DISASTER EXTENSION, IRS ANNOUNCEMENT CA-2023-02, FEMA-4683-DR

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public

A I	For th	e 2021 calendar year, or tax year beginning UL 1, 2021 an	<b>d ending</b> ਹ	UN 30, 2022					
	Check if applicab			D Employer identifi	ication number				
	Addr								
F	Name			95-4302067					
F	Initial		E Telephone number						
F	Final	1000 NORTH ALAMEDA STREET	Room/suite 240	(213) 346-32					
	⊥returr termi ated	/	<b>G</b> Gross receipts \$ 95,434,415.						
Г	Amer	ded tog ANGELEG CA 90012		H(a) Is this a group return					
F	returr Appli			for subordinates					
	tion pend	SAME AS C ABOVE		H(b) Are all subordinates i	·····= =				
<u></u>	Γαν. Δν	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1	) or 527	7 ` ´	list. See instructions				
		te: WWW.COMMUNITYPARTNERS.ORG	7 01 021	H(c) Group exemption					
		forganization: X Corporation Trust Association Other	I Year		M State of legal domicile; CA				
		Summary	<b>L</b> 1001	or formation,	VI Otate of legal dofficite.				
	1	Briefly describe the organization's mission or most significant activities: COMMU	NITY DEVEI	LOPMENT AND SOCIA					
Governance	`	ENTERPRISE ORGANIZATION.							
na	2	Check this box  if the organization discontinued its operations or disposit	osed of more	than 25% of its net as	sets.				
Ne.	3	Number of voting members of the governing body (Part VI, line 1a)		3	15				
		Number of independent voting members of the governing body (Part VI, line 1b)			15				
တို	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			927				
/itie	6	Total number of volunteers (estimate if necessary)			375				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_<	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
ø	8	Contributions and grants (Part VIII, line 1h)		82,322,658.	79,000,535.				
Revenue	9	Program service revenue (Part VIII, line 2g)		4,731,388.	5,309,100.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		333,116.	418,532.				
<b>C</b>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		345.	95.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		87,387,507.	84,728,262.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,695,720.	7,887,421.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		36,848,605.	40,495,832.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		160,591.	0.				
g	. b	Total fundraising expenses (Part IX, column (D), line 25)  4,504	,091.						
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		36,525,650.	38,617,246.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		81,230,566.	87,000,499.				
	19	Revenue less expenses. Subtract line 18 from line 12		6,156,941.	-2,272,237.				
Net Assets or			Ве	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		58,586,885.	52,046,774.				
t As	21	Total liabilities (Part X, line 26)		9,856,758.	6,645,049.				
	22	Net assets or fund balances. Subtract line 21 from line 20		48,730,127.	45,401,725.				
	art II	Signature Block							
		alties of perjury, I declare that I have examined this return, including accompanying schedul			y knowledge and belief, it is				
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of v	which preparer	has any knowledge.					
		Signature of officer		 Date					
Sig				Date //)•	16.23				
Her	e	JOYCE WILLIAMS , CFO Type or print name and title		, ,	1000				
		<del>                                     </del>	Ti	Date Check Γ	PTIN				
D-!		Print/Type preparer's name Preparer's signature		0 /1 2 /0 2					
Paid		NANAZ BENYAMINI NANAZ BENYAMINI	μ	0/13/23 self-emplo					
	parer	Firm's name SINGERLEWAK, LLP		Firm's EIN	95-2302617				
use	Only	Firm's address 10960 WILSHIRE BLVD. SUITE 1100		Di /21	0\ 477_2024				
N.4 -	. 410 - 1	LOS ANGELES, CA 90024		Phone no. (31	X Yes No				
IVIA	v tne l	RS discuss this return with the preparer shown above? See instructions			IA IYes   IN∩				

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Part III | Statement of Program Service Accomplishments

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 8 , 239 , 269 . including grants of \$) (Revenue \$)
	COUNTY COMMUNITY EQUITY FUND:
	THE LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES AND THE LOS
	ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH IN PARTNERSHIP WITH
	COMMUNITY PARTNERS LAUNCHED THE COUNTY COVID-19 COMMUNITY EQUITY FUND
	TO SERVE REGIONS AND COMMUNITIES DISPROPORTIONALLY IMPACTED BY THE
	COVID-19 EPIDEMIC THROUGH RESOURCES AND PREVENTION.
4b	(Code:) (Expenses \$4,069,874. including grants of \$) (Revenue \$)
40	ALL CHILDREN THRIVE:
	THE CHIEDRIK TIMIVE.
	ACT-CA IS A THREE-YEAR STATEWIDE INITIATIVE (2019-2021) TO EXPAND THE
	ROLE OF CITIES AND COUNTIES IN PREVENTING CHILDHOOD TRAUMA, COUNTERING
	ITS EFFECTS, AND FOSTERING COMMUNITY HEALING AND RESILIENCE. AN EQUITY
	ADVISORY GROUP ENSURES THAT THE INITIATIVE'S DESIGN AND IMPLEMENTATION
	ARE EQUITY-FOCUSED, COMMUNITY-DRIVEN, AND LIKELY TO SUCCEED IN CHANGING
	OUTCOMES FOR CHILDREN. ACT-CA IS PART OF A NATIONAL EFFORT TO IDENTIFY
	THE STRATEGIES AND POLICIES THAT CAN ADDRESS AN INCREASE IN CHRONIC
	HEALTH PROBLEMS AMONG OUR NATION'S CHILDREN.
4c	(Code:) (Expenses \$3,310,652. including grants of \$389,530. ) (Revenue \$)
	TRANSFORMING LA:
	TRANSFORMING LA THROUGH PARNTERSHIP (TLA) IS A PILOT-PROJECT INCUBATION
	ACADEMY DESIGN TO PROVIDE MENTORSHIP, TRAINING, AND TECHNICAL
	ASSISTANCE TO SMALL AND MID-SIZED GRASSROOTS COMMUNITY-BASED
	ORGANIZATIONS (CBOS) THAT PROVIDE PREVENTION SERVICES TO THE COUNTY'S
	MOST VULNERABLE RESIDENTS. THROUGH TRANSFORMING LA, THE DEPARTMENT OF
	MENTAL HEALTH AIMS TO INCREASE COMMUNITY ACCESS TO THE NEEDED SERVICES
	BY BUILDING THE CAPACITY OF TRUSTED, SMALLER ORGANIZATIONS TO COMPETE
	FOR AND OBTAIN DMH CONTRACTS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 53,539,013. including grants of \$ 7,497,891.) (Revenue \$ 5,309,100.)
4e	Total program service expenses ► 69,158,808.
	Form <b>990</b> (2021)

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# Form 990 (2021) COMMUNITY PARTNERS 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	, ,			x
•	Schedule D, Part III	8		_ A
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			•
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	u		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	110		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		-
10		16		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		- 21
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		Х	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		$\vdash$
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ء ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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		ecklist of Required Sc		
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		Х
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00 -		х
29	"Yes," complete Schedule L, Part IV	28c 29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
25-	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	งอล		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O  T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
· ai	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is contidued a companied of flotte to any life in this t art v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) COMMUNITY PARTNERS Page 5 95-4302067

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 927									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
За										
	<b>a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
h	If "Yes," enter the name of the foreign country	4a								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
ou	any contributions that were not tax deductible as charitable contributions?	6a		x						
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ou								
b		6b								
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	OD								
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х							
a b		7a 7b	X							
		7.0								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		x						
اء		7c								
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<u>7e</u> 7f								
f	3 , 3 , , , , , , , , , , , , , , , , ,									
g										
h	, , , , , , , , , , , , , , , , , , ,									
8										
_	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	9a								
_	a Did the sponsoring organization make any taxable distributions under section 4966?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
a	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders									
a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
D	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans  13b									
	Enter the amount of reserves on hand	44-		Х						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		•						
	excess parachute payment(s) during the year?	15		X						
40	If "Yes," see the instructions and file Form 4720, Schedule N.			v						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
4-	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

COMMUNITY PARTNERS Page 6 Form 990 (2021)

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 15									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b										
2										
_	officer, director, trustee, or key employee?									
3										
·										
4	of officers, directors, trustees, or key employees to a management company or other person?  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?	<u>4</u> 5		X						
6		6		X						
	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-								
7a		7-		х						
	more members of the governing body?	7a								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x						
_	persons other than the governing body?	7b								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37							
a	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37						
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х							
12a	7 10, 90 to									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
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?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
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?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶CA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availab	ole						
	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 on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	ALICIA LARA, PRESIDENT & CEO - (213) 346-3200									
	1000 N. ALAMEDA ST., STE 240, LOS ANGELES, CA 90012									

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# 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

See the instructions for the order in which to list the persons above.

Name and title	(A)	(B)	J		((		.,0 0.		(D)	(E)	(F)
Nours per   Nour			١		Pos	ition				• •	
Trible   T										•	
Table   Tabl		week	offic	cer an	id a di	irecto	r/trus	tee)	from	from related	other
Table   Tabl			ector							•	
Table   Tabl		l	or dir	ee			ated			,	
Table   Tabl		l	ustee	trust		99	Suedu		,	1099-NEC)	_
Table   Tabl		~	dual tr	tional	١.	nploy	st con yee	_	1099-NEO)		
Table   Tabl		l	ndivic	nstitu	)fficer	(ey en	lighe	orme			organizations
C  MAMIE FUNAHASHI (UNTIL 07/22 ) 50.00	(1) PAUL VANDEVENTER (UNTIL 12/21)	50.00	_	-		_	1 0	_			
CALLER FUNANCIAL OFFICER	PRESIDENT & CEO		1		х				513,768.	0.	75,790.
ANDREW LEVEY	(2) MAMIE FUNAHASHI (UNTIL 07/22 )	50.00									,
VICE PRESIDENT OF HUMAN RE	CHIEF FINANCIAL OFFICER				х				266,702.	0.	40,750.
A	(3) ANDREW LEVEY	40.00									
X	VICE PRESIDENT OF HUMAN RE		L		L		Х		221,552.	0.	18,961.
Color	(4) PATRICK BALL	40.00									
X   214,592	DIR OF RESEARCH, HUMAN RIG						Х		209,536.	0.	26,284.
SENIOR DIRECTOR OF ACCOUNTING	(5) GAYLE BYRNE	40.00									
X	PROJECT DIRECTOR						Х		214,592.	0.	15,330.
The strict of	(6) RICHARD GUTIERREZ	40.00									
ROJECT DIRECTOR	SENIOR DIRECTOR OF ACCOUNTING						Х		195,031.	0.	32,511.
Resident & Ceo	(7) SU JIN JEZ	40.00									
RESIDENT & CEO	PROJECT DIRECTOR						Х		201,723.	0.	13,177.
SOURCE CAPACHIETTI (UNTIL 12/21   2.00   BOARD MEMBER	(8) ALICIA LARA (START 07/21)	40.00									
BOARD MEMBER	PRESIDENT & CEO				Х				155,623.	0.	8,430.
Color   Colo	(9) ANDREA CAPACHIETTI (UNTIL 12/21	2.00									
BOARD MEMBER	BOARD MEMBER		Х						0.	0.	0.
Column	(10) ANGE-MARIE HANCOCK ALFARO, PH.D	10.00									
BOARD MEMBER	BOARD MEMBER		Х						0.	0.	0.
Column	(11) ANI ZONNEVELD	2.00									
BOARD MEMBER			Х						0.	0.	0.
(13) CHARLES J. HAMILTON, III ESQ. 2.00	(12) BONNIE BOSWELL (UNTIL 08/21)	2.00									
BOARD MEMBER	BOARD MEMBER		Х						0.	0.	0.
(14) CHRISTOPHER P. KEARLEY       10.00       X       X       0.	(13) CHARLES J. HAMILTON, III ESQ.	2.00									
EXECUTIVE COMMITTEE - TREA	BOARD MEMBER		Х						0.	0.	0.
(15) HELEN B. KIM     5.00     X     X     0.     0.     0.       CHAIR     X     X     X     0.     0.     0.       (16) IRWIN J. JAEGER (UNTIL 10/21)     2.00     X     0.     0.     0.       BOARD MEMBER     X     0.     0.     0.     0.       (17) JAMES P. DE BREE, JR., CPA     2.00     X     0.     0.     0.       BOARD MEMBER     X     0.     0.     0.     0.	(14) CHRISTOPHER P. KEARLEY	10.00									
CHAIR	EXECUTIVE COMMITTEE - TREA		Х		Х				0.	0.	0.
(16) IRWIN J. JAEGER (UNTIL 10/21) 2.00  BOARD MEMBER X 0. 0. 0.  (17) JAMES P. DE BREE, JR., CPA 2.00  BOARD MEMBER X 0. 0. 0.	(15) HELEN B. KIM	5.00	1								
BOARD MEMBER       X       0.       0.       0.         (17) JAMES P. DE BREE, JR., CPA       2.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.			Х		Х				0.	0.	0.
(17) JAMES P. DE BREE, JR., CPA 2.00 X 0. 0. 0.		2.00									
BOARD MEMBER X 0. 0. 0.			Х						0.	0.	0.
	, ,	2.00	4								
	BOARD MEMBER		Х						0.	0.	0. Form <b>990</b> (2021)

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Form 990 (2021) COMMUNITY PAI	RTNERS								95-430206	Page <b>o</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hiç	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	a a a	recto	r/trus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		ee/	m pen		1099-NEC)	1000 NEO)	and related
	below	idual	ution	-	Key employee	st co oyee	e	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(18) KADAR LEWIS (START 08/21)	2.00									
BOARD MEMBER		Х						0.	0.	0.
(19) KIMBERLY FREEMAN (START 08/21)	2.00									
BOARD MEMBER		Х						0.	0.	0.
(20) LEISA WU (START 08/21)	2.00									
BOARD MEMBER		Х						0.	0.	0.
(21) LISA CLERI REALE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(22) OSCAR E. CRUZ	2.00									
BOARD MEMBER		Х						0.	0.	0.
(23) PERRY C. PARKS, III	5.00									
BOARD MEMBER		Х						0.	0.	0.
(24) RIGIO J. SABORIO	2.00									
BOARD MEMBER		Х						0.	0.	0.
(25) STEVEN J. COBB (UNTIL 12/21)	2.00									
BOARD MEMBER		Х						0.	0.	0.
(26) TRELLA WALKER (START 02/21)	2.00									
BOARD MEMBER		Х						0.	0.	0.
1b Subtotal								1,978,527.	0.	231,233.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								1,978,527.	0.	231,233.

