.
	<b>8</b> Entertainment .....		1,058.	5,600.	6,658.
	<b>9</b> Other direct expenses .....	269,477.	15,825.	81,515.	366,817.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				480,615.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				0.	

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

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

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

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

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: CINDY MYERS

(I) ADDRESS OF FUNDRAISER: 307 12TH STREET, PENTALUMA, CA 94952

(I) NAME OF FUNDRAISER: LAURI CRANE

(I) ADDRESS OF FUNDRAISER: 219 12TH STREET, SANTA MONICA, CA 90402

(I) NAME OF FUNDRAISER: NPO SOLUTIONS

**Part IV** Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER:

4370 TUJUNGA AVE SUITE 220, STUDIO CITY, CA 91604

(I) NAME OF FUNDRAISER: SANKOFA GROUP

(I) ADDRESS OF FUNDRAISER: PO BOX 480851, LOS ANGELES, CA 90048

(I) NAME OF FUNDRAISER: MELISSA DAVIS DBA PHILANTHROPROSE

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

(I) NAME OF FUNDRAISER: SYNERGIES GROUP

(I) ADDRESS OF FUNDRAISER:

3964 RIVERMARK PLAZE, STE 404, SANTA CLARA, CA 95054

(I) NAME OF FUNDRAISER: DIANNE JACKSON

(I) ADDRESS OF FUNDRAISER: PO BOX 56143, LOS ANGELES, CA 90056

(I) NAME OF FUNDRAISER: CUSTOM WORD

(I) ADDRESS OF FUNDRAISER: 6847 SHELTON COURT, RANCHO CUCAMONGA, CA 91701

(I) NAME OF FUNDRAISER: CHRISTINE SISLEY DBA SOLID FOUNDATIONS

(I) ADDRESS OF FUNDRAISER: 846 GARFIELD AVE, SOUTH PASADENA, CA 91030

(I) NAME OF FUNDRAISER: KR ASSOCIATES

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



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
APAIT HEALTH CENTER 1730 W. OLYMPIC BLVD. 300 LOS ANGELES, CA 90015	27-3973081	501(C)(3)	25,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
ASIAN HEALTH SERVICES 818 WEBSTER STREET OAKLAND, CA 94607	26-3506554	501(C)(3)	66,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
BORREGO COMMUNITY HEALTH FOUNDATION - PO BOX 2369 - BORREGO SPRINGS, CA 92004	33-0440021	501(C)(3)	5,500.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
BOSTON COLLEGE CENTER FOR CORPORATE CITIZENSHIP - CORPORATE CITIZENSHIP - CHESTNUT HILL, MA 02467-3942	04-2103545	EDUCATION	10,000.	0.	CASH GRANT		SUPPORT DEVELOPMENT OF CORPORATE PHILANTHROPY
BUDDHIST TZU CHI MEDICAL FOUNDATION - 1355 BROAD AVE - WILMINGTON, CA 90744	95-4457939	501(C)(3)	7,500.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
CAL COAST OPHTHALMIC INSTRUMENTS 20675 SOUTH WESTERN AVENUE, #116 TORRANCE, CA 90501	95-4755841	CORPORATION	24,584.	0.	CASH GRANT		SUPPORT HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **55.**
- 3** Enter total number of other organizations listed in the line 1 table **7.**

