

EXTENSION GRANTED TO MAY 16, 2022

Form **990**

**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

**2020**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2020 calendar year, or tax year beginning** JUL 1, 2020 **and ending** JUN 30, 2021

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> COMMUNITY PARTNERS  <b>Doing business as</b> _____ <b>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</b> 1000 NORTH ALAMEDA STREET 240 <b>City or town, state or province, country, and ZIP or foreign postal code</b> LOS ANGELES, CA 90012  <b>F Name and address of principal officer:</b> ALICIA LARA SAME AS C ABOVE	<b>D Employer identification number</b> 95-4302067  <b>E Telephone number</b> (213) 346-3200  <b>G Gross receipts \$</b> 105,068,352.  <b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions  <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.COMMUNITYPARTNERS.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1991 <b>M State of legal domicile:</b> CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>COMMUNITY DEVELOPMENT AND SOCIAL ENTERPRISE ORGANIZATION.</u> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 15 <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 15 <b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) ..... <b>5</b> 1056 <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> 350 <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 0. <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> 0.																									
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">65,343,542.</td> <td style="text-align: right;">82,322,658.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">4,540,639.</td> <td style="text-align: right;">4,731,388.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">577,646.</td> <td style="text-align: right;">333,116.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">345.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">70,461,827.</td> <td style="text-align: right;">87,387,507.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	65,343,542.	82,322,658.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	4,540,639.	4,731,388.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	577,646.	333,116.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	0.	345.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	70,461,827.	87,387,507.							
	Prior Year	Current Year																								
<b>8</b> Contributions and grants (Part VIII, line 1h) .....	65,343,542.	82,322,658.																								
<b>9</b> Program service revenue (Part VIII, line 2g) .....	4,540,639.	4,731,388.																								
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	577,646.	333,116.																								
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	0.	345.																								
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	70,461,827.	87,387,507.																								
<b>Expenses</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....</td> <td style="text-align: right;">8,979,606.</td> <td style="text-align: right;">7,695,720.</td> </tr> <tr> <td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....</td> <td style="text-align: right;">34,577,676.</td> <td style="text-align: right;">36,848,605.</td> </tr> <tr> <td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....</td> <td style="text-align: right;">178,267.</td> <td style="text-align: right;">160,591.</td> </tr> <tr> <td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,608,244.</td> <td></td> <td></td> </tr> <tr> <td><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....</td> <td style="text-align: right;">23,794,401.</td> <td style="text-align: right;">36,525,650.</td> </tr> <tr> <td><b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....</td> <td style="text-align: right;">67,529,950.</td> <td style="text-align: right;">81,230,566.</td> </tr> <tr> <td><b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....</td> <td style="text-align: right;">2,931,877.</td> <td style="text-align: right;">6,156,941.</td> </tr> </tbody> </table>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	8,979,606.	7,695,720.	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	34,577,676.	36,848,605.	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	178,267.	160,591.	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,608,244.			<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	23,794,401.	36,525,650.	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	67,529,950.	81,230,566.	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	2,931,877.	6,156,941.	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	8,979,606.	7,695,720.																								
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.																								
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	34,577,676.	36,848,605.																								
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	178,267.	160,591.																								
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,608,244.																										
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	23,794,401.	36,525,650.																								
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	67,529,950.	81,230,566.																								
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	2,931,877.	6,156,941.																								
<b>Net Assets or Fund Balances</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16) .....</td> <td style="text-align: right;">47,234,339.</td> <td style="text-align: right;">58,586,885.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26) .....</td> <td style="text-align: right;">5,020,102.</td> <td style="text-align: right;">9,856,758.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....</td> <td style="text-align: right;">42,214,237.</td> <td style="text-align: right;">48,730,127.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	<b>20</b> Total assets (Part X, line 16) .....	47,234,339.	58,586,885.	<b>21</b> Total liabilities (Part X, line 26) .....	5,020,102.	9,856,758.	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	42,214,237.	48,730,127.													
	Beginning of Current Year	End of Year																								
<b>20</b> Total assets (Part X, line 16) .....	47,234,339.	58,586,885.																								
<b>21</b> Total liabilities (Part X, line 26) .....	5,020,102.	9,856,758.																								
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	42,214,237.	48,730,127.																								