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 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
RODRIGUEZ, HORII, CHOI, CAFFERATA LLP, 777		
S FIGUEROA ST SUITE 2150, LOS ANGELES, CA	LEGAL FEE	199,363.
MARTA A ALQUIJAY	CONSULTING AND OTHER	
655 N EL MOLINO AVE, PASADENA, CA 91101	PROFESSIONAL SERVIC	133,125.
PATRICIA E.POWERS, 4907 SECLUDED OAKS	CONSULTING AND OTHER	
LANE, CARMICHAEL, CA 95608	PROFESSIONAL SERVIC	124,640.
SPITFIRE STRATEGIES, LLC, 2300 N STREET NW	CONSULTING AND OTHER	
SUITE 610, WASHINGTON, DC 20037	PROFESSIONAL SERVIC	112,006.
LAURA HOGAN	CONSULTING AND OTHER	
231 27TH ST, SAN FRANCISCO, CA 94131	PROFESSIONAL SERVIC	108,790.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization ▶ 6	d above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

COMMUNITY PARTNERS 95-4302067 Form 990

	Institutional trustee	(C Posi	<b>;)</b> ition			Compensated Employe (D) Reportable compensation from the organization (W-2/1099-MISC)	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	Posi all t	tion hat	appl	y)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Individual trustee or director	lnstitutional trustee	Posi all t	tion hat	appl		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Individual trustee or director	lnstitutional trustee	all t	hat	appl		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Individual trustee or director	Institutional trustee	Officer				the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
			Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
			Key employee	Highest com pensated emplo	Former	(W-2/1099-MISC)		organization and related organizations
			Key employee	Highest compensated e	Former		0.	and related organizations
			Key employee	Highest compens	Former	0.	0.	organizations
			Key employe	Highest com	Former	0.	0.	
			Key em	Highest	Former	0.	0.	0
			KE	王	FC	0.	0,	0
X		X				0.	0.	0
X		x				0.	0.	0
							I	
			- 1					
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_					_			
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	Ш							
	Ш							
					_			
			_ '					
_								

95-4302067

Form 990 (2021) COMMUNITY 1
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							Turiction revenue	business revenue	sections 512 - 514
S S	1	a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b	68,877.				
يَ ق			Fundraising events	1c	152,779.				
ifts			Related organizations	1d	,				
nila n			Government grants (contributions)	1e	34,607,337.				
Sir			All other contributions, gifts, grants, and						
uti			similar amounts not included above	1f	44,171,542.				
QË		a	Noncash contributions included in lines 1a-1f	1g \$	147,171.				
Sol		_	Total. Add lines 1a-1f		,	79,000,535.			
<u> </u>		<u></u>	Total / Ida iii loo Ta T		Business Code	, ,			
o l	2	а	CONTRACTS		900099	3,331,431.	3,331,431.		
Š	_		PROGRAM SERVICES		900099	1,920,608.	1,920,608.		
Ser			PROGRAM TUITION/MERCH.		900099	57,061.	57,061.		
ım (		d				, -	, -		
gra Re		e							
Program Service Revenue			All other program service revenue						
			Total. Add lines 2a-2f			5,309,100.			
	3	9	Investment income (including divider			7 7			
	Ū		other similar amounts)			314,338.			314,338.
	4		Income from investment of tax-exem						
	5		Royalties	-		95.			95.
	Ū			) Real	(ii) Personal				
	6	2	Gross rents 6a	,	( )				
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			• 1	ecurities	(ii) Other				
	•	_		74,774.					
		h	Less: cost or other basis	,					
<u>o</u>		~	and sales expenses <b>7b</b> 10,4	138,017.	32,563.				
her Revenue		c	Gain or (loss) 7c 1	.36,757.	-32,563.				
3ev			Net gain or (loss)			104,194.			104,194.
er			Gross income from fundraising events (r			,			,
G E	·	_	including \$ 152,779.						
			contributions reported on line 1c). So						
			Part IV, line 18		235,573.				
		b	Less: direct expenses		235,573.				
			Net income or (loss) from fundraising			0.			
			Gross income from gaming activities						
			Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gaming ac						
			Gross sales of inventory, less returns						
			and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sales of inv						
			· ·	,	Business Code				
Miscellaneous Revenue	11	а							
ane Duc		b							
eve		С							
Aisc B		d	All other revenue						
_		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions			84,728,262.	5,309,100.	0.	418,627.

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Form 990 (2021) COMMUNITY PARTNERS

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete

OCCI	ion 501(c)(3) and 501(c)(4) organizations must comp	<u>lete all columns. All othe</u>	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in t			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21	7,080,971.	7,080,971.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	806,450.	806,450.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,396,357.	463,796.	932,561.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	20 101 111	22 424 424	5 664 205	2 704 602
7	Other salaries and wages	32,484,114.	23,121,184.	5,661,307.	3,701,623.
8	Pension plan accruals and contributions (include	065 570	600 574	160 465	110 540
_	section 401(k) and 403(b) employer contributions)	965,579.	692,574. 2,146,567.	162,465. 554,853.	110,540.
9	Other employee benefits	3,042,260.		<del></del>	340,840.
10	Payroll taxes	2,607,522.	1,818,542.	503,165.	285,815.
11	Fees for services (nonemployees):				
a	Management	47,402.	41,334.	5,965.	103.
b	Legal	168,466.	146,902.	21,199.	365.
C	Accounting	100,400.	140,502.	21,177.	303.
a	Lobbying  Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	27,977,014.	24,395,911.	3,520,518.	60,585.
12	Advertising and promotion	121,520.	108,738.	12,782.	
13	Office expenses	1,739,296.	1,132,281.	607,015.	
14	Information technology	583,973.	509,223.	73,485.	1,265.
15	Royalties	,	,	,	,
16	Occupancy	1,559,250.	1,305,200.	254,050.	
17	Travel	316,880.	280,800.	36,080.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,152,562.	1,021,333.	131,229.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	133,014.	119,023.	13,991.	
23	Insurance	184,006.	119,788.	64,218.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	FUNDS DISBURSED TO SEPA	1,639,573.	1,467,111.	172,462.	
b	PROGRAM SUPPLIES	1,009,494.	903,308.	106,186.	
С	HONORARIA	905,383.	649,382.	254,200.	1,801.
d	POSTAGE & PRINTING	214,439.	139,600.	74,839.	
е	All other expenses	864,974.	688,790.	175,030.	1,154.
25	Total functional expenses. Add lines 1 through 24e	87,000,499.	69,158,808.	13,337,600.	4,504,091.
26	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2021)

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Form 990 (2021)
Part X | Balance Sheet

. a.	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			16,550,894.	1	14,241,344
	2	Savings and temporary cash investments			985,839.	2	20,250
	3	Pledges and grants receivable, net			22,891,260.	3	19,958,901
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ns		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	ion 4958(c)(3)(B)		6	
g	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			993,783.	9	393,68
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	990,650.			
	b	Less: accumulated depreciation	10b	765,543.	318,136.	10c	225,10
	11	Investments - publicly traded securities			14,596,212.	11	15,246,37
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			2,250,761.	15	1,961,11
	16	Total assets. Add lines 1 through 15 (must ed	58,586,885.	16	52,046,77		
	17	Accounts payable and accrued expenses	9,017,215.	17	6,645,04		
	18	Grants payable	604,625.	18	(		
	19	Deferred revenue			234,918.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
<u> </u>		controlled entity or family member of any of the	•	······		22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	-	· .		0.5	
	06	of Schedule D  Total liabilities. Add lines 17 through 25			9,856,758.	25 26	6,645,049
	26	Organizations that follow FASB ASC 958, c	heck her	X	3,030,730.	20	0,043,04
န္		and complete lines 27, 28, 32, and 33.	HECK HEI				
ğ	27	Net assets without donor restrictions			9,532,111.	27	4,132,004
<u>ga</u>	28	Net assets with donor restrictions			39,198,016.	28	41,269,723
힐	20	Organizations that do not follow FASB ASC				20	
ᇤ		and complete lines 29 through 33.	300, 0110	ok nere			
ō	29	Capital stock or trust principal, or current fund	łe			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			48,730,127.	32	45,401,725
Z	33	Total liabilities and net assets/fund balances			58,586,885.	33	52,046,774

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	rt XI Reconciliation of Net Assets			ıα	<del>,</del>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,728,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	87	,000,	499.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	,272,	237.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	48	,730,	127.
5	Net unrealized gains (losses) on investments	5	-1	,056,	165.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	45	,401,	725.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-			
	Act and OMB Circular A-133?		3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	990	(2021)

132012 12-09-21

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** 

COMMUNITY PARTNERS 95-4302067 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

Schedule A (Form 990) 2021 COMMUNITY PARTNERS 95-4302067 Page 2

### 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.)

Sec	ction A. Public Support			,			
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) = 3 · ·	(12) 20 10	(0) =0 10	(4) = 5 = 5	(0) = 0 = 1	(1) 1014.
_	membership fees received. (Do not						
	include any "unusual grants.")	44,520,201.	52,402,102.	65,343,542.	82,322,658.	79,000,535.	323,589,038.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	44,520,201.	52,402,102.	65,343,542.	82,322,658.	79,000,535.	323,589,038.
	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)						11,544,474.
6	Public support. Subtract line 5 from line 4.						312,044,564.
	ction B. Total Support						, ,
_	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	44,520,201.	52,402,102.	65,343,542.	82,322,658.	79,000,535.	323,589,038.
	Gross income from interest,	, ,	, ,	, ,		, ,	
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	374,213.	419,136.	512,839.	435,073.	314,433.	2,055,694.
0	Net income from unrelated business	0,1,220.	125,100.	012,005.	200,070.	011,100.	2,000,001.
9	activities, whether or not the						
	· ·						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						325,644,732.
	<b>Total support.</b> Add lines 7 through 10					12	20,654,459.
12	'	•	,				20,034,433.
13	First 5 years. If the Form 990 is for the	-					▶□
Sec	organization, check this box and storetion C. Computation of Publi		centage				
	Public support percentage for 2021 (li			aluma (f)		14	95.82 %
						15	
	Public support percentage from 2020						- 70
108	33 1/3% support test - 2021. If the containing and life is						
L-	stop here. The organization qualifies						
D	33 1/3% support test - 2020. If the c	-					
47.	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the facts			-		_	
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		. —
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	ı, 16b, 17a, or 17b	, check this box ar	nd see instructions	

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year  c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) 6 Ection B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	(4) 2017	(3) 2010	(6) 2010	(4) 2020	(0) 2021	(i) rotal
IOa 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						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
check this box and stop here						
ection C. Computation of Public	Support Per	centage				
5 Public support percentage for 2021 (lin	e 8, column (f), d	livided by line 13, o	column (f))		15	
6 Public support percentage from 2020 S					16	
ection D. Computation of Invest	ment Income	e Percentage				
17 Investment income percentage for 202	1 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	
18 Investment income percentage from 20	)20 Schedule A,	Part III, line 17			18	
<b>19a 33 1/3% support tests - 2021.</b> If the c	rganization did r	not check the box	on line 14, and line	15 is more than 3	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and	stop here. The	organization quali	fies as a publicly s	upported organiza	ation	▶□
<b>b 33 1/3% support tests - 2020.</b> If the o						ind _
line 18 is not more than 33 1/3%, check	this box and st	t <b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	▶□
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	structions	▶□

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Schedule A (Form 990) 2021

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### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
- Gu		
3b		
3с		
4a		
70		
4b		
4c		
40		
5a		
5b		
5c		
6		
7		
8		<u> </u>
9a		
Ja		
-		
9b		
9с		
10a		
iva		
10b		

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	4.4		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
202	detail in Part VI. tion B. Type I Supporting Organizations	11c		
360	tion B. Type I Supporting Organizations		· ·	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion 6. Type it oupporting organizations		· ·	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
	tion D. All Type in Supporting Significations		Vaa	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
'	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		l

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<u>Schedule A (Form 990) 2021</u> COMMUNITY PARTNERS 95-4302067 Page **6** 

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instruction								
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
_3	Other gross income (see instructions)	3						
_4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional		ted Type III supporting orga	nization (see				
	instructions).							

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpose	5	3				
4	Amounts paid to acquire exempt-use assets		4	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	Ę	5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.		7	7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.		8	8			
9	Distributable amount for 2021 from Section C, line 6		9	9			
10	Line 8 amount divided by line 9 amount		10	0			
		(i)	(ii)		(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021		Distributable Amount for 2021		
_1_	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
a	From 2016						
b	From 2017						
c	From 2018						
d	From 2019			_			
e	From 2020			_			
f	Total of lines 3a through 3e			_			
g	Applied to underdistributions of prior years			_			
<u>h</u>	Applied to 2021 distributable amount						
<u>i</u>	Carryover from 2016 not applied (see instructions)			_			
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			_			
4	Distributions for 2021 from Section D,						
	line 7: \$			4			
<u>a</u>	Applied to underdistributions of prior years			_			
<u>b</u>	Applied to 2021 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.			4			
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.			_			
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.			_			
_8_	Breakdown of line 7:			-			
	Excess from 2017			_			
	Excess from 2018			-			
	Excess from 2019			+			
d	Excess from 2020			-			
	Excess from 2021						

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

# **SCHEDULE C**

(Form 990)

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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.