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

Schedule I (Form 990) (2013)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIANS TOGETHER 525 E. 7TH STREET STE 207 LONG BEACH, CA 90813	31-1746604	501(C)(3)	196,680.	0.	CASH GRANT		SUPPORT COLLEGE SAVINGS PROGRAM
CELEBRATION CHRISTIAN CENTER 22213 NORWALK BLVD HAWAIIAN GARDENS, CA 90716	33-0863510	501(C)(3)	15,000.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
CENTER FOR NONPROFIT MANAGEMENT 1000 N. ALAMEDA STREET LOS ANGELES, CA 90012	95-3357253	501(C)(3)	5,000.	0.	CASH GRANT		SUPPORT DEVELOPMENT OF CORPORATE PHILANTHROPY
CLINICAS DE SALUD DEL PUEBLO 1166 K STREET BRAWLEY, CA 92227	95-2657324	501(C)(3)	25,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
COMMUNITY HEALTH CLINIC OLE 1141 PEAR TREE LANE STE 100 NAPA, CA 94558	23-7221695	501(C)(3)	25,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
COMMUNITY HEALTH SYSTEMS, INC 22675 ALESSANDRO BLVD. MORENO VALLEY, CA 92553	23-7221695	501(C)(3)	31,183.	0.	CASH GRANT		SUPPORT HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION
COMMUNITY SAFETY NETWORK 9854 NATIONAL BLVD #402 LOS ANGELES, CA 90034	90-0995153	501(C)(3)	7,500.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
CONCERNED CITIZENS OF SOUTH CENTRAL LA - 10729 GRAPE ST - LOS ANGELES, CA 90059	95-4247392	501(C)(3)	7,500.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
CRESENTA FIRE SAFTEY COUNCIL 3023 HOPETON ROAD LA CRESENTA, CA 91214	26-4836309	501(C)(3)	7,500.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVID DOUGLAS SCHOOL DISTRICT 1500 SE 130TH AVE PORTLAND, OR 97233	93-6014226	EDUCATION	49,850.	0.	CASH GRANT		SUPPORT HEALTHY EATING ACTIVE LIVING PROGRAM IN SCHOOL
EISNER PEDIATRIC & FAMILY MEDICAL CENTER - 1530 S. OLIVE STREET - LOS ANGELES, CA 90015	95-1690966	501(C)(3)	14,000.	0.	CASH GRANT		SUPPORT HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION
EL MONTE CITY SCHOOL DISTRICT 3540 N LEXINGTON AVE EL MONTE, CA 91731	95-6001074	EDUCATION	16,660.	0.	CASH GRANT		SUPPORT COLLEGE SAVINGS PROGRAM
EL PUEBLO PARK ASSOCIATION 125 PASEO DE LA PLAZA SUITE 300 LOS ANGELES, CA 90012	95-3842289	501(C)(3)	35,000.	0.	CASH GRANT		SUPPORT TREE PLANTING AND GREENING IN CITY OF LOS ANGELES
GARDENA POLICE FOUNDATION PO BOX 3069 GARDENA, CA 90247	37-1530567	501(C)(3)	7,500.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
GOLDEN VALLEY HEALTH CENTER 737 W. CHILDS AVE MERCED, CA 95341	94-2196086	501(C)(3)	30,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
GROUP HOME CONSULTANTS 34162 AGUA DULCE CANYON RD AGUA DULCE, CA 91390	95-4857955	501(C)(3)	10,000.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
HEALTHY CHILD HEALTHY WORLD 12100 WILSHIRE BLVD SUITE 800 LOS ANGELES, CA 90025	22-3665574	501(C)(3)	57,728.	0.	CASH GRANT		SUPPORT SAFE LIVING ENVIRONMENTS FOR CHILDREN
HILLVIEW MIDDLE SCHOOL PITTSBURG UNIFIED SCHOOL DISTRICT - 333 YOSEMITE DRIVE - PITTSBURG, CA 94565	52-1771225	EDUCATION	5,000.	0.	CASH GRANT		SUPPORT HEALTHY EATING ACTIVE LIVING PROGRAM IN SCHOOL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLLYWOOD POLICE SUPPORT ASSOCIATION - 1358 N WILCOX AVE - LOS ANGELES, CA 90028	95-3848258	501(C)(3)	10,000.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
INST. FOR FAMILY-CENTERED CARE 6917 ARLINGTON RD STE 309 BETHESDA, MD 20814	52-1777133	501(C)(3)	80,895.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
KAISER FOUNDATION HEALTH PLAN, INC FILE 5915 LOS ANGELES, CA 90074	94-1340523	501(C)(3)	15,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
KIDS ARE 1ST 1635 S. BEVERLY GLEN BLVD. #5 LOS ANGELES, CA 90024	20-5386310	501(C)(3)	7,500.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
KRAMES STAYWELL PO BOX 90477 CHICAGO, IL 60696-0477	13-2890645	CORPORATION	32,298.	0.	CASH GRANT		SUPPORT HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION
LA CASA DE SAN GABRIEL 203 E MISSION RD SAN GABRIEL, CA 91776	95-1660846	501(C)(3)	7,500.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
LIFELONG MEDICAL CARE PO BOX 11247 BERKELEY, CA 94712	94-2502308	501(C)(3)	25,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
MENDOCINO COMMUNITY HEALTH CLINIC, INC - 333 LAWS AVE. - UKIAH, CA 94582	68-0259045	501(C)(3)	5,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