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer MAMIE FUNAHASHI, CFO Type or print name and title	Date February 25, 2022
<b>Paid Preparer Use Only</b>	Print/Type preparer's name NAZANIN BENYAMINI	Preparer's signature NAZANIN BENYAMINI
	Firm's name ▶ SINGERLEWAK LLP Firm's address ▶ 10960 WILSHIRE BOULEVARD, 7TH FLOOR LOS ANGELES, CA 90024-3783	Date 02/03/22 Check if self-employed <input type="checkbox"/> Firm's EIN ▶ 95-2302617 Phone no. (310) 477-3924

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 7,818,514. 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 \$ 4,271,278. including grants of \$ ) (Revenue \$ 127,561.) SAFE PLACE FOR YOUTH: SAFE PLACE FOR YOUTH'S MISSION IS TO FIND, STABILIZE, AND ASSIST HOMELESS YOUTH UNDER THE AGE OF 25 AND IMPROVE THEIR LIVES.

4c (Code: ) (Expenses \$ 3,228,512. including grants of \$ 3,146,212.) (Revenue \$ ) F5LA ECE PAF: F5LA ECE PAF IS A PARTNERSHIP WITH FIRST 5 LOS ANGELES TO WORK WITH POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND PARTICULARLY THOSE AT RISK HAVE ACCESS TO AFFORDABLE EARLY CARE AND EDUCATION.

4d Other program services (Describe on Schedule O.) (Expenses \$ 50,293,841. including grants of \$ 4,549,508.) (Revenue \$ 4,603,827.)

4e Total program service expenses 65,612,145.

**Part IV Checklist of Required Schedules**

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

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     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 financial 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  \_\_\_\_\_  
 MAMIE FUNAHASHI, CFO - (213) 346-3200  
 1000 N. ALAMEDA ST., STE 240, LOS ANGELES, CA 90012

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL VANDEVENTER PRESIDENT & CEO	50.00			X			389,099.	0.	60,617.	
(2) MAMIE FUNAHASHI CHIEF FINANCIAL OFFICER	50.00			X			235,605.	0.	40,562.	
(3) SHERI NICOLE DUNN BERRY DIR. OF PROGRAMS	40.00				X		218,230.	0.	13,984.	
(4) PATRICK BALL DIR OF RESEARCH, HUMAN RIG	40.00				X		192,807.	0.	25,800.	
(5) DANIEL ROSENFELD EXECUTIVE DIR, LAND USE SO	40.00				X		197,054.	0.	15,493.	
(6) SU JIN JEZ PROJECT DIRECTOR	40.00				X		200,291.	0.	9,945.	
(7) ANDREW LEVEY VICE PRESIDENT OF HUMAN RESOURCES	40.00				X		191,850.	0.	16,421.	
(8) BONNIE BOSWELL BOARD MEMBER	2.00	X					0.	0.	0.	
(9) JAMES P. DE BREE, JR., CPA BOARD MEMBER (STARTING 01/21)	2.00	X					0.	0.	0.	
(10) LISA CLERI REALE BOARD MEMBER (STARTING 01/21)	2.00	X					0.	0.	0.	
(11) ANDREA CAPACHIETTI BOARD MEMBER	2.00	X					0.	0.	0.	
(12) STEVEN J. COBB BOARD MEMBER	2.00	X					0.	0.	0.	
(13) ELADIO CORREA (THROUGH 12/20) BOARD MEMBER	2.00	X					0.	0.	0.	
(14) OSCAR E. CRUZ BOARD MEMBER	2.00	X					0.	0.	0.	
(15) VICTOR DE LA CRUZ, JD BOARD MEMBER	2.00	X					0.	0.	0.	
(16) CHARLES J. HAMILTON, III ESQ. BOARD MEMBER	2.00	X					0.	0.	0.	
(17) IRWIN J. JAEGER BOARD MEMBER	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RIGIO J. SABORIO BOARD MEMBER	2.00	X						0.	0.	0.
(19) LISA CLERI REALE BOARD MEMBER	2.00	X						0.	0.	0.
(20) ANI ZONNEVELD BOARD MEMBER	2.00	X						0.	0.	0.
(21) ANGE-MARIE HANCOCK, PH.D. EXECUTIVE COMMITTEE - PAST	10.00	X		X				0.	0.	0.
(22) CHRISTOPHER P. KEARLEY EXECUTIVE COMMITTEE - TREA	10.00	X		X				0.	0.	0.
(23) HELEN B. KIM EXECUTIVE COMMITTEE - SECR	5.00	X		X				0.	0.	0.
(24) PERRY C. PARKS, III EXECUTIVE COMMITTEE - CHAI	5.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								1,624,936.	0.	182,822.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,624,936.	0.	182,822.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
DESERT VISTA CONSULTING 10002 N. 28TH PLACE, PHOENIX, AZ 85028	CONSULTING SERVICE	414,310.
SINGER LEWAK, 10960 WILSHIRE BLVD, 7TH FLOOR, LOS ANGELES, CA 90024	CONSULTING SERVICE	387,909.
CAPITAL LINK PO BOX 984001, BOSTON, MA 02298	CONSULTING SERVICE	195,588.
THE SOUL FOCUSED GROUP 3839 80TH AVE SE, MERCER ISLAND, WA 98040	CONSULTING SERVICE	164,750.
CHRISSE M CASTRO AND ASSOCIATES 4141 VERDUGO VIEW DR, LOS ANGELES, CA 90065	CONSULTING SERVICE	146,688.