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

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

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

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

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

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

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.		T_	
Nan	ne of organization			Empl	oyer identification number
D	COMMUNITY I			:	95-4302067
1 2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	al campaign activities ir	n Part IV.	
		anization is exempt und			
	Enter the amount of any excise tax			-	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	<b>▶</b> \$	
	If the organization incurred a section				
	Was a correction made?				
k	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(c	)(3).
1	Enter the amount directly expended	by the filing organization for sec	ction 527 exempt functi	ion activities > \$	
2	Enter the amount of the filing organ	ization's funds contributed to otl	her organizations for se	ction 527	
	exempt function activities			▶\$	
3	Total exempt function expenditures		•		
	line 17b				
	Did the filing organization file Form				
5	Enter the names, addresses and em			•	
	made payments. For each organization contributions received that were pro-	·			•
	political action committee (PAC). If			· · · · · · · · · · · · · · · · · · ·	e segregated fulld of a
	(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) 2021

LHA

132041 11-03-21

Schedule C (Form 990) 2021	COMMUNITY PARTNER	35		95-4	1302067 Page <b>2</b>
Part II-A Complete if the organization 501(h)).			501(c)(3) and file		
expenses, and share	e of excess lobbying e	iated group (and list in expenditures).		group member's nam	ie, address, EIN,
	s on Lobbying Expen litures" means amou	nditures nts paid or incurred.)		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (g	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ	ence a legislative bod	y (direct lobbying)			
c Total lobbying expenditures (add lin	nes 1a and 1b)				
d Other exempt purpose expenditure					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Ente					
If the amount on line 1e, column (a) or		bying nontaxable amo	ount is:		
Not over \$500,000	<u> </u>	the amount on line 1e.			
Over \$500,000 but not over \$1,000	<i>'</i>	0 plus 15% of the exce			
Over \$1,000,000 but not over \$1,50		0 plus 10% of the exce			
Over \$1,500,000 but not over \$17,0		0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (ent					
h Subtract line 1g from line 1a. If zero					<del> </del>
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zer		,			Yes No
reporting section 4911 tax for this y  (Some organizations the	4-Year Ave	raging Period Under 01(h) election do not h	Section 501(h)		
	See the separa	ate instructions for lin	es 2a through 2f.)		
	Lobbying Expen	nditures During 4-Yea	r Averaging Period		
Calondar year					

	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	( <b>d)</b> 2021	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

Page 3

# 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)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b)	)
f the lobbying activity.	Yes	No	Amo	unt
1 During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		Х		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
c Media advertisements?	Х			529
d Mailings to members, legislators, or the public?	Х			5,860
e Publications, or published or broadcast statements?	Х			13,129
f Grants to other organizations for lobbying purposes?		Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			69,929
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i Other activities?		Х		
j Total. Add lines 1c through 1i				89,447
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	= = = = = = = = = = = = = = = = = = =	<u> </u>	tion	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	on ou i (c)(a	o), or sec	ction	
501(c)(6).			Vaa	N.
			Yes	No
, , , , , , , , , , , , , , , , , , , ,				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from t</li> </ul>	he prior year	<b>2</b>	etion	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political campaign activity expenditures from to part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	he prior year on 501(c)(	2 ? 3 5), or sec		3 is
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from t</li> </ul>	he prior year on 501(c)(	2 ? 3 5), or sec		3, is
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Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year?  Taxable amount of lobbying and political expenditures. See instructions  Part IV Supplemental Information  Trovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground)	he prior year on 501(c)(s "No" OR ical	2 7 3 5), or sec (b) Part	III-A, line	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures. See instructions  Part IV Supplemental Information  Trovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groundstructions); and Part II-B, line 1. Also, complete this part for any additional information.  ART II-B, LINE 1, LOBBYING ACTIVITIES:	he prior year on 501(c)(s "No" OR ical	2 7 3 5), or sec (b) Part	III-A, line	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year?  Taxable amount of lobbying and political expenditures. See instructions  Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grountstructions); and Part II-B, line 1. Also, complete this part for any additional information.	he prior year on 501(c)(s "No" OR ical	2 7 3 5), or sec (b) Part	III-A, line	3, is
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Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures. See instructions  Part IV Supplemental Information  Trovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groundstructions); and Part II-B, line 1. Also, complete this part for any additional information.  ART II-B, LINE 1, LOBBYING ACTIVITIES:	he prior year on 501(c)(s "No" OR ical	2 7 3 5), or sec (b) Part	III-A, line	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the extension does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures. See instructions  Part IV Supplemental Information  Trovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground instructions); and Part II-B, line 1. Also, complete this part for any additional information.  ART II-B, LINE 1, LOBBYING ACTIVITIES:  CA STATE LOBBYING: AB 1041, AB 1358, AB 702, AB 1038, AB 469, SB 737,  B 1456, VISION ACT, AB 705 AB 585, SB 679, AB 43, AB 1238, AB 2549, AB	he prior year on 501(c)(s "No" OR ical	2 7 3 5), or sec (b) Part	III-A, line	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from to the organization agree to carry over lobbying and political campaign activity expenditures from the total till-B.  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the extended the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures. See instructions  Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groundstructions); and Part II-B, line 1. Also, complete this part for any additional information.  Carrate Lobbying: Ab 1041, Ab 1358, Ab 702, Ab 1038, Ab 469, Sb 737,	he prior year on 501(c)(s "No" OR ical	2 7 3 5), or sec (b) Part	III-A, line	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the extension does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures. See instructions  Part IV Supplemental Information  Trovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground instructions); and Part II-B, line 1. Also, complete this part for any additional information.  ART II-B, LINE 1, LOBBYING ACTIVITIES:  CA STATE LOBBYING: AB 1041, AB 1358, AB 702, AB 1038, AB 469, SB 737,  B 1456, VISION ACT, AB 705 AB 585, SB 679, AB 43, AB 1238, AB 2549, AB	he prior year on 501(c)(s "No" OR ical	2 7 3 5), or sec (b) Part	III-A, line	3, is

Schedule C (Form 990) 2021

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

COMMUNITY PARTNERS

**Employer identification number**  $95\!-\!4302067$ 

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds o	or Accounts. Complete if the
	organization answered Tee entreminese, it drive, inte	(a) Donor adv	ised funds	(b) Funds and other accounts
1	Total number at end of year		1	
2	Aggregate value of contributions to (during year)		0.	
3	Aggregate value of grants from (during year)		0.	
4	Aggregate value at end of year		63,742.	
5	Did the organization inform all donors and donor advisors in wr		held in donor advised	d funds
	are the organization's property, subject to the organization's ex	-		
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or o			
	impermissible private benefit?		*	
Pai				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreation			a historically important land area
	Protection of natural habitat	, [		a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation cont	ribution in the form of	a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
c	Number of conservation easements on a certified historic struc			****
	Number of conservation easements included in (c) acquired aft			
-	listed in the National Register	·		1 1
3	Number of conservation easements modified, transferred, relea			
Ū	year	acca, changaidhea, t	or torrimated by the e	riganization daring the tax
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the perio		ection handling of	
_	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha			
•	<b>&gt;</b>		<b>9</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and	enforcing conservation	on easements during the year
-	<b>\$</b>	ng or monanone, and	omerenig concertant	on succession during and year.
8	Does each conservation easement reported on line 2(d) above	satisfy the requirem	ents of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		,	
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footno		•	
	organization's accounting for conservation easements.	<b>9-</b>		
Pai	rt III Organizations Maintaining Collections of A	Art, Historical T	reasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its r	evenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for public	·		
	service, provide in Part XIII the text of the footnote to its finance			•
b	If the organization elected, as permitted under FASB ASC 958,			
	art, historical treasures, or other similar assets held for public e			
	provide the following amounts relating to these items:	······································	,	,
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
2	If the organization received or held works of art, historical treas			
_	the following amounts required to be reported under FASB ASI			y, <sub>I</sub>
а	Revenue included on Form 990, Part VIII, line 1	-		<b>&gt;</b> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions f			Schedule D (Form 990) 2021

Pai	rt III Organizations Maintaining Co	llections of Ar	t, Histo	rical Tre	asures, or	Other	Simila	Assets	(continu	ıed)	
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the f	following that	make sig	nificant ι	ise of its		-	
	collection items (check all that apply):										
а	Public exhibition	c	I 🔲 L	oan or exc	hange program	m					
b	Scholarly research	e	. 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's coll	ections and explair	n how the	y further th	ne organizatior	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, hist	torical treas	sures, or other	similar a	assets				
	to be sold to raise funds rather than to be main	ntained as part of t	he organi	zation's co	llection?				Yes		No
Pai	rt IV Escrow and Custodial Arrang	ements. Comple	ete if the	organizatio	n answered "	es" on l	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodial	n or other intermed	iary for co	ontributions	s or other asse	ets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII ar										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on For						y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII. C										
Pai	rt V Endowment Funds. Complete if	the organization an	swered "	Yes" on Fo	rm 990, Part I	V, line 10	0.				
		(a) Current year	<b>(b)</b> Pr	ior year	(c) Two years	back (	<b>d)</b> Three y	ears back	(e) Four	years ba	ack
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1g,	column (a)	)) held as:						
а	Board designated or quasi-endowment		%		-						
	Permanent endowment		_								
	Term endowment > %										
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.									
За	Are there endowment funds not in the possess	sion of the organiza	ation that	are held ar	nd administere	d for the	organiza	ation			
	by:								[	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the o	organization's endo									
Pai	rt VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	"Yes" on Form 990	), Part IV,	line 11a. S	See Form 990,	Part X, Ii	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	( <b>c</b> ) Ac	cumulate	ed	(d) Book	value	
		basis (investr		basis	(other)	dep	reciation	L			
1a	Land										
	Buildings										
	Leasehold improvements				45,513.		29,	347.		16,1	66.
	Equipment				945,137.		736,	196.	:	208,9	41.
	Other										_
	I Add lines to through to (O. ) (1)		., ,	(D) // ·	- 1				-	225 1	0.7

Schedule D (Form 990) 2021

95-4302067	Page
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(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end-c	f-vear market value
	(b) Book value	(c) Welfied of Valuation. Cost of Chart	year market value
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	5 000 D 1 11 11		
Complete if the organization answered "Yes" (		11d. See Form 990, Part X, line 15.	4110
· · · · · · · · · · · · · · · · · · ·	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)	45)		
(4) (5) (6) (7) (8) (9)  ttal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>▶</b>	
(4) (5) (6) (7) (8) (9) wtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(4) (5) (6) (7) (8) (9) Potal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of			(b) Book value
(4) (5) (6) (7) (8) (9) Intal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			(b) Book value
(4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the properties of the organization of liability (1) Federal income taxes			(b) Book value
(4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)			(b) Book value
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line eart X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)			(b) Book value
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)			(b) Book value
(4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			(b) Book value
(4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value
(4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			(b) Book value
(4) (5) (6) (7) (8) (9)  Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			(b) Book value
(4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value

132053 10-28-21

Sche	dule D (Form 990) 2021 COMMUNITY PARTNERS			95-430206	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statem	nents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 13	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	84,048,610.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,056,165.		
b	Donated services and use of facilities		140,940.	1	
С	Recoveries of prior year grants			1	
d	Other (Describe in Part XIII.)	1	235,573.	1	
е	Add lines 2a through 2d			2e	-679,652.
3	Subtract line <b>2e</b> from line <b>1</b>			$\overline{}$	84,728,262.
4	Amounts included on Form 990. Part VIII. line 12. but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			1	
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				84,728,262.
	rt XII   Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1				1	87,377,012.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities	2a	140,940.		
a			210,510.	1	
b	Prior year adjustments			-	
C	Other losses		235,573.	-	
d	Other (Describe in Part XIII.)				376 513
	Add lines 2a through 2d			2e	376,513.
3	Subtract line 2e from line 1			3	87,000,499.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	87,000,499.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			; Part X, line 2;	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional inform	ation.		
PART	'X, LINE 2:				
THE	ORGANIZATION IS ORGANIZED AS A NOT-FOR-PROFIT ORGANIZATION H	EXEMPT FROM			
INCC	ME TAXES UNDER THE INTERNAL REVENUE CODE 501(C)(3), AND FROM	1 FRANCHISE			
TAXE	S UNDER 23710(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE	E, EXCEPT			
WITH	RESPECT TO ANY UNRELATED BUSINESS INCOME. MANAGEMENT HAS AN	NALYZED THE			
TAX	POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT	, AS OF			
JUNE	30, 2022 AND 2021, THERE ARE NO UNCERTAIN POSITIONS TAKEN O	OR EXPECTED			
TO E	BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DIS	SCLOSURE IN			
THE	FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE	E AUDITS BY			
TAXI	NG JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR	R ANY TAX			
	. ,				
PERI	ODS IN PROGRESS.				
	<u> </u>				

Schedule D (Form 990) 2021 COMMUNITY PARTNERS		95-4302067	Page <b>5</b>
Schedule D (Form 990) 2021 COMMUNITY PARTNERS  Part XIII Supplemental Information (continued)			
DADE WILLIAM OD ORUDD AD THORMOWER			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
SPECIAL EVENT EXPENSES	235,573.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
SPECIAL EVENT EXPENSES	235,573.		

#### SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

2021

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Name of the organization **Employer identification number** COMMUNITY PARTNERS 95-4302067 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EUROPE PROGRAM SERVICES CONSULTING 55,247. CENTRAL AMERICA AND THE CARIBBEAN PROGRAM SERVICES CONSULTING 4 48,725. PROGRAM SERVICES CONSULTING AFRICA 1 200. NORTH AMERICA PROGRAM SERVICES CONSULTING 4 18,900. CONSULTING ASIA 3 PROGRAM SERVICES 2,480. 0 14 125,552. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I .....

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

Schedule F (Form 990) 2021

and 3b)

14

Totals (add lines 3a

125,552.

Page 2

Schedule F (Form 990) 2021 COMMUNITY PARTNERS

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

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2021
(h) Description of noncash assistance						Schedi
(g) Amount of noncash assistance					ax	<b>A</b>
(f) Manner of cash disbursement					ecognized as a tax ivalency letter	- 1
(e) Amount of cash grant					oreign country, rion 501(c)(3) equ	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region					s listed above that are re r for which the grantee o	entities
(b) IRS code section and EIN (if applicable)					recipient organization nization by the IRS, or	other organizations or
1 (a) Name of organization					2 Enter total number of exempt 501(c)(3) orga	3 Enter total number of other organizations or entities

132072 12-20-21

Page 3

Schedule F (Form 990) 2021 COMMUNITY PARTNERS

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2021
(g) Description of noncash assistance					Schedu
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
ditional space is needed					
(a) Type of grant or assistance (b) Region					

Sched	ule F (Form 990) 2021 COMMUNITY PARTNERS	95-4302067	Page 4
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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X 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	X 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	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2021

Yes X No

Page 4

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
GRANTEE CERTIFIES THAT THEY DO NOT DEAL WITH ANYONE SUBJECT TO SANCTIONS
FROM THE OFFICE OF FOREIGN ASSETS CONTROL (OFAC) OF THE US DEPARTMENT OF
THE TREASURY, ANYONE KNOWN TO SUPPORT TERRORISM, OR ANYONE TO HAVE
VIOLATED OFAC SANCTIONS. SIMILAR TO DOMESTIC GRANTEES, FOREIGN GRANTEES
ARE MONITORED THROUGH REVIEW OF FINANCIAL AND PROGRAM REPORTS, ROUTINE
INTERACTION WITH AND OVERSIGHT OF PROJECT STAFF ACTIVITY AND SITE VISITS
AS NEEDED.

#### **SCHEDULE G** (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

**Employer identification number** 

COMMUNITY PARTNERS					95-430206	7
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.						
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a X Mail solicitations  b X Internet and email solicitations  c Phone solicitations  g X Special fundraising events  d In-person solicitations  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?  X Yes  No  b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	Did aiser ustody itrol of utions?	(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
PHILANTHROPROSE - 4632 141ST		Yes	No			
COURT SE, BELLEVUE, WA 98006	GRANTWRITING		Х	1,345,970.	12,885.	1,333,085.
VELOCITYINK - 9157 CAMINO REAL, SAN GABRIEL, CA 91755	GRANTWRITING		х	1,242,039.	41,250.	1,200,789.
STEPHANIE SEALE - 313 EVERETT AVENUE, PALO ALTO, CA 94301	GRANTWRITING		х	1,205,784.	7,538.	1,198,246.
IGETAJULEP INC - 2137 CHADBOURNE AVE, MADISON, WI	GRANTWRITING		Х	878,138.	9,125.	869,013.
LERNER SOLUTIONS INC - 17926	CD A NIMIND THE THIC		х	606 725	25 500	661 225
MARTHA ST., ENCINO, CA 91316  JENNIFER WISHNER - PO BOX	GRANTWRITING			686,725.	25,500.	661,225.
176, SEAL BEACH, WA 90740	GRANTWRITING		x	645,082.	20,750.	624,332.
ADAM SOMERS - PO BOX 187,				015,002.	20,750.	021,002.
SANTA PAULA, CA 93061	GRANTWRITING		x	528,000.	7,656.	520,344.
LILIAN CONOVER - 3848 LOS				, -	, -	, -
FELIZ BLVD #23, LOS ANGELES,	GRANTWRITING		x	194,109.	20,000.	174,109.
JANE DION - 634 14TH ST.,				,	,	,
MANHATTAN BEACH, CA 90266	GRANTWRITING		х	191,000.	15,350.	175,650.
PROMISE ENTERPRISES LLC -				,	•	·
1212 LAWRENCE STREET, EL	GRANTWRITING		х	130,423.	10,000.	120,423.
Total			<b>•</b>	7,047,270.	170,054.	6,877,216.
Total						
CA						

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021

132081 10-21-21

COMMUNITY PARTNERS Schedule G (Form 990) 2021 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events MATERNITY MENTAL (add col. (a) through HEALTH NOW MOVE LA col. (c)) (event type) (event type) (total number) 55,060 50,000. 283,292 388,352. Gross receipts 2 Less: Contributions 152,779. -14,41136,044. 131,146 Gross income (line 1 minus line 2) 69,471 13,956. 152,146 235,573. 4 Cash prizes 18,147. 5 Noncash prizes 18,525. Direct Expenses Rent/facility costs 3,347. 18,564. 53,827. 28,512. 84,585. 2,246. Food and beverages Entertainment 495 12,011 12,506. 8 14,770. 8,363. 78,260 101,393. Other direct expenses 235,573. 10 Direct expense summary. Add lines 4 through 9 in column (d) 0. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (I. ) Dull taba/instant

Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Rev	1	Gross revenue				
es	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	s 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
а	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming action," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
	_					

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021 COMMUNITY PARTNERS	95-43	02067	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	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 Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
á	The organization's facility	[	13a	%
	An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	t		
	of gaming revenue retained by the third party > \$			
	or If "Yes," enter name and address of the third party:			
	, and the state of the same party.			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	L No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	e		
D-	organization's own exempt activities during the tax year > \$			
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); an 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	d Part	III, lines 9	, 9b, 10b,
_	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
( T )	NAME OF FUNDRAISER: PHILANTHROPROSE			
(I)	ADDRESS OF FUNDRAISER: 4632 141ST COURT SE, BELLEVUE, WA 98006			
:				
(I)	NAME OF FUNDRAISER: VELOCITYINK			
<u>(I)</u>	ADDRESS OF FUNDRAISER: 9157 CAMINO REAL, SAN GABRIEL, CA 91755			
			_	
	NAME OF FUNDRAISER: STEPHANIE SEALE		0.7	000) 000
1320	83 10-21-21 S	chedul	le G (Fori	n 990) 2021

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2021
Open to Public Inspection

Employer identification number

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

135. å SEAUTIFICATION, COMMUNITY ENGAGEMENT ACTIVITIES FOR EARLY CHILDHOOD EDUCATION EARLY CHILDHOOD EDUCATION EARLY CHILDHOOD EDUCATION Schedule I (Form 990) 2021 DEVELOPMENT, CULTURE AND RESILIENCY AND PROPOSED RESILIENCY AND PROPOSED VULNERABLE POPULATIONS COORDINATED SYSTEMS OF VULNERABLE POPULATIONS COORDINATED SYSTEMS OF COORDINATED SYSTEMS OF (h) Purpose of grant INCREASE THE CLIMATE FOCUSING ON CREATING FOCUSING ON CREATING 95-4302067 INCREASE THE CLIMATE OCUSING ON CREATING or assistance NFRASTRUCTURE OF INFRASTRUCTURE OF ARTS, AND CIVIC X Yes NTEGRATED AND INTEGRATED AND INTEGRATED AND Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0. CASH GRANT CASH GRANT CASH GRANT 0. CASH GRANT 0. CASH GRANT 0. CASH GRANT 0 Ö (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 573,624. 452,600. 290,500. 250,000. 397,496, 275,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) 501(C)(3) 501(C)(3) 95-4835230 501(C)(3) 82-0576380 501(C)(3) 94-3059243 501(C)(3) Enter total number of other organizations listed in the line 1 table 95-3603084 95-4770745 95-4002138 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? COMMUNITY PARTNERS 1 (a) Name and address of organization PALOS VERDES ESTATES FOUNDATION SUITE 302 LOS ANGELES CONSERVATION CORPS SUITE 500 or government CA 90274 CA 90015 , CA 90026 CA 90017 12510 VAN NUYS BLVD. 1910 W. SUNSET BLVD. ADVANCEMENT PROJECT CA 91331 OAKLAND , CA 94612 PACOIMA BEAUTIFUL 1404 FRANKLIN ST. 350 S BIXEL ST PALOS VERDES PO BOX 15868 CHILDREN NOW LOS ANGELES LOS ANGELES LOS ANGELES PO BOX 955 UNITE LA Part I PACOIMA Part II 0

132101 10-26-21

Page 1

Schedule I (Form 990) COMMUNITY PARTNERS

| Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(a) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GRID ALTERNATIVES GREATER LOS ANGELES INC - 1338 S. FLOWER STREET - LOS ANGELES, CA 90015	46-1652604	501(C)(3)	240,457.	0	CASH GRANT		INCREASE THE CLIMATE RESILIENCY AND PROPOSED INFRASTRUCTURE OF VULNERABLE POPULATIONS
NEW VENTURE FUND 1201 CONNECTICUT AVE SUITE 300 WASHINGTON , DC 20036	20-5806345	501(C)(3)	202,000.	0.	CASH GRANT		EARLY CHILDHOOD EDUCATION FOCUSING ON CREATING INTEGRATED AND COORDINATED SYSTEMS OF
THE ALLIANCE FOR SOUTHERN CALIFORNIA INNOVATION - 803 S OAKLAND AVE - PASADENA, CA 91106	95-4302067 501(C)(3)	501(C)(3)	195,210.	•0	CASH GRANT		PROMOTE DIVERSITY IN TECHNOLOGY START-UPS
CALIFORNIA CHILD CARE RESOURCE & REFERRAL NETWORK - 1182 MARKET ST. STE 300 - SAN FRANCISCO, CA 94102	94-2718807	501(C)(3)	193,938.	.0	CASH GRANT		EARLY CHILDHOOD EDUCATION FOCUSING ON CREATING INTEGRATED AND COORDINATED SYSTEMS OF
THE TRUST FOR PUBLIC LAND 101 MONTGOMERY ST STE 900 SAN FRANCISCO , CA 94104	23-7222333	501(C)(3)	177,462.	.0	CASH GRANT		INCREASE THE CLIMATE RESILIENCY AND PROPOSED INFRASTRUCTURE OF VULNERABLE POPULATIONS
CHILD CARE RESOURCE CENTER INC 20001 PRAIRIE ST CHATSWORTH, CA 91311	34-1601127	501(C)(3)	175,000.	.0	CASH GRANT		EARLY CHILDHOOD EDUCATION FOCUSING ON CREATING INTEGRATED AND COORDINATED SYSTEMS OF
CHILD 360 515 SOUTH FIGUEROA ST 90071 LOS ANGELES, CA 90071	22-3902958	501(C)(3)	150,000.	0.	CASH GRANT		EARLY CHILDHOOD EDUCATION FOCUSING ON CREATING INTEGRATED AND COORDINATED SYSTEMS OF
VIOLINS OF HOPE SUSANNE REYTO 10724 WILSHIRE BL #5 LOS ANGELES, CA 90024	81-3775463	501(C)(3)	139,387.	0.	CASH GRANT		EDUCATE STUDENTS ABOUT HOLOCAUST THROUGH MUSIC AND CULTURE
HOPE IS RISING LAKE COUNTY INC 371 LAKEPORT BLVD PMB 294 LAKEPORT, CA 95453	84-2638355 501(C)(3)	501(C)(3)	100,000.	0.	CASH GRANT		PROVIDE SUPPORT FOR THE IMPLEMENTATION OF A MODEL SYSTEM THAT LINKS HEALTH CARE SYSTEMS, PROVIDEDERS