MISSION NEIGHBORHOOD HEALTH CENTER 240 SHOTWELL STREET SAN FRANCISCO, CA 94110	94-2284365	501(C)(3)	25,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAIN VIEW SCHOOL DISTRICT 3320 GILMAN RD EL MONTE, CA 91732	95-6001074	EDUCATION	34,879.	0.	CASH GRANT		SUPPORT COLLEGE SAVINGS PROGRAM
NEIGHBORHOOD HEALTHCARE 425 DATE STREET ESCONDIDO, CA 92025	95-1796316	501(C)(3)	30,500.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
NORTH COUNTY HEALTH SERVICES 150 VALPREDA RD. SAN MARCOS, CA 92069	95-2847102	501(C)(3)	30,500.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
NORTHEAST VALLEY HEALTH CORPORATION - 1172 NORTH MACLAY AVE - SAN FERNANDO, CA 91340	23-7120632	501(C)(3)	60,500.	0.	CASH GRANT		SUPPORT HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION
OLIVE VIEW EDUCATION 14445 OLIVE VIEW DRIVE SYLMAR, CA 91342	95-2249539	501(C)(3)	80,750.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
PAC-RED 201 S ACACIA AVE COMPTON, CA 90220	46-2838879	501(C)(3)	7,500.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
PETALUMA HEALTH CENTER 1179 N. MCDOWELL BLVD. PETALUMA, CA 94954	68-0437840	501(C)(3)	80,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
POMONA COMMUNITY FOUNDATION 1101 W. MCKINLEY AVE POMONA, CA 91768	39-2073462	501(C)(3)	7,500.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
PUBLIC HEALTH FOUNDATION ENTERPRISES INC - 12801 CROSSROADS PKWY CITY SOUTH, SUITE 200 - CITY OF INDUSTRY, CA 91746	95-2557063	501(C)(3)	78,450.	0.	CASH GRANT		SUPPORT HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAVENSWOOD FAMILY HEALTH CENTER 1798 A BAY ROAD PALO ALTO, CA 94303	94-3372130	501(C)(3)	25,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
RED WHITE BLUE CDC 42314 50TH STREET WEST QUARTZ HILL, CA 93536	45-3115930	501(C)(3)	7,500.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
REDWOOD COMMUNITY HEALTH 1310 REDWOOD WAY SUITE 135 PETALUMA, CA 94954	94-3220029	501(C)(3)	22,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
RIO HONDO COLLEGE FOUNDATION 3600 WORKMAN MILL RD WHITTIER, CA 90601	95-4367487	501(C)(3)	74,284.	0.	CASH GRANT		SUPPORT COLLEGE SAVINGS PROGRAM SUPPORT COLLEGE SAVINGS PROGRAM
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER FOUNDATION - 26250 CACTUS AVE. - MORENO VALLEY, CA 92552	95-6000930	501(C)(3)	87,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
SABANCOMMUNITYCLINIC 8405 BEVERLY BLVD LOS ANGELES, CA 90048	95-2539105	501(C)(3)	10,319.	0.	CASH GRANT		SUPPORT HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION
SACRAMENTO NATIVE AMERICAN HEALTH CENTER - 2020 J STREET SACRAMENTO, CA 95811 - SACRAMENTO, CA 95811	20-4287737	501(C)(3)	30,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
SALUD PARA LA GENTE 195 AVIATION WAY STE 200 WATSONVILLE, CA 95076	94-2705747	501(C)(3)	25,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
THE SALVATION ARMY 1532 W 11TH STREET LOS ANGELES, CA 90015	94-1156347	501(C)(3)	7,500.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO PUBLIC HEALTH FOUNDATION - 1450 SUTTER STREET #101 - SAN FRANCISCO, CA 94109	94-3117093	501(C)(3)	80,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
SAN JOAQUIN GENERAL HOSPITAL 500 WEST HOSPITAL ROAD FRENCH CAMP, CA 95231	95-2294234	501(C)(3)	55,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
SHASTA COMMUNITY HEALTH CENTER 1035 PLACER ST REDDING, CA 96001	68-0165855	501(C)(3)	11,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
SOUTHEAST COMMUNITY DEVELOPEMNT CORP - 6423 E FLORENCE PL #103 - BELL GARDENS, CA 90201	95-4473319	501(C)(3)	30,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
SOUTHSIDE COALITION OF COMMUNITY HEALTH CENTERS - PO BOX 862017 - LOS ANGELES, CA 90086-2017	20-8892311	501(C)(3)	56,620.	0.	CASH GRANT		SUPPORT HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION
THE CHILDRENS CLINIC 2790 ATLANTIC AVE LONG BEACH, CA 90806	95-1643332	501(C)(3)	69,500.	0.	CASH GRANT		SUPPORT HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION
TREE-LAND FOUNDATION PO BOX 535 MYERSVILLE, MD 21773	52-1926101	501(C)(3)	15,103.	0.	CASH GRANT		SUPPORT HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION
VALLEY CARE COMMUNITY CONSORTIUM 7515 VAN NUYS BLVD., 5TH FLOOR VAN NUYS, CA 91405	20-5569606	501(C)(3)	77,940.	0.	CASH GRANT		SUPPORT HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION
VIETNAMESE COMMUNITY OF ORANGE COUNTY - 1618 WEST FIRST STREET - SANTA ANA, CA 92703	95-3403526	501(C)(3)	25,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE

Schedule I (Form 990)





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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COLLEGE MATCH - GRANTS FOR STUDENT SCHOLARSHIPS	41	119,825.	0.	CASH GRANTS	
FARMER VETERAN COALITION FELLOWSHIP FUND - GRANTS TO VETERANS WORKING IN THE AGRICULTURAL INDUSTRY	35	104,207.	0.	CASH GRANTS	
SCORE GRANT ASSISTANCE FUND - GRANTS TO DISABLED INDIVIDUALS	4	58,373.	0.	CASH GRANTS	
DETERMINED TO SUCCEED - SCHOLARSHIPS	3	12,032.	0.	CASH GRANTS	
BUILDING HEALTHY COMMUNITIES OF LONG BEACH - SCHOLARSHIPS	11	9,000.	0.	CASH GRANTS	

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

PART I, LINE 2:

GRANTEES ARE MONITORED THROUGH REVIEW OF FINANCIAL AND PROGRAM

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

AND SITE VISITS AS NEEDED.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization

COMMUNITY PARTNERS

Employer identification number

95-4302067

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LINDA FOWELLS EXECUTIVE VICE PRESIDENT	(i)	175,313.	0.	16,750.	14,438.	20,949.	227,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAUL VANDEVENTER PRESIDENT & CEO	(i)	239,129.	0.	69,900.	23,965.	37,203.	370,197.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DENNY ZANE PROJECT DIRECTOR	(i)	156,935.	0.	0.	7,569.	8,403.	172,907.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

COMMUNITY PARTNERS

Employer identification number

95-4302067

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		700.	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	181,558.	CASH VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( SUPPLIES )	X	9	21,506.	FMV
26 Other ( ELECTRONICS/S )	X	4	16,200.	FMV
27 Other ( GIFT CARDS/TI )	X	9	6,778.	FMV
28 Other ( FOOD/WINE )	X	5	3,883.	FMV

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

29	29
----	----

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31		X
----	--	---

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a	X	
-----	---	--

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2013)



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

PART I, OTHER TYPES OF PROPERTY:

JEWELRY

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 5

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3788.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE M, LINE 32B:

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

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

COMMUNITY PARTNERS

Employer identification number

95-4302067

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

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

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

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

EXPENSES \$ 17,086,897. INCL GRANTS OF \$ 1,269,061. REVENUE \$ 1,737,878.

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

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

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

ALL CONTRACTS AND EXPENSES ARE REVIEWED BY FINANCE STAFF AND

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

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

ALL CORPORATE LEVEL DECISIONS THAT MIGHT BE A CONFLICT OF INTEREST ARE

KNOWN BY THE PRESIDENT OF THE ORGANIZATION AND REVIEWED AND DISCUSSED WITH

THE APPROPRIATE STAFF AND LEGAL COUNSEL.

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

THE CEO'S COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE

AND THE BOARD. AN INDEPENDENT COMPENSATION CONSULTANT IS UTILIZED TO

CONDUCT A COMPETITIVE COMPENSATION ASSESSMENT USING THE MOST AVAILABLE FORM

990 FILINGS OF SELECTED COMPARISON ORGANIZATIONS AND CURRENT MAJOR

PUBLISHED SURVEYS COVERING THE DEFINED EXECUTIVE MARKET. THE CEO'S

COMPENSATION IS APPROVED BY THE BOARD.

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

OFFICERS. AN INDEPENDENT COMPENSATION CONSULTANT IS UTILIZED TO CONDUCT A

COMPETITIVE COMPENSATION ASSESSMENT FOR THESE POSITIONS AS WELL.

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

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

INFORMATIONAL RETURNS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC

UPON REQUEST. THE FORM 990 IS ALSO AVAILABLE FOR PUBLIC INSPECTION ON

WWW.GUIDESTAR.ORG.

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

CONSULTING:

PROGRAM SERVICE EXPENSES 4,384,342.

MANAGEMENT AND GENERAL EXPENSES 68,078.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 4,452,420.

332212  
09-04-13

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

## PUBLIC RELATIONS/COMMUNICATION:

PROGRAM SERVICE EXPENSES	101,944.
MANAGEMENT AND GENERAL EXPENSES	39,881.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	141,825.

## WEB HOSTING:

PROGRAM SERVICE EXPENSES	43,652.
MANAGEMENT AND GENERAL EXPENSES	5,834.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	49,486.

## ART &amp; DESIGN:

PROGRAM SERVICE EXPENSES	178,663.
MANAGEMENT AND GENERAL EXPENSES	8,809.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	187,472.

## STAFF &amp; VOLUNTEER RECRUITMENT:

PROGRAM SERVICE EXPENSES	11,578.
MANAGEMENT AND GENERAL EXPENSES	38,160.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	49,738.

## TECHNOLOGY SUPPORT SERVICES:

PROGRAM SERVICE EXPENSES	62,076.
MANAGEMENT AND GENERAL EXPENSES	30,944.