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



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>	137,139.					
	<b>c</b> Fundraising events	<b>1c</b>	482,588.					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	32,094,539.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	49,608,392.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 257,070.					
	<b>h Total.</b> Add lines 1a-1f			82,322,658.				
	<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM SERVICES	<b>Business Code</b>	900099	2,483,484.	2,483,484.		
<b>b</b> CONTRACTS			900099	2,004,529.	2,004,529.			
<b>c</b> PROGRAM TUITION/MERCH.			900099	243,375.	243,375.			
<b>d</b>								
<b>e</b>								
<b>f</b> All other program service revenue								
<b>g Total.</b> Add lines 2a-2f				4,731,388.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			434,728.			434,728.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties			345.			345.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real					
			(ii) Personal					
	<b>b</b> Less: rental expenses	<b>6b</b>						
	<b>c</b> Rental income or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss)							
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	17,527,407.				
			(ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	17,589,295.	39,724.				
	<b>c</b> Gain or (loss)	<b>7c</b>	-61,888.	-39,724.				
<b>d</b> Net gain or (loss)				-101,612.			-101,612.	
<b>8 a</b> Gross income from fundraising events (not including \$ 482,588. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		51,826.					
			51,826.					
<b>b</b> Less: direct expenses	<b>8b</b>							
<b>c</b> Net income or (loss) from fundraising events				0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>							
<b>b</b> Less: direct expenses	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>							
<b>b</b> Less: cost of goods sold	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory								
<b>Miscellaneous Revenue</b>	<b>11 a</b>	<b>Business Code</b>						
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions				87,387,507.	4,731,388.	0.	333,461.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,995,679.	6,995,679.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	677,119.	677,119.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	22,922.	22,922.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	793,838.	248,438.	545,400.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	30,314,201.	21,120,748.	5,563,430.	3,630,023.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	897,732.	637,919.	149,128.	110,685.
<b>9</b> Other employee benefits	2,664,105.	1,823,593.	531,855.	308,657.
<b>10</b> Payroll taxes	2,178,729.	1,572,762.	327,479.	278,488.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	193,577.	177,249.	14,422.	1,906.
<b>c</b> Accounting	100,276.	75,683.	24,593.	
<b>d</b> Lobbying	69,226.	69,226.		
<b>e</b> Professional fundraising services. See Part IV, line 17	160,591.			160,591.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	23,337,703.	21,526,487.	1,738,723.	72,493.
<b>12</b> Advertising and promotion	93,812.	27.	93,785.	
<b>13</b> Office expenses	1,515,035.	1,079,734.	435,301.	
<b>14</b> Information technology	288,595.	264,252.	21,501.	2,842.
<b>15</b> Royalties				
<b>16</b> Occupancy	1,282,917.	1,170,477.	112,440.	
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	444,283.	386,386.	57,897.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	135,874.	3,245.	132,629.	
<b>23</b> Insurance	215,388.	11,663.	203,725.	
<b>24</b> 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.)				
<b>a</b> FUNDS DISBURSED TO SEPA	4,538,895.	4,510,387.	28,508.	
<b>b</b> PROGRAM SUPPLIES	1,305,382.	1,300,728.	4,654.	
<b>c</b> HONORARIA	1,275,193.	1,261,916.	13,277.	
<b>d</b> POSTAGE & PRINTING	212,306.	186,175.	26,131.	
<b>e</b> All other expenses	1,517,188.	489,330.	985,299.	42,559.
<b>25</b> Total functional expenses. Add lines 1 through 24e	81,230,566.	65,612,145.	11,010,177.	4,608,244.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	13,915,556.	<b>1</b>	16,550,894.
	<b>2</b> Savings and temporary cash investments .....	593,117.	<b>2</b>	985,839.
	<b>3</b> Pledges and grants receivable, net .....	15,313,280.	<b>3</b>	22,891,260.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	576,315.	<b>9</b>	993,783.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 968,582.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 650,446.		
	<b>11</b> Investments - publicly traded securities .....	14,741,256.	<b>11</b>	14,596,212.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,785,604.	<b>15</b>	2,250,761.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	47,234,339.	<b>16</b>	58,586,885.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,020,102.	<b>17</b>	9,017,215.
	<b>18</b> Grants payable .....		<b>18</b>	604,625.
	<b>19</b> Deferred revenue .....		<b>19</b>	234,918.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,020,102.	<b>26</b>	9,856,758.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	4,512,109.	<b>27</b>	9,532,111.
	<b>28</b> Net assets with donor restrictions .....	37,702,128.	<b>28</b>	39,198,016.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	42,214,237.	<b>32</b>	48,730,127.
<b>33</b> Total liabilities and net assets/fund balances .....	47,234,339.	<b>33</b>	58,586,885.	