Fairii Continuation of diants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule 1) our 1990), Fairii.	Assistance to Doi	Hestic Of garinzations	מוומ החווה מיום	Vermiento (22:15)	dale 1 (1 01111 000), 1 a	. III.)	
(a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of grant or assistance
							EARLY CHILDHOOD EDUCATION
CHILD CARE ALLIANCE OF LOS ANGELES							FOCUSING ON CREATING
815 COLORADO BLVD, SUITE C							INTEGRATED AND
LOS ANGELES, CA 90041	95-4302067 501(C)(3)	501(C)(3)	100,000.	0.	CASH GRANT		COORDINATED SYSTEMS OF
							EARLY CHILDHOOD EDUCATION
THE EDUCATION TRUST WEST							FOCUSING ON CREATING
1501 K STREET NW SUITE 200							INTEGRATED AND
WASHINGTON , DC 20005	52-1982223	501(C)(3)	100,000.	0.	CASH GRANT		COORDINATED SYSTEMS OF
							INTERACTIVE, EDUCATIONAL
THE NATIONAL THEATRE FOR CHILDREN,							THEATRE PROGRAMMING TO
INC 6305 SANDBURG RD #100 -							PROVIDE ENRICHMENT
MINNEAPOLIS, MN 55427	41-1381625	501(C)(3)	.666,86	0.	CASH GRANT		EDUCATION ON SOCIETAL
							EARLY CHILDHOOD EDUCATION
EVERYCHILD CALIFORNIA							FOCUSING ON CREATING
1107 2ND ST #320							INTEGRATED AND
SACRAMENTO, CA 95814	93-1187319	501(C)(3)	92,600.	0.	CASH GRANT		COORDINATED SYSTEMS OF
MY529							GRANT INCENTIVIZES
ATTN: BOARD OF REGENTS GATEWAY 2							FAMILIES WITH CHILDREN TO
60 400 WEST - WEST SALT LAKE							OPEN AND MAINTAIN COLLEGE
CITY, UT 841	87-0680188	501(C)(3)	92,500.	0.	CASH GRANT		SAVINGS ACCOUNT.
							LAUSD PARTNER MATCHING
MOUNTAIN AND SEA EDUCATIONAL							FUND PROGRAM WHICH
ADVENTURES - PO BOX 950 - SAN							AUGMENTS STEM PROGRAMING
PEDRO, CA 90733	33-0943043	501(C)(3)	79,360.	0.0	CASH GRANT		RELATED TO MARINE
PEEKADOODLE KIDSCLUB, INC.							
4228 GEARY BLVD.							SUPPORT STUDENTS AN LOCAL
SAN FRANCISCO, CA 94118	42-1745676	501(C)(3)	77,178.	0	CASH GRANT		PRESCHOOLS
							EARLY CHILDHOOD EDUCATION
CHILD CARE LAW CENTER							FOCUSING ON CREATING
445 CHURCH ST							INTEGRATED AND
SAN FRANCISCO, CA 94114	94-2959973	501(C)(3)	77,000.	0.	CASH GRANT		COORDINATED SYSTEMS OF
							EARLY CHILDHOOD EDUCATION
COUNCIL FOR A STRONG AMERICA							FOCUSING ON CREATING
1212 NEW YORK AVE NW, SUITE 300							INTEGRATED AND
WASHINGTON , DC 20005	13-3840271 501(C)(3)	501(C)(3)	75,000.	0.	CASH GRANT		COORDINATED SYSTEMS OF
							Schodiile I (Form 990)

	t II.)
	(Schedule I (Form 990), Part
	vernments (S
	and Domestic Go
	tic Organizations
NERS	ssistance to Domes
COMMUNITY PART	of Grants and Other A
e I (Form 990)	Continuation o
Schedul	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOMSRISING EDUCUATION FUND 12001 BEL-RED ROAD #100B							EARLY CHILDHOOD EDUCATION FOCUSING ON CREATING INTEGRATED AND
BELLEVUE, CA 98005	20-4448446	501(C)(3)	75,000.	0.	CASH GRANT		COORDINATED SYSTEMS OF
							EARLY CHILDHOOD EDUCATION
UNITED WAYS OF CALIFORNIA							FOCUSING ON CREATING
1107 FAIR OAKS AVE, #12	000000	(0),0),0	о О	c	פואיי על דום אים		INTEGRATED AND
5	COCO50T-56		.000,00		CASH GRANI		LAUSD PARTNER MATCHING
LOS ANGELES AUDUBON SOCIETY							FUND PROGRAM WHICH
3791 WADE ST							AUGMENTS STEM PROGRAMING
LOS ANGELES , CA 90060	95-4302067 501(C)(3)	501(C)(3)	73,461.	0.	CASH GRANT		RELATED TO MARINE
							LAUSD PARTNER MATCHING
THE CALIFORNIA ENDOWMENT							FUND PROGRAM WHICH
1000 NORTH ALAMEDA ST							AUGMENTS STEM PROGRAMING
LOS ANGELES, CA 90012	95-4523232	501(C)(3)	68,250.	0.	CASH GRANT		RELATED TO MARINE
							URBAN PLANNING ISSUES
ABEL AND ASSOCIATES							RELATED TO CLEAN ENERGY,
700 S FLOWER STREET STE 700							TRANSPORTATION, AND URBAN
LOS ANGELES, CA 90017	95-3287646	501(C)(3)	61,152.	0.	CASH GRANT		REVITALIZATION
							HEALTH GRANT FOR
SMARTAIR LA							HIGH-RISK ASTHMATIC
1000 NORTH ALAMEDA STREET							CHILDREN IN UNDERSERVED
LOS ANGELES, CA 90012	95-4302067	501(C)(3)	56,758.	0.	CASH GRANT		COMMUNITIES IN LOS
							LAUSD PARTNER MATCHING
ROUNDHOUSE AQUARIUM							FUND PROGRAM WHICH
P.O. BOX 1							AUGMENTS STEM PROGRAMING
MANHATTAN BEACH, CA 90267	95-3409019	501(C)(3)	52,020.	0.	CASH GRANT		RELATED TO MARINE
							CLEANTECH STARTUP
PRINCETON NUENERGY INC.,							ACCELERATOR PROGRAM TO
1200 FLORENCE COLUMBUS RD, APT 210							FIND, FUND, AND FOSTER
BORDENTOWN, NJ 08505	84-3771623	501(C)(3)	50,000.	0.	CASH GRANT		ENTREPRENEURS WITH IDEAS
							LAUSD PARTNER MATCHING
RESONATE AGENCY							FUND PROGRAM WHICH
1313 LAUREL ST SUITE 110							AUGMENTS STEM PROGRAMING
SAN CARLOS, CA 94070	95-4302067 501(C)(3)	501(C)(3)	49,942.	0.	CASH GRANT		RELATED TO MARINE
							Schodiile I (Eorm 000)

e to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.	(Form 990) COMMUNITY PARTNERS Continuation of Grants and Other Assist	Schedule   Part II (
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					daio : (1 0111 000), 1 di	ć)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISSUE VOTER PO BOX 160541							NON-PARTISAN VOTER
AUSTIN, TX 78716	46-1980016	501(C)(3)	42,285.	0.	CASH GRANT		ENGAGEMENT
LOW INCOME INVESTMENT FUND							EARLY CHILDHOOD EDUCATION FOCUSING ON CREATING
T SU							INTEGRATED AND
SAN FRANCISCO, CA 94105	94-2952578	501(C)(3)	39,780.	0.	CASH GRANT		COORDINATED SYSTEMS OF
ם אחדספטיואיו פטח פס אחזפספט פטחי							INCREASE THE CLIMATE
							NESTLIENCI AND FROFOSED INFRASTRUCTURE OF
DAVIS, CA 95616	94-6036494	501(C)(3)	36,420.	.0	CASH GRANT		VULNERABLE POPULATIONS
							INCREASE THE CLIMATE
LOS ANGELES BUSINESS COUNCIL							RESILIENCY AND PROPOSED
2029 CENTURY PARK SUITE 1240							INFRASTRUCTURE OF
LOS ANGELES , CA 90067	27-1485429	501(C)(3)	35,238.	0.	CASH GRANT		VULNERABLE POPULATIONS
DOLLAR FOR							CASH ASSISTANCE FOR DEBT RELIEF SUCH AS MEDICAL.
VANCOUVER, WA 98660	46-0889864	501(C)(3)	35,000.	0.	CASH GRANT		RENT, AND UTILITIES.
MEDICAL DEBT RESOLUTIONS, INC							CASH ASSISTANCE FOR DEBT PELITER STICH AS MEDICAL
	47-1442997 501(C)(3)	501(C)(3)	.700,69	0.	CASH GRANT		RENT, AND UTILITIES.
PROJECT GRANTSMANSHIP							
LAME							SMALL NONPROFIT CAPACITY
LOS ANGELES, CA 90012	95-4302067	501(C)(3)	29,766.	0.	CASH GRANT		BUILDING
							LAUSD PARTNER MATCHING
MAKINE MAMMAL CAKE CENTER 3601 S. GAFFEY STREET #8							FUND FRUGRAM WHICH AUGMENTS STEM PROGRAMING
SAN PEDRO, CA 90731	47-5249182	501(C)(3)	26,570.	0	CASH GRANT		RELATED TO MARINE
							PRESCHOOL SCHOLARSHIPS
10TH STREET PRESCHOOL							FOR LOW-INCOME KIDS AND
1444 10TH ST							CHILDREN WITH
SANTA MONICA, CA 90401	95-4302067 501(C)(3)	501(C)(3)	26,446.	0.	CASH GRANT		DISABILITIES
							Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC MARINE MAMMAL CENTER							LAUSD PARTNER MATCHING FUND PROGRAM WHICH
20612 LAGUNA CANYON ROAD	9080898-30	707,07	7.00 7.0	c	HWK QU HU KU		AUGMENTS STEM PROGRAMING
5		(0) (0) (0)			TARY GIVEN		PROVIDE SUPPORT FOR THE
FRESNO METRO MINISTRY							IMPLEMENTATION OF A MODEL
3845 N CLARK ST SUITE 101							SYSTEM THAT LINKS HEALTH
FRESNO, CA 93726	94-2181848	501(C)(3)	25,000.	0	CASH GRANT		CARE SYSTEMS, PROVIDEDERS
							PROVIDE SUPPORT FOR THE
ON COUN							IMPLEMENTATION OF A MODEL
ĭ≤	7000100		о С	c	HIVE CO. IIIO EO		SYSTEM THAT LINKS HEALTH
SACKAMENIO, CA 93091	00-0243230	20T(C)(3)	.000,62	•	CASH GRAINT		CARE SISTEMS, FROVIDEDERS
							PROVIDE SUPPORT FOR THE
TIDES CENTER							IMPLEMENTATION OF A MODEL
PO BOX 889385							SYSTEM THAT LINKS HEALTH
LOS ANGELES, CA 90088	94-3213100	501(C)(3)	25,000.	0	CASH GRANT		CARE SYSTEMS, PROVIDEDERS
							PROVIDE SUPPORT FOR THE
THE CERES COMMUNITY PROJECT							IMPLEMENTATION OF A MODEL
7351 BODEGA AVE							SYSTEM THAT LINKS HEALTH
SEBASTOPOL , CA 95472	26-2250997	501(C)(3)	125,000.	.0	CASH GRANT		CARE SYSTEMS, PROVIDEDERS
							GIFT TO JOHNS HOPKINS
JOHNS HOPKINS UNIVERSITY							BLOOMBERG SCHOOL OF
615 N WOLFE ST, E2132							PUBLIC HEALTH T O SUPPORT
BALTIMORE , MD 21205	52-0595110	501(C)(3)	25,000.	0.	CASH GRANT		PHD STUDENTS IN
							SUPPORT CRITICAL HEALTH,
SANTA ANA UNITED METHODIST CHURCH							COMMUNICATIONS, DIGITIAL,
2121 N GRAND AVE							AND DATA-TRACKING NEEDS
SANTA ANA, CA 92705	95-1683887	501(C)(3)	24,000.	.0	CASH GRANT		RELATED TO COVID-19 FOR
							SUPPORT CRITICAL HEALTH,
THE YOUNG S.A.M.O.A.							COMMUNICATIONS, DIGITIAL,
25850 AVALON AVE							AND DATA-TRACKING NEEDS
SAN BERNADINO, CA 92404	83-1708802	501(C)(3)	24,000.	0.	CASH GRANT		RELATED TO COVID-19 FOR
							LAUSD PARTNER MATCHING
DISCOVERY SCIENCE CENTER LOS							FUND PROGRAM WHICH
ANGELES - 11800 FOOTHILL BLVD -							AUGMENTS STEM PROGRAMING
SYLMAR, CA 91342	45-5191270 501(C)(3)	501(C)(3)	23,424.	0	CASH GRANT		RELATED TO MARINE
							Schedule I (Form 990)

Schedule I (Form 990) COMMUNITY PARTNERS	INERS						95-4302067 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organ	Assistance to Doi	mestic Organizations	nizations and Domestic Governments	- 1	(Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							EARLY CHILDHOOD EDUCATION
PAULINE E. BROOKS CONSULTING, LLC							FOCUSING ON CREATING
3512 GLENHURST AVE.							INTEGRATED AND
LOS ANGELES, CA 90039	47-5000224	501(C)(3)	20,410.	0.	CASH GRANT		COORDINATED SYSTEMS OF
							EARLY CHILDHOOD EDUCATION
BLACK WOMEN FOR WELLNESS							FOCUSING ON CREATING
4340 11TH AVE							INTEGRATED AND
LOS ANGELES, CA 90008	95-4624707	501(C)(3)	20,000.	.0	CASH GRANT		COORDINATED SYSTEMS OF
							EARLY CHILDHOOD EDUCATION
CALIFORNIA BLACK WOMEN'S HEALTH							FOCUSING ON CREATING
PROJECT - 9800 S. LA CIENEGA BLVD.							INTEGRATED AND
STE 905 - INGLEWOOD, CA 90301	95-4702923	501(C)(3)	20,000.	0	CASH GRANT		COORDINATED SYSTEMS OF
							EARLY CHILDHOOD EDUCATION
CALIFORNIA CHILDRENS HOSPITAL							FOCUSING ON CREATING
ASSOCIATION - 1215 K ST. STE 1930							INTEGRATED AND
- SACRAMENTO, CA 95814	95-4306671	501(C)(3)	20,000.	.0	CASH GRANT		COORDINATED SYSTEMS OF
							EARLY CHILDHOOD EDUCATION
CHILDRENS SPECIALITY CARE							FOCUSING ON CREATING
COALITION - 925 L ST. STE 1180 -							INTEGRATED AND
SACRAMENTO , CA 95814	68-0484332	501(C)(3)	20,000.	0	CASH GRANT		COORDINATED SYSTEMS OF
							EARLY CHILDHOOD EDUCATION
NATIONAL HEALTH LAW PROGRAM							FOCUSING ON CREATING
3701 WILSHIRE BLVD SUITE 750							INTEGRATED AND
LOS ANGELES, CA 90010	95-3080947	501(C)(3)	20,000.	0	CASH GRANT		COORDINATED SYSTEMS OF
							GRANTS TO SUPPORT
DAVID DOUGLAS SCHOOL DISTRICT							INNOVATION IN IMPROVING
11300 NE HALSEY ST							EMPLOYEE HEALTH AMONG
PORTLAND, OR 97220	93-6014226 501(C)(3)	501(C)(3)	20,000.	0	CASH GRANT		SCHOOLS, DISTRICTS, AND
							GRANTS TO SUPPORT
ESTACADA SCHOOL DISTRICT							INNOVATION IN IMPROVING
1101 N BROADWAY ST							EMPLOYEE HEALTH AMONG
ESTACADA, OR 97023	93-6000284	501(C)(3)	20,000.	0.	CASH GRANT		SCHOOLS, DISTRICTS, AND
							GRANTS TO SUPPORT
GRESHAM-BARLOW SCHOOL DISTRICT							INNOVATION IN IMPROVING
1331 NW EASTMAN PKWY							EMPLOYEE HEALTH AMONG
GRESHAM, OR 97030	93-6000831 501(C)(3)	501(C)(3)	20,000.	0.	0. CASH GRANT		SCHOOLS, DISTRICTS, AND
							Schedule I (Form 990)

COMMUNICATIONS, DIGITIAL UGMENTS STEM PROGRAMING AUGMENTS STEM PROGRAMING REFORMS TO MODERNIZE AND REFORMS TO MODERNIZE AND AUGMENTS STEM PROGRAMING AUGMENTS STEM PROGRAMING COMMUNICATIONS, DIGITIAL SUPPORT CRITICAL HEALTH, SUPPORT CRITICAL HEALTH, AND DATA-TRACKING NEEDS RELATED TO COVID-19 FOR INNOVATION IN IMPROVING AND DATA-TRACKING NEEDS RELATED TO COVID-19 FOR LAUSD PARTNER MATCHING LAUSD PARTNER MATCHING LAUSD PARTNER MATCHING LAUSD PARTNER MATCHING EMPLOYEE HEALTH AMONG (h) Purpose of grant or assistance DISTRICTS UND PROGRAM WHICH MPROVE CALIFORNIA MPROVE CALIFORNIA FUND PROGRAM WHICH FUND PROGRAM WHICH JUND PROGRAM WHICH GRANTS TO SUPPORT RELATED TO MARINE RELATED TO MARINE RELATED TO MARINE RELATED TO MARINE ELECTION SYSTEMS ELECTION SYSTEMS SCHOOLS, (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0. CASH GRANT O. CASH GRANT 0. CASH GRANT O. CASH GRANT (e) Amount of noncash assistance (d) Amount of cash grant 20,000. 19,952. 19,216. 18,544. 18,544. 17,647. 16,523. 16,507, 16,000, (c) IRC section if applicable 93-6000763 501(C)(3) 94-2505916 501(C)(3) 95-4167110 | 501(C)(3) 20-0607113 501(C)(3) 68-0061260 501(C)(3) 83-1613006 501(C)(3) 95-4171497 | 501(C)(3) 26-3934742 501(C)(3) 33-0082608 501(C)(3) (p) EIN - COMPTON , CA 90220 PACIFIC ISLAND ETHNIC ART MUSEUM 921 SALEM-KEIZER PUBLIC SCHOOLS 24J CHRISTIAN CHURCH EFKS - 109 S 250 S. HARBOR BLVD., BERTH 87 DOMINGUEZ SAMOAN CONGRETIONAL DISABILITY RIGHTS CALIFORNIA CALIFORNIA EDUCATION FUND -(a) Name and address of organization or government LEAGUE OF WOMEN VOTERS OF PACIFIC BATTLESHIP CENTER 570 W AVE 26, SUITE 250 FRIENDS OF THE LA RIVER 1000 W. HILLCREST BLVD LOS ANGELES, CA 90007 ELEVENTH ST. STE 700 LONG BEACH, CA 90802 CA 95811 SACRAMENTO, CA 95814 INGLEWOOD, CA 90301 SAN PEDRO, CA 90731 TOPANGA, CA 90290 695 ALAMITOS AVE 1127 ROSARIO DR. SALEM, OR 97309 MOVE THE WORLD APRILIA AVE PO BOX 12024 SACRAMENTO, PS SCIENCE 1831 K ST

	its (Schedule I (Form 990), Part II.)
PARTNERS	Other Assistance to Domestic Organizations and Domestic Governmen
COMMUNITY	of Grants and C
e I (Form 990)	Continuation
Schedul	Part II

Partii Conundation of Grants and Other Assistance to Domestic Organ	Assistance to Doi		and Domestic Gov	verninents (Sche	isations and Domestic Governments (Schedule I (Form 990), Part II.)	. 11.)	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
							SUPPORT CRITICAL HEALTH,
NHPI ALLIANCE							COMMUNICATIONS, DIGITIAL,
14802 S HAVARD BLVD							AND DATA-TRACKING NEEDS
GARDENA, CA 90247	32-0232578	501(C)(3)	16,000.	0.	CASH GRANT		RELATED TO COVID-19 FOR
							LAUSD PARTNER MATCHING
THD EQUITY INC							FUND PROGRAM WHICH
590 MADISON AVE 21ST FL							AUGMENTS STEM PROGRAMING
NEW YORK, NY 10022	20-4598420	501(C)(3)	15,120.	0.	CASH GRANT		RELATED TO MARINE
UNITED TO HOUSE LA SPONSORED BY							COORDINATE VOTER OUTREACH
NONPROFIT COMMUNITY ORGANIZATIONS							AND VOLUNTEER ENGAGEMENT
- 777 S. FIGUEROA STREET SUITE							FOR THE 2022 GENERAL
4050 - LOS ANGELES, CA 90017	87-4090550	501(C)(3)	15,000.	0.	CASH GRANT		ELECTION.
							MENTAL HEALTH INCUBATION
AFRICAN COMMUNITIES PUBLIC HEALTH							ACADEMY PROVIDING
COALITION - 3731 STOCKER SUITE 211							MENTORING, TRAINING,
- LOS ANGELES, CA 90007	38-3834255	501(C)(3)	15,000.	0.	CASH GRANT		TECHNICAL SUPPORT AND
							MENTAL HEALTH INCUBATION
ALLIANCE FOR COMMUNITY EMPOWERMENT							ACADEMY PROVIDING
INC - 6925 CANOGA AVENUE -							MENTORING, TRAINING,
CANOGA PARK, CA 91303	46-2811886	501(C)(3)	15,000.	0.	CASH GRANT		TECHNICAL SUPPORT AND
							MENTAL HEALTH INCUBATION
CHAMPIONS FOR PROGRESS							ACADEMY PROVIDING
333 W. FLORENCE AVE							MENTORING, TRAINING,
INGLEWOOD, CA 90305	20-3954112	501(C)(3)	15,000.	0.	CASH GRANT		TECHNICAL SUPPORT AND
							MENTAL HEALTH INCUBATION
FOSTERALL							ACADEMY PROVIDING
1544 GLENOAKS BLVD.							MENTORING, TRAINING,
GLENDALE, CA 91201	95-4036890	501(C)(3)	15,000.	0.	CASH GRANT		TECHNICAL SUPPORT AND
							MENTAL HEALTH INCUBATION
GENTE ORGANIZADA							ACADEMY PROVIDING
2121 ARROYO DRIVE							MENTORING, TRAINING,
LOS ANGELES, CA 91768	27-2352500	501(C)(3)	15,000.	0.	CASH GRANT		TECHNICAL SUPPORT AND
							MENTAL HEALTH INCUBATION
LANCASTER HOMELESS GROUP							ACADEMY PROVIDING
44837 YUCCA AVE.							MENTORING, TRAINING,
LANCASTER, CA 93534	47-1589588 501(C)(3)	501(C)(3)	15,000.	0	CASH GRANT		TECHNICAL SUPPORT AND
							Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGACY LA YOUTH DEVELOPMENT CORP 1350 N. SAN PABLO STREET							MENTAL HEALTH INCUBATION ACADEMY PROVIDING MENTORING, TRAINING,
LOS ANGELES, CA 90033	01-0960970	501(C)(3)	15,000.	0.	CASH GRANT		TECHNICAL SUPPORT AND
LONG BEACH BLAST							MENTAL HEALTH INCUBATION ACADEMY PROVIDING
LONG B							MENTORING, TRAINING,
LONG BEACH, CA 90807	33-0967215	501(C)(3)	15,000.	0	CASH GRANT		TECHNICAL SUPPORT AND
MEALS ON WHEELS WEST.							MENTAL HEALTH INCUBATION ACADEMY PROVIDING
1000 NORTH ALAMEDA STREET							MENTORING, TRAINING,
LOS ANGELES, CA 90012	95-4302067	501(C)(3)	15,000.	0	CASH GRANT		TECHNICAL SUPPORT AND
							MENTAL HEALTH INCUBATION
OHANA WELLNESS CENTER							ACADEMY PROVIDING
556 ORANGEWOOD COURT							
PALMDALE, CA 93550	36-4846159	501(C)(3)	15,000.	0.	CASH GRANT		TECHNICAL SUPPORT AND
							MENTAL HEALTH INCUBATION
PATHWAYS TO INDEPENDENCE							ACADEMY PROVIDING
P.O. BOX 43							MENTORING, TRAINING,
LOS ALAMITOS, CA 90720	33-0148082	501(C)(3)	15,000.	0	CASH GRANT		TECHNICAL SUPPORT AND
							MENTAL HEALTH INCUBATION
PEACE4KIDS							ACADEMY PROVIDING
PO BOX 5347							MENTORING, TRAINING,
COMPTON , CA 90224	33-0920234	501(C)(3)	15,000.	.0	CASH GRANT		TECHNICAL SUPPORT AND
							MENTAL HEALTH INCUBATION
PROGRAMS FOR TORTURE VICTIMS							ACADEMY PROVIDING
3550 WILSHIRE BLVD SUITE 1906							MENTORING, TRAINING,
LOS ANGELES, CA 90010	95-4492477	501(C)(3)	15,000.	0.	CASH GRANT		TECHNICAL SUPPORT AND
							MENTAL HEALTH INCUBATION
PROJECT IMPACT INC							ACADEMY PROVIDING
2640 INDUSTRY WAY SUITE G AND H							MENTORING, TRAINING,
LYNWOOD, CA 90262	95-4056457	501(C)(3)	15,000.	0.	CASH GRANT		TECHNICAL SUPPORT AND
							MENTAL HEALTH INCUBATION
PROJECT JOY							ACADEMY PROVIDING
5022 W. AVE N #10232							MENTORING, TRAINING,
PALMDALE, CA 93551	47-2796137 501(C)(3)	501(C)(3)	15,000.	0.	CASH GRANT		TECHNICAL SUPPORT AND
							Cobodulo I (Eorm 000)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RIGHT WAY FOUNDATION							MENTAL HEALTH INCUBATION
W. MARTIN LUTHER KING JR.							ACADEMY PROVIDING
BLVD SUITE 195 - LOS ANGELES, CA							MENTORING, TRAINING,
80008	90-0761009	501(C)(3)	15,000.	0	CASH GRANT		TECHNICAL SUPPORT AND
							MENTAL HEALTH INCUBATION
RONNIE'S HOUSE							ACADEMY PROVIDING
6082 ATLANTIC BLVD							MENTORING, TRAINING,
LONG BEACH, CA 90805	81-3907588	501(C)(3)	15,000.	.0	CASH GRANT		TECHNICAL SUPPORT AND
							MENTAL HEALTH INCUBATION
SAN GABRIEL VALLEY CONSERVATION							ACADEMY PROVIDING
10900 MUHALL STREET							MENTORING, TRAINING,
EL MONTE, CA 91731	27-0030016	501(C)(3)	15,000.	.0	CASH GRANT		TECHNICAL SUPPORT AND
							MENTAL HEALTH INCUBATION
SRD STRAIGHTENING REINS FOUNDATION							ACADEMY PROVIDING
27943 SECO CANYON ROAD							MENTORING, TRAINING,
CLARITA, CA 91350	45-4103769	501(C)(3)	15,000.	.0	CASH GRANT		TECHNICAL SUPPORT AND
							MENTAL HEALTH INCUBATION
STREET POETS INC							ACADEMY PROVIDING
2116 ARLINGTON AVE., SUITE 310 STE							MENTORING, TRAINING,
LOS ANGELES, CA 90018	20-2268493	501(C)(3)	15,000.	0.	CASH GRANT		TECHNICAL SUPPORT AND
							MENTAL HEALTH INCUBATION
THE WAY CENTER OF TRUTH							ACADEMY PROVIDING
5063 EAST AVE R11							MENTORING, TRAINING,
PALMDALE, CA 93552	46-2791357	501(C)(3)	15,000.	.0	CASH GRANT		TECHNICAL SUPPORT AND
							MENTAL HEALTH INCUBATION
TIA CHUCHAS CENTRO CULTURAL							ACADEMY PROVIDING
12677 GLENOAKS BLVD							MENTORING, TRAINING,
SYLMAR, CA 91342	47-0191948	501(C)(3)	15,000.	.0	CASH GRANT		TECHNICAL SUPPORT AND
							MENTAL HEALTH INCUBATION
WHOLE SYSTEMS LEARNING							ACADEMY PROVIDING
8504 FIRESTONE BLVD							MENTORING, TRAINING,
DOWNEY, CA 92707	31-1470593	501(C)(3)	15,000.	0.	CASH GRANT		TECHNICAL SUPPORT AND
							GRANTS TO SUPPORT
SHERIDAN SCHOOL DISTRICT 48J							INNOVATION IN IMPROVING
339 NW SHERMAN STREET							EMPLOYEE HEALTH AMONG
SHERIDAN, OR 97378	93-6001127	501(C)(3)	15,000.	0	CASH GRANT		SCHOOLS, DISTRICTS, AND
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Schedule I (Form 990) COMMUNITY PARTNERS	NERS						95-4302067 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	ssistance to Dor	nestic Organizations	and Domestic Go	- 1	(Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WITH HOPE UNITED METHODIST CHURCH - 5600 LINDEN AVENUE - LONG BEACH, CA 90805	95-1661668	501(C)(3)	15,000.	•0	CASH GRANT		SUPPORT CRITICAL HEALTH, COMMUNICATIONS, DIGITIAL, AND DATA-TRACKING NEEDS RELATED TO COVID-19 FOR
SCIO SCHOOL DISTRICT 95C 38875 N.W. 1ST AVENUE SCIO , OR 97374	93-6000687	501(C)(3)	14,999.	.0	CASH GRANT		GRANTS TO SUPPORT INNOVATION IN IMPROVING EMPLOYEE HEALTH AMONG SCHOOLS, DISTRICTS, AND
DRUMMING FOR YOUR LIFE INSTITUTE 8141 E 2ND STREET, SUITE 340 DOWNEY, OR 90241	91-2166859	501(C)(3)	14,900.	0	CASH GRANT		MENTAL HEALTH INCUBATION ACADEMY PROVIDING MENTORING, TRAINING, TECHNICAL SUPPORT AND
MT OLIVE EVANGELICAL LUTHERAN CHURCH - 1343 OCEAN PARK BLVD - SANTA MONICA, CA 90405	95-1757256	501(C)(3)	14,880.	.0	CASH GRANT		MENTAL HEALTH INCUBATION ACADEMY PROVIDING MENTORING, TRAINING, TECHNICAL SUPPORT AND
SPRING OF EVOLUTION INC P.O. BOX 504 ACTON, CA 93510	26-2162310	501(C)(3)	14,750.	0	CASH GRANT		MENTAL HEALTH INCUBATION ACADEMY PROVIDING MENTORING, TRAINING, TECHNICAL SUPPORT AND
NATIONAL MARINE MAMMAL FOUNDATION 2240 SHELTER ISLAND DRIVE, SUITE 20 SAN DIEGO, CA 92210	26-1501109	501(C)(3)	14,219.	.0	CASH GRANT		LAUSD PARTNER MATCHING FUND PROGRAM WHICH AUGMENTS STEM PROGRAMING RELATED TO MARINE
PORTLAND PUBLIC SCHOOLS 8960 N WOOLSEX AVE PORTLAND, OR 97203	93-6000830	501(C)(3)	13,961.	.0	CASH GRANT		GRANTS TO SUPPORT INNOVATION IN IMPROVING EMPLOYEE HEALTH AMONG SCHOOLS, DISTRICTS, AND
RESOURCE CONSERVATION DISTRICT OF THE SANTA MONICA MOUNTAINS - 540 S. TOPANGA CANYON BLVD - TOPANGA, CA 90290	95-2158325	501(C)(3)	13,800.	0.	CASH GRANT		LAUSD PARTNER MATCHING FUND PROGRAM WHICH AUGMENTS STEM PROGRAMING RELATED TO MARINE
OCEAN MOTION TECHNOLOGIES INC 3952 D CLAIREMONT MESA BLVD #318 SAN DIEGO, CA 92117	83-2606158	501(C)(3)	13,628.	0	CASH GRANT		LAUSD PARTNER MATCHING FUND PROGRAM WHICH AUGMENTS STEM PROGRAMING RELATED TO MARINE
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(a) Name and address of organization or government	( <b>p)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							LAUSD PARTNER MATCHING
INTERMEX INC.							FUND PROGRAM WHICH
3125 BELLE RIVER DR							AUGMENTS STEM PROGRAMING
HACIENDA HEIGHTS, CA 91145	95-4302067	501(C)(3)	12,795.	0.	CASH GRANT		RELATED TO MARINE
							LAUSD PARTNER MATCHING
INTERNATIONAL CREATIVE CLASS							FUND PROGRAM WHICH
ALLIANCE - 251 SOUTH LAKE AVE							AUGMENTS STEM PROGRAMING
SUITE 800 - PASADENA, CA 91101	61-1852535	501(C)(3)	12,000.	0.	CASH GRANT		RELATED TO MARINE
							LAUSD PARTNER MATCHING
CALIFORNIA HEAD START ASSOCIATION							FUND PROGRAM WHICH
1107 9TH ST. STE#300							AUGMENTS STEM PROGRAMING
SACRAMENTO, CA 95814	95-4302067	501(C)(3)	11,987.	0.	CASH GRANT		RELATED TO MARINE
							LAUSD PARTNER MATCHING
WATCH VISIONS GROW							FUND PROGRAM WHICH
821 LARCH ST #7							AUGMENTS STEM PROGRAMING
INGLEWOOD, CA 90301	54-6190513	501(C)(3)	10,869.	0.	CASH GRANT		RELATED TO MARINE
							LAUSD PARTNER MATCHING
AQUA EQUITY WATER CO, LLC							FUND PROGRAM WHICH
PO BOX 17785							AUGMENTS STEM PROGRAMING
LONG BEACH, CA 90807	84-2760567	501(C)(3)	10,572.	0.	CASH GRANT		RELATED TO MARINE
							LAUSD PARTNER MATCHING
UNANIMOUS							FUND PROGRAM WHICH
1000 NORTH ALAMEDA STREET							AUGMENTS STEM PROGRAMING
LOS ANGELES, CA 90012	95-4302067	501(C)(3)	10,500.	0.	CASH GRANT		RELATED TO MARINE
							LAUSD PARTNER MATCHING
LOS ANGELES MARITIME INSTITUTE							FUND PROGRAM WHICH
BERTH 73 SUITE 2							AUGMENTS STEM PROGRAMING
SAN PEDRO, CA 90731	33-0515416	501(C)(3)	10,449.	0.	CASH GRANT		RELATED TO MARINE
THITTED TO THE OF ALTERDATE AND THE							TWE DEAM CL Z ZNINGOWI
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3200 EDUCATION BLDG							SCIENCE EDUCATION IN
IRVINE, CA 92697	95-4302067	501(C)(3)	10,029.	0.	CASH GRANT		CALIFORNIA
							GRANTS TO ORGANIZATION
ACTIVE SAN GABRIEL VALLEY							WHO FOCUS ON STRONG
10900 MULLHALL ST							ADVOCACY FOR HEALTH
EL MONTE, CA 91731	95-4302067	501(C)(3)	10,000.	0	CASH GRANT		EQUITY, ENVIRONMENTAL
							(000 cm; cl.) I cl.:  c.  c.  c.