Form 990 (2020)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	87,387,507.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	81,230,566.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	6,156,941.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	42,214,237.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	358,949.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	48,730,127.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
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? \_\_\_\_\_  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form 990 (2020)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	38,285,416.	44,520,201.	52,402,102.	65,343,542.	82,322,658.	282,873,919.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	38,285,416.	44,520,201.	52,402,102.	65,343,542.	82,322,658.	282,873,919.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						11,942,514.
<b>6 Public support.</b> Subtract line 5 from line 4.						270,931,405.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	38,285,416.	44,520,201.	52,402,102.	65,343,542.	82,322,658.	282,873,919.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	316,782.	374,213.	419,136.	512,839.	435,073.	2,058,043.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						284,931,962.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	18,029,109.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	95.09 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	90.71 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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 <b>Part VI</b> 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.	Yes	No
<b>b</b> Did the activities described in 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <b>COMMUNITY PARTNERS</b>	Employer identification number <b>95-4302067</b>
---	---

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2020

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

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

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....	X		173.
<b>d</b> Mailings to members, legislators, or the public? .....	X		26,338.
<b>e</b> Publications, or published or broadcast statements? .....	X		2,234.
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		17,495.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		22,986.
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			69,226.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

-CA STATE LOBBYING: AB 109 AB 1007, AB 1038, AB 1041, AB 1087, AB

1106, AB 1116, AB 1145, AB 115, AB 1196, AB 1238, AB 124, AB 1253, AB

1401, AB 1432, AB 1432, AB 1456, AB 1456, AB 1457, AB 15, AB 2077,

AB 2147, AB 2218, AB 2342, AB 2360, AB 2416, AB 2425, AB 2542, AB 256,

AB 288, AB 292, AB 3070, AB 3107, AB 417, AB 481, AB 503, AB 595, AB

**Part IV** Supplemental Information (continued)

610, AB 617, AB 617, AB 71, AB 717, AB 731, AB 767, AB 935, AB 937, AB

945, AB 963, AB 99, PROPOSITIONS 15, 16, 17, 18, 20, 21, 22 & MEASURE

J, SB 1120, SB 132, SB 1327, SB 1383, SB 145, SB 17, SB 2, SB 223, SB

245, SB 286, SB 288, SB 300, SB 309, SB 3107, SB 321, SB 369, SB 373,

SB 378, SB 40, SB 416, SB 464, SB 464, SB 493, SB 493, SB 555, SB 56,

SB 563, SB 563, SB 583, SB 6, SB 65, SB 674, SB 679, SB 702, SB 731,

SB 749, SB 757, SB 764, SB 81, SB 86, SB 9, SB 932, SB 961, SB 973

-FEDERAL LOBBYING: 5855, COVID RELIEF, PAID LEAVE ACT, HAVI, MINIMUM

WAGE, BETTER JOBS ACT, CHILD CARE IS ESSENTIAL ACT, EDUCATION HEROES

ACT, IMMIGRATION, STUDENT DEBT, GUN VIOLENCE, INFRASTRUCTURE

-LA CITY LOBBYING: AIR QUALITY MEASURE, METRO TRANSIT, VISION 2022,

AFFORDABLE HOUSING, SUSTAINABILITY PLAN, RAIL TO RIVER CORRIDOR

PROJECT, CLIMATE, VIOLENCE, CIVIL AND HUMAN RIGHTS



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

2020

Open to Public Inspection

Name of the organization

COMMUNITY PARTNERS

Employer identification number

95-4302067

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose of easements, total number and acreage, and monitoring details.