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	and Domestic Governments (Sc
	omestic Organizations
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANAHUAK YOUTH SPORTS ASSOC							GRANTS TO ORGANIZATION WHO FOCUS ON STRONG
5317 N. FIGUEROA ST APT 1							ADVOCACY FOR HEALTH
LOS ANGELES, CA 90042	01 - 0566012	501(C)(3)	10,000.	0.	CASH GRANT		EQUITY, ENVIRONMENTAL
EAST YARD COMMUNITIES FOR							GRANTS TO ORGANIZATION
ENVIRONMENTAL JUSTICE - 2317							WHO FOCUS ON STRONG
ATLANTIC BLVD 2317 - COMMERCE ,							ADVOCACY FOR HEALTH
CA 90040	46-5685097	501(C)(3)	10,000.	0	CASH GRANT		EQUITY, ENVIRONMENTAL
							GRANTS TO ORGANIZATION
NATURE FOR ALL							WHO FOCUS ON STRONG
VE,							$\bowtie$
MONTEREY PARK, CA 91754	95-4302067	501(C)(3)	10,000.	0	CASH GRANT		EQUITY, ENVIRONMENTAL
							LAUSD PARTNER MATCHING
THE LETTER K							FUND PROGRAM WHICH
2438 SAN GABRIEL BLVD SUITE C							AUGMENTS STEM PROGRAMING
ROSEMEAD, CA 91770	47-3849444	501(C)(3)	9,590.	0	CASH GRANT		RELATED TO MARINE
							LAUSD PARTNER MATCHING
TREEPEOPLE INC.							FUND PROGRAM WHICH
12601 MULHOLLAND DRIVE							AUGMENTS STEM PROGRAMING
BEVERLY HILLS, CA 90210	23-7314838	501(C)(3)	9,438.	0.	CASH GRANT		RELATED TO MARINE
URBAN TXT TEENS EXPLORING							LAUSD PARTNER MATCHING
TECHNOLOGY - 3655 SOUTH GRAND AVE							FUND PROGRAM WHICH
SUITE 220 - LOS ANGELES, CA							AUGMENTS STEM PROGRAMING
90007	84-2923733	501(C)(3)	9,344.	.0	CASH GRANT		RELATED TO MARINE
							LAUSD PARTNER MATCHING
DEL PUBLISHING INC							FUND PROGRAM WHICH
1000 NORTH ALAMEDA STREET							AUGMENTS STEM PROGRAMING
LOS ANGELES , CA 90012	95-4302067	501(C)(3)	9,100.	.0	CASH GRANT		RELATED TO MARINE
							LAUSD PARTNER MATCHING
LOS ANGELES PARKS AND RECREATION							FUND PROGRAM WHICH
1000 S FREMONT AVE, UNIT 40							AUGMENTS STEM PROGRAMING
ALHAMBRA, CA 91803	95-6000927	501(C)(3)	.000,6	0.	CASH GRANT		RELATED TO MARINE
							LAUSD PARTNER MATCHING
							FUND PROGRAM WHICH
15652 E. GALE AVE							AUGMENTS STEM PROGRAMING
HACIENDA HEIGHTS, CA 91745	95-4302067 501(C)(3)	501(C)(3)	8,416.	0.	CASH GRANT		RELATED TO MARINE
							Schodiile I (Eorm 990)

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Schedule I (Form 990) COMMUNITY PARTNERS	NERS						95-4302067 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	ssistance to Dor	mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT CRITICAL HEALTH,
ASIA PACIFIC ISLANDER INITIATIVE							COMMUNICATIONS, DIGITIAL,
2901 W MACARTHUR BLVD, STE 208							AND DATA-TRACKING NEEDS
CHULA VISTA, CA 91910	82 - 0998345	501(C)(3)	8,000.	0.0	CASH GRANT		RELATED TO COVID-19 FOR
							SUPPORT CRITICAL HEALTH,
EBS							COMMUNICATIONS, DIGITIAL,
- 2901 W MACARTE				C			AND DATA-TRACKING NEEDS
STE 208 - SANTA ANA, CA 92704	34-4669816	50I(C)(3)	.000,8	0			KELATED TO COVID-IS FOR
							LAUSD PARTNER MATCHING
WALTER MUNK FOUNDATION FOR THE							FUND PROGRAM WHICH
OCEANS - 2120 VELLECITOS UNIT 203							AUGMENTS STEM PROGRAMING
- LA JOLLA, CA 92037	82-3477332	501(C)(3)	7,955.	0.0	CASH GRANT		RELATED TO MARINE
							LAUSD PARTNER MATCHING
WILDWOODS FOUNDATION							FUND PROGRAM WHICH
1910 MAGNOLIA AVE #403							AUGMENTS STEM PROGRAMING
LOS ANGELES, CA 90007	95-4302067	501(C)(3)	7,500.	0.0	CASH GRANT		RELATED TO MARINE
							IMPROVING THE LIVES,
2ND CALL							EXPERIENCES, AND OUTCOMES
PO BOX 191476							OF BOYS AND MEN OF COLOR
LOS ANGELES , CA 90019	80-0145566	501(C)(3)	7,500.	0.0	CASH GRANT		IN THE UNITED STATES
							IMPROVING THE LIVES,
COMMUNITIES UNITED FOR RESTORATIVE							EXPERIENCES, AND OUTCOMES
YOUTH JUSTICE - 490 LAKE PARK AVE,							OF BOYS AND MEN OF COLOR
#16086 - OAKLAND, CA 94810	27-5008441 501(C)(3)	501(C)(3)	7,500.	0.0	CASH GRANT		IN THE UNITED STATES
							IMPROVING THE LIVES,
MEN CREATING PEACE							EXPERIENCES, AND OUTCOMES
360 GRAND AVE, STE 76							OF BOYS AND MEN OF COLOR
OAKLAND, CA 94610	26-3898063	501(C)(3)	7,500.	0.0	CASH GRANT		IN THE UNITED STATES
							IMPROVING THE LIVES,
NATIONAL COMPADRES NETWORK							EXPERIENCES, AND OUTCOMES
1550 THE ALAMEDA UNIT #320							OF BOYS AND MEN OF COLOR
SAN JOSE, CA 95126	52-2384208 501(C)(3)	501(C)(3)	7,500.	0.0	CASH GRANT		IN THE UNITED STATES
							LAUSD PARTNER MATCHING
HEAL THE BAY							FUND PROGRAM WHICH
ΕΉ							AUGMENTS STEM PROGRAMING
SANTA MONICA, CA 90401	95-4031055 501(C)(3)	501(C)(3)	.096,9	0.0	CASH GRANT		RELATED TO MARINE

(a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WMK LLC 54 WENTWORTH AVE LONDONDERRY, NH 03053	31-1502439	501(C)(3)	6,624.	.0	CASH GRANT		LAUSD PARTNER MATCHING FUND PROGRAM WHICH AUGMENTS STEM PROGRAMING RELATED TO MARINE
METRO BLINDS DRAPERIES AND SHUTTERS - 10996 METRO PARKWAY - FORT MEYER, FL 33966	65-0794953	501(C)(3)	6,393.	0	CASH GRANT		LAUSD PARTNER MATCHING FUND PROGRAM WHICH AUGMENTS STEM PROGRAMING RELATED TO MARINE
LATINOS IN ACTION 1635 LOCUST AVE, #303 LONG BEACH, CA 90813	47-4719362	501(C)(3)	.000,8	0.	CASH GRANT		EDUCATION GRANT TO SUPPORT CLOSING ACHIEVEMENT GAP AMONG LOW-INCOME STUDENTS OF
AQUARIUM OF THE PACIFIC 100 AQUARIUM WAY LONG BEACH, CA 90802	33-0532354	501(C)(3)	.689,3	0.	CASH GRANT		LAUSD PARTNER MATCHING FUND PROGRAM WHICH AUGMENTS STEM PROGRAMING RELATED TO MARINE
SQUIRES, ANNALISA ROLLING IN PARADISE LLC 2518 SW 10 CAPE CORAL, FL 33914	86-3959851	501(C)(3)	5,444.	0.	CASH GRANT		LAUSD PARTNER MATCHING FUND PROGRAM WHICH AUGMENTS STEM PROGRAMING RELATED TO MARINE LAUSD PARTNER MATCHING
ALTARUM 3520 GREEN COURT SUITE 300 ANN ARBOR, MI 48105	95-4302067	501(C)(3)	5,225.	.0	CASH GRANT		FUND PROGRAM WHICH AUGMENTS STEM PROGRAMING RELATED TO MARINE
							Schedule I (Form 990)