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

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

Table with 2 columns: Question, Amount. Rows include reporting requirements for art collections and required amounts for revenue and assets.

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

Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		45,513.	25,807.	19,706.
d Equipment		923,069.	624,639.	298,430.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				318,136.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, 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-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	88,179,834.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	358,949.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	381,552.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	51,826.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		792,327.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	87,387,507.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	87,387,507.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	81,663,944.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	381,552.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	51,826.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		433,378.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	81,230,566.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	81,230,566.

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

THE ORGANIZATION IS ORGANIZED AS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM INCOME TAXES UNDER THE INTERNAL REVENUE CODE 501(C)(3), AND FROM FRANCHISE TAXES UNDER 23710(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE, EXCEPT WITH RESPECT TO ANY UNRELATED BUSINESS INCOME. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT, AS OF JUNE 30, 2021 AND 2020, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

**Part XIII** Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 51,826.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 51,826.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

COMMUNITY PARTNERS

Employer identification number

95-4302067

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA		6	PROGRAM SERVICES	CONSULTING	11,783.
EUROPE		6	PROGRAM SERVICES	CONSULTING	40,625.
CENTRAL AMERICA AND THE CARIBBEAN		3	PROGRAM SERVICES	CONSULTING	2,780.
AFRICA		2	PROGRAM SERVICES	CONSULTING	450.
<b>3 a</b> Subtotal .....	0	17			55,638.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	17			55,638.

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

Schedule F (Form 990) 2020







**Part IV Foreign Forms**

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

**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 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**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  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 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) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
LILIAN CONOVER - 3848 LOS FELIZ BLVD #23, LOS ANGELES, MELISSA DAVIS - 4632 141ST COURT SE, BELLEVUE, WA 98006	GRANTWRITING		X	3,872,305.	44,125.	3,828,180.
CAMBIO COLECTIVO COLLECTIVE CHANGE - 423 BELDEN AVE, LOS VELOCITY INK LLC - 9157 CAMINO REAL, SAN GABRIEL, CA	GRANTWRITING		X	1,256,512.	17,590.	1,238,922.
CECILY LERNER CONSULTING - 17926 MARTHA ST., ENCINO, CA	GRANTWRITING		X	971,185.	14,080.	957,105.
SUSAN NEUFELD - 1212 LAWRENCE STREET, EL CERRITO, CA 94530	GRANTWRITING		X	876,253.	12,500.	863,753.
MARIA PRICHARD - 1400 N CORONADO ST., LOS ANGELES, CA	GRANTWRITING		X	860,035.	5,095.	854,940.
JMP GRANTS CONSULTING - 3637 GLENDON AVE #107, LOS ADAM LEWIS SOMERS - PO BOX 187, SANTA PAULA, CA 93061	GRANTWRITING		X	493,449.	22,000.	471,449.
JENNIFER WISHNER - PO BOX 176, SEAL BEACH, CA 90740	GRANTWRITING		X	296,592.	10,063.	286,530.
			X	203,350.	7,188.	196,163.
			X	144,342.	15,800.	128,542.
			X	134,141.	12,150.	121,991.
<b>Total</b>				<b>9,108,164.</b>	<b>160,591.</b>	<b>8,947,575.</b>

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

CA

**Part II Fundraising Events.** Complete if the organization answered "Yes" 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	
		PARTNERS FOR PEDIATRIC VISION	MOVE LA	80	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	153,915.	65,305.	315,194.	534,414.
	2	Less: Contributions	153,915.	64,416.	264,257.	482,588.
	3	Gross income (line 1 minus line 2)		889.	50,937.	51,826.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages			7,704.	7,704.
	8	Entertainment			4,437.	4,437.
	9	Other direct expenses			39,685.	39,685.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				51,826.
11	Net income summary. Subtract line 10 from line 3, column (d)				0.	

**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.

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

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

(I) NAME OF FUNDRAISER: LILIAN CONOVER

(I) ADDRESS OF FUNDRAISER: 3848 LOS FELIZ BLVD #23, LOS ANGELES, CA 90027

(I) NAME OF FUNDRAISER: MELISSA DAVIS

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

(I) NAME OF FUNDRAISER: CAMBIO COLECTIVO COLLECTIVE CHANGE

**Part IV** Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: 423 BELDEN AVE, LOS ANGELES, CA 90022

(I) NAME OF FUNDRAISER: VELOCITY INK LLC

(I) ADDRESS OF FUNDRAISER: 9157 CAMINO REAL, SAN GABRIEL, CA 91755

(I) NAME OF FUNDRAISER: CECILY LERNER CONSULTING

(I) ADDRESS OF FUNDRAISER: 17926 MARTHA ST., ENCINO, CA 91316

(I) NAME OF FUNDRAISER: SUSAN NEUFELD

(I) ADDRESS OF FUNDRAISER: 1212 LAWRENCE STREET, EL CERRITO, CA 94530

(I) NAME OF FUNDRAISER: MARIA PRICHARD

(I) ADDRESS OF FUNDRAISER: 1400 N CORONADO ST., LOS ANGELES, CA 90026

(I) NAME OF FUNDRAISER: JMP GRANTS CONSULTING

(I) ADDRESS OF FUNDRAISER: 3637 GLENDON AVE #107, LOS ANGELES, CA 90034

(I) NAME OF FUNDRAISER: ADAM LEWIS SOMERS

(I) ADDRESS OF FUNDRAISER: PO BOX 187, SANTA PAULA, CA 93061

(I) NAME OF FUNDRAISER: JENNIFER WISHNER

(I) ADDRESS OF FUNDRAISER: PO BOX 176, SEAL BEACH, CA 90740

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

COMMUNITY PARTNERS

Employer identification number  
95-4302067

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD CARE RESOURCE CENTER INC 20001 PRAIRIE ST CHATSWORTH, CA 91311	34-1601127	501(C)(3)	500,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
THE SOUL FOCUSED GROUP 3839 80TH AVE SE MERCER ISLAND, WA 98040	83-4423848	CORPORATION	376,000.	0.	CASH GRANT		PROVIDES ANTI-RACISM TRAINING, LEADERSHIP DEVELOPMENT ACTIVITIES, COACHING, AND CONSULTING
ADVANCEMENT PROJECT 1910 W. SUNSET BLVD SUITE 500 LOS ANGELES, CA 90026	95-4835230	501(C)(3)	375,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
UNITE-LA INC. 350 S BIXEL ST LOS ANGELES, CA 90017	82-0576380	501(C)(3)	350,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
CHILDREN NOW 1404 FRANKLIN ST. SUITE 700 OAKLAND, CA 94612	94-3059243	501(C)(3)	325,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
CALIFORNIA CHILD CARE RESOURCE & REFERRAL NETWORK - 1182 MARKET ST. STE 300 - SAN FRANCISCO, CA 94102	94-2718807	501(C)(3)	290,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

114.  
22.

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

Schedule I (Form 990) 2020

**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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW VENTURE FUND 1201 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20036	20-5806345	501(C)(3)	280,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
PACOIMA BEAUTIFUL 13520 VAN NUYS BLVD SUITE 3200 PACOIMA, CA 91331	95-4770745	501(C)(3)	241,905.	0.	CASH GRANT		BUILD A COMMUNITY THAT IS SAFE, GREEN, SOCIALLY INCLUSIVE AND RESILIENT TO CLIMATE CHANGE.
ALLIANCE FOR SOUTHERN CALIFORNIA INNOVATION - 87 N RAYMOND AVE #200 - PASADENA, CA 91103	82-1726203	501(C)(3)	207,433.	0.	CASH GRANT		SUPPORT, ENERGIZE AND CONNECT THE SOCIAL NODES, THEREBY INCREASING ECONOMIC DEVELOPMENT IN
CHILD 360 515 SOUTH FIGUEROA ST SUITE 900 LOS ANGELES, CA 90071	22-3902958	501(C)(3)	200,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
IMPERIAL COUNTY PUBLIC HEALTH DEPARTMENT - 935 BROADWAY ST - EL CENTRO, CA 92243	95-6001665	GOV'T	200,000.	0.	CASH GRANT		CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE PROGRAM: IMPROVING HEALTH CARE
INNER CITY STRUGGLE 3467 WHITTIER BLVD LOS ANGELES, CA 90023	27-2133211	501(C)(3)	175,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
LOS ANGELES CONSERVATION CORPS PO BOX 15868 LOS ANGELES, CA 90015	95-4002138	501(C)(3)	162,347.	0.	CASH GRANT		BUILD A COMMUNITY THAT IS SAFE, GREEN, SOCIALLY INCLUSIVE AND RESILIENT TO CLIMATE CHANGE.
THE NATIONAL THEATRE FOR CHILDREN, INC. - 6305 SANDBURG RD #100 - MINNEAPOLIS, MN 55427	41-1381625	501(C)(3)	150,383.	0.	CASH GRANT		SUPPORT INTERACTIVE, EDUCATIONAL THEATRE PROGRAMMING TO PROVIDE ENRICHMENT EDUCATION ON
UNITED WAYS OF CALIFORNIA 1107 FAIR OAKS AVE #12 SOUTH PASADENA, CA 91030	94-1646369	501(C)(3)	100,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND

Schedule I (Form 990)



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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES TRADE TECHNICAL COLLEGE - 400 WEST WASHINGTON BLVD - LOS ANGELES, CA 90015		GOV'T	99,021.	0.	CASH GRANT		PROVIDE RESOURCES FOR COVID-19 TESTING
GRID ALTERNATIVES GREATER LOS ANGELES INC - 1338 S. FLOWER STREET - LOS ANGELES, CA 90015	46-1652604	501(C)(3)	97,489.	0.	CASH GRANT		BUILD A COMMUNITY THAT IS SAFE, GREEN, SOCIALLY INCLUSIVE AND RESILIENT TO CLIMATE CHANGE.
SOLONGI LLC 424 N LAKE AVE ATE 104B PASADENA, CA 91101	85-0960134	CORPORATION	91,686.	0.	CASH GRANT		SMARTAIR LA: TECHNOLOGIES TO EMPOWER CITIZENS TO REDUCE THE EFFECTS AND PREVALENCE OF
LEAGUE OF WOMEN VOTERS OF CALIFORNIA EDUCATION FUND - 921 ELEVENTH ST. STE 700 - SACRAMENTO, CA 95814	68-0061260	501(C)(3)	88,298.	0.	CASH GRANT		FUTURE OF CALIFORNIA ELECTIONS PROGRAM: IMPROVING ELECTION SYSTEM SUPPORT COMMUNITY
FAITH IN THE VALLEY 2027 E HARDING WAY STOCKTON, CA 95205	77-0635938	501(C)(3)	82,520.	0.	CASH GRANT		LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN
PALOS VERDES ESTATES FOUNDATION PO BOX 955 PALOS VERDES ESTATES, CA 90274	95-3603084	501(C)(3)	76,038.	0.	CASH GRANT		FUND BEAUTIFICATION, COMMUNITY DEVELOPMENT, CULTURE AND ARTS, AND CIVIC ENGAGEMENT
CHILDREN'S PARTNERSHIP 811 WILSHIRE BLVD. SUITE 1000 LOS ANGELES, CA 90017	46-4106389	501(C)(3)	75,150.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
SHARED HARVEST FOUNDATION 910 N. MARTEL AVE #309 LOS ANGELES, CA 90046	32-0556686	501(C)(3)	73,300.	0.	CASH GRANT		PROVIDE RESOURCES FOR COVID-19 TESTING
THE REGENTS UNIVERSITY OF CALIFORNIA - BOX 957089 1125 MURPHY HALL 405 HILGARD AVE - LOS ANGELES, CA 90095		GOV'T	72,439.	0.	CASH GRANT		BUILD A COMMUNITY THAT IS SAFE, GREEN, SOCIALLY INCLUSIVE AND RESILIENT TO CLIMATE CHANGE.

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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES BUSINESS COUNCIL 2029 CENTURY PARK SUITE 1240 LOS ANGELES, CA 90067	27-1485429	501(C)(3)	53,807.	0.	CASH GRANT		BUILD A COMMUNITY THAT IS SAFE, GREEN, SOCIALLY INCLUSIVE AND RESILIENT TO CLIMATE CHANGE.
BLACK WOMEN FOR WELLNESS 4340 11TH AVE LOS ANGELES, CA 90008	95-4624707	501(C)(3)	50,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
CALIFORNIA BLACK WOMEN'S HEALTH PROJECT - 9800 S. LA CIENEGA BLVD. STE 905 - INGLEWOOD, CA 90301	95-4702923	501(C)(3)	50,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
CALIFORNIA CHILDRENS HOSPITAL ASSOCIATION - 1215 K ST. STE 1930 - SACRAMENTO, CA 95814	95-4306671	501(C)(6)	50,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
CHILDRENS SPECIALITY CARE COALITION - 925 L ST. STE 1180 - SACRAMENTO, CA 95814	68-0484332	501(C)(6)	50,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
CORESHELL TECHNOLOGIES INC 2625 ALCATRAZ AVE #314 BERKELEY, CA 94705	82-1674629	CORPORATION	50,000.	0.	CASH GRANT		CLEANTECH OPEN: FIND, FUND, AND FOSTER ENTREPRENEURS WITH IDEAS TO SOLVE OUR GREATEST STUDENTS 4 STUDENTS: SERVES HOMELESS YOUNG ADULTS PURSUING THEIR DEGREES AT COMMUNITY
LOS ANGELES ROOM AND BOARD 106 N 3RD ST ALHAMBRA, CA 91801	83-3172348	501(C)(3)	50,000.	0.	CASH GRANT		SUPPORT LOCAL STUDENTS WITH A SEAMLESS PATHWAY FROM PRESCHOOL THROUGH COLLEGE.
MY529 400 WEST SALT LAKE CITY, UT 84101	87-0680188	CORPORATION	50,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
NATIONAL HEALTH LAW PROGRAM 3701 WILSHIRE BLVD SUITE 750 LOS ANGELES, CA 90010	95-3080947	501(C)(3)	50,000.	0.	CASH GRANT		

Schedule I (Form 990)

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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE EDUCATION TRUST WEST 1501 K STREET NW SUITE 200 WASHINGTON, DC 20005	52-1982223	501(C)(3)	50,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
WESTERN CENTER ON LAW & POVERTY INC - 3701 WILSHIRE BLVD. SUITE 208 - LOS ANGELES, CA 90010	95-2897721	501(C)(3)	50,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
DOMINGUEZ SAMOAN CONGRESSIONAL CHRISTIAN CHURCH EFKS - 109 S APRILIA AVE - COMPTON, CA 90220	33-0082608	501(C)(3)	48,000.	0.	CASH GRANT		SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION AMONGST PACIFIC ISLANDERS
UNIVERSITY OF CALIFORNIA LOS ANGELES - FINANCIAL AID OFFICE A-129J MURPHY HALL BOX 951435 - LOS ANGELES, CA 90095		GOV'T	36,250.	0.	CASH GRANT		ASSIST WELL-QUALIFIED, LOW-INCOME HIGH SCHOOL STUDENTS GAIN ADMISSION TO GOOD