Page 2

רמוניווו כמון סל מעטוניסומן וו ממעוניסומן אטמכל וא וופלעפט.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE MATCH	249	331,095.	0.	CASH GRANTS	
FIRST 5 LA EARLY CARE AND EDUCATION POLICY AND ADVOCACY FUND INTERMEDIARY	10	170,500.	0.	CASH GRANTS	
SAFE PARKING LA	161	106,120.	• 0	CASH GRANTS	
SOUTHERN CALIFORNIA COLLEGE ACCESS NETWORK	68	82,603.	•0	CASH GRANTS	
LA BLACK WORKER CENTER	13	27,982.	• 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.	uired in Part I, line	2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
GRANTEES ARE MONITORED THROUGH REVIEW OF FINANCIAL AND PROGRAM REPORTS	AND PROGRAM	REPORTS,			
ROUTINE INTERACTION WITH AND OVERSIGHT OF PROJECT &	STAFF ACTIVITY	Y, AND SITE			
VISITS AS NEEDED.					
INDIVIDUAL SCHOLARSHIP APPLICANTS ARE REVIEWED AND SELECTED	BY	A SELECTION			
COMMITTEE, ONCE A SCHOLARSHIP RECIPIENT HAS BEEN SE	SELECTED, A SC	SCHOLARSHIP			
AWARD LETTER ALONG WITH PAYMENT IS PROVIDED TO THE RECIPIENT	RECIPIENT.				

Schedule I (Form 990) COMMUNITY PARTNERS					95-4302067 Page <b>2</b>
Part III   Continuation of Grants and Other Assistance to Domes	tic Individuals (	Schedule I (Form 99	30), Part III.)		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
THE UPSIDE	25.	24,797.		0. CASH GRANTS	
CALIFORNIA NATIVE VOTE PROJECT	20.	22,823.		0. CASH GRANTS	
EMPOWERING PACIFIC ISLANDER COMMUNITIES	10.	18,000.	• 0	CASH GRANTS	
MIRROR MEMOIRS	35.	16,500.	.0	CASH GRANTS	
OTHER VARIOUS GRANTS	14.	6,030.	•0	CASH GRANTS	

## **SCHEDULE J** (Form 990)

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

Open to Public

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number COMMUNITY PARTNERS 95-4302067 Part I Questions Regarding Compensation

			Yes	No	
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?				
3	Indicate which, if any, of the following the 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.				
	X Compensation committee Written employment contract				
	X Independent compensation consultant X Compensation survey or study				
	Form 990 of other organizations  X Approval by the board or compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?	4a	Х		
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х	
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а	The organization?	5a		Х	
	Any related organization?	5b		Х	
If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
а	The organization?	6a		Х	
	Any related organization?	6b		Х	
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	9			

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

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

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

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

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PAUL VANDEVENTER (UNTIL 12/21)	Ξ	355,640.	15,648.	142,480.	26,426.	49,364.	589,558.	0.
PRESIDENT & CEO	€	0	0	0	0	0	•0	0
(2) MAMIE FUNAHASHI (UNTIL 07/22 )	Ξ	244,016.	11,343.	11,343.	18,772.	21,978.	307,452.	0
CHIEF FINANCIAL OFFICER	€	0	0	0	0	0	0	0
(3) ANDREW LEVEY	Ξ	212,179.	9,373.	0	17,686.	1,275.	240,513.	0
VICE PRESIDENT OF HUMAN RE	€	0	0	0	0	0	•0	0
(4) PATRICK BALL	Ξ	199,812.	9,724.	0	16,805.	9,479.	235,820.	0
DIR OF RESEARCH, HUMAN RIG	∷	0	0	0	0	0	0	0
(5) GAYLE BYRNE	Ξ	198,151.	8,968.	7,473.	14,355.	975.	229,922.	0
PROJECT DIRECTOR	€	0	0	0	0	0	0	0
(6) RICHARD GUTIERREZ	Ξ	179,613.	7,709.	.407,7	15,695.	16,816.	227,542.	0
SENIOR DIRECTOR OF ACCOUNTING	€	0	0	0	0	0	0	0
(7) SU JIN JEZ	Ξ	201,723.	0	0	5,419.	7,758.	214,900.	0
PROJECT DIRECTOR	∷	0	0	0	0	0	0	0
(8) ALICIA LARA (START 07/21)	Ξ	140,123.	15,500.	0	0	8,430.	164,053.	0
PRESIDENT & CEO	(ii)	0	0.	0	0.	0.	0	• 0
	(i)							
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	(ii)							
							Schedu	Schedule J (Form 990) 2021

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

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

	•		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	termin	ina	
			applicable	contributions or	amounts reported on	noncash contribu		_	3
	A.+ \A/= af a			items contributed	Form 990, Part VIII, line 1g				
1		art							
2		treasures							
3		interests							
4		olications							
5		ousehold goods							
6		vehicles							
7		nes							
8	Intellectual pro								
9		blicly traded							
10		sely held stock							
11		rtnership, LLC, or							
	trust interests								
12		scellaneous							
13		ervation contribution -							
	Historic structu								
14		ervation contribution - Other							
15		esidential							
16		ommercial							
17		ther							
18									
19	Food inventory  Drugs and medical supplies								
20	Drugs and medical supplies								
21	Taxidermy Listential publication								
22		icts							
23		imens							
24		artifacts							
25	Other (	VARIOUS ITEMS )	X	52	147,171.	FMV			
26	Other (	)							
27	Other (	)							
28	Other (	)							
29		ms 8283 received by the organi							
	for which the o	rganization completed Form 82	83, Part V, D	onee Acknowledg	ement <b>29</b>				
								Yes	No
30a		r, did the organization receive b							
	must hold for a	at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
		ses for the entire holding period	?				30a		X
b		be the arrangement in Part II.							
31		nization have a gift acceptance				tions?	31		X
32a	Does the organ	nization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?						32a		X
b	If "Yes," descri	be in Part II.							
33	If the organizat	ion didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	cked,			
	describe in Par	t II.							
НА	For Paperwo	ork Reduction Act Notice, see	the Instruct	tions for Form 990	)_	Schedule M	l (Forn	n 990)	2021

## **SCHEDULE 0** (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY PARTNERS

**Employer identification number** 95-4302067

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITY PARTNERS (THE "ORGANIZATION") IS A CALIFORNIA NONPROFIT
PUBLIC BENEFIT CORPORATION THAT HELPS FOSTER, LAUNCH AND GROW CREATIVE
SOLUTIONS TO COMMUNITY CHALLENGES. THROUGH FISCAL SPONSORSHIP, THE
ORGANIZATION PROVIDES THE BENEFITS OF TAX-EXEMPT STATUS, A FULL RANGE
OF BACK-OFFICE SERVICES, AND EXPERT GUIDANCE TO THE 181-PLUS PROJECTS
WORKING UNDER ITS UMBRELLA. AS AN INTERMEDIARY, THE ORGANIZATION
COMBINES ITS ROBUST FINANCIAL AND ADMINISTRATIVE SERVICES WITH
EXTENSIVE NONPROFIT DEVELOPMENT EXPERIENCE TO HELP FOUNDATIONS,
GOVERNMENT AGENCIES AND OTHER INSTITUTIONS CREATE AND MANAGE COMPLEX
INITIATIVES, BUILD GRANTEE CAPACITY, AND SUPPORTS OTHER EFFORTS TO
ADVANCE THE PUBLIC GOOD. THE ORGANIZATION'S KNOWLEDGE SHARING
ACTIVITIES ARE DESIGNED TO CAPTURE AND DISSEMINATE NONPROFIT BEST
PRACTICES, AS WELL AS GENERATE INNOVATIVE IDEAS AND PERSPECTIVES TO
STRENGTHEN LEADERS, BUILD THE FIELD, AND SERVE AS A SPRINGBOARD FOR AN
EFFECTIVE CIVIL SOCIETY.
ACROSS ALL PROGRAM AREAS, THE ORGANIZATION WORKS TOWARD ITS
ORGANIZATIONAL VISION: A VIBRANT SOCIETY IN WHICH INDIVIDUALS AND
INSTITUTIONS USE KNOWLEDGE, RESOURCES AND RELATIONSHIPS TO BUILD
EQUITABLE, DEMOCRATIC AND THRIVING COMMUNITIES. THE ORGANIZATION'S WORK
SPANS A WIDE RANGE OF FIELDS, INCLUDING CIVIC ENGAGEMENT, ARTS AND
CULTURE, EDUCATION, SOCIAL JUSTICE, HEALTH, PUBLIC POLICY, SOCIAL
SERVICES AND YOUTH.

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

<u>Schedule O (Form 990) 2021</u> Page **2** 

**Employer identification number** Name of the organization COMMUNITY PARTNERS 95-4302067 FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: THROUGH THE FISCAL SPONSORSHIP PROGRAM, WE ACCEPT NEW PROGRAM PROJECTS ON A REGULAR BASIS. WHILE EACH PROGRAM IS MONITORED AND IDENTIFIED ON A SEPARATE BASIS, THEY ARE ALL CONSIDERED TO BE PART OF THE ORGANIZATION'S FISCAL SPONSORSHIP PROGRAM, WHICH HAS NOT CHANGED. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROJECTS FOCUS ON CIVIC AND PHILANTHROPIC ACTIVITIES THAT INCLUDES THE ARTS, EDUCATION, ENVIRONMENTAL SUSTAINABILITY, HEALTH, AND SOCIAL SERVICES TO BRING ABOUT POSITIVE CHANGE TO COMMUNITIES. EXPENSES \$ 53,539,013. INCL GRANTS OF \$ 7,497,891. REVENUE \$ 5,309,100. FORM 990, PART VI, SECTION B, LINE 11B: THE AUDIT COMMITTEE OF THE ORGANIZATION REVIEWS THE INFORMATIONAL RETURN AND THEN MAKES IT AVAILABLE FOR THE REST OF THE BOARD OF DIRECTORS FOR THEIR REVIEW. THE RETURN IS THEN ELECTRONICALLY FILED. FORM 990, PART VI, SECTION B, LINE 12C: ALL CONTRACTS AND EXPENSES ARE REVIEWED BY FINANCE STAFF AND ALL CORPORATE LEVEL DECISIONS THAT MIGHT BE A CONFLICT OF INTEREST ARE KNOWN BY THE PRESIDENT OF THE ORGANIZATION AND REVIEWED AND DISCUSSED WITH THE APPROPRIATE STAFF AND LEGAL COUNSEL. 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

Schedule O (Form 990) 2021 Page 2

Schedule O (Form 990) 2021		Page 2
Name of the organization  COMMUNITY PARTNERS		Employer identification number 95-4302067
FILINGS OF SELECTED COMPARISON ORGANIZATIONS A	ND 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 CONSULT	ANT IS UTILIZED TO CONDUCT A	
COMPETITIVE COMPENSATION ASSESSMENT FOR THESE	POSITIONS AS WELL.	
FORM 990, PART VI, SECTION C, LINE 19:		
ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST	POLICY, INFORMATIONAL RETURNS	
AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE	PUBLIC UPON REQUEST. THE FORM	
990 IS ALSO AVAILABLE FOR PUBLIC INSPECTION ON	WWW.GUIDESTAR.ORG.	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
PROGRAMMATIC/GENERAL CONSULTING SERVICES:		
PROGRAM SERVICE EXPENSES	23,579,491.	
MANAGEMENT AND GENERAL EXPENSES	3,402,702.	
FUNDRAISING EXPENSES	58,557.	
TOTAL EXPENSES	27,040,750.	
PUBLIC RELATIONS/COMMUNICATIONS:		
PROGRAM SERVICE EXPENSES	227,112.	
MANAGEMENT AND GENERAL EXPENSES	32,774.	
FUNDRAISING EXPENSES	564.	
TOTAL EXPENSES	260,450.	
ART & DESIGN:		
PROGRAM SERVICE EXPENSES	294,080.	Calcadala O. /Farma 0000 0000
132212 11-11-21	69	Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Schedule O (Form 990) 2021		Page 2
Name of the organization  COMMUNITY PARTNERS		Employer identification number 95-4302067
MANAGEMENT AND GENERAL EXPENSES	42,438.	
FUNDRAISING EXPENSES	730.	
TOTAL EXPENSES	337,248.	
STAFF & VOLUNTEER RECRUITMENT:		
PROGRAM SERVICE EXPENSES	76,717.	
MANAGEMENT AND GENERAL EXPENSES	11,071.	
FUNDRAISING EXPENSES	191.	
TOTAL EXPENSES	87,979.	
EVALUATION:		
PROGRAM SERVICE EXPENSES	218,511.	
MANAGEMENT AND GENERAL EXPENSES	31,533.	
FUNDRAISING EXPENSES	543.	
TOTAL EXPENSES	250,587.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	27,977,014.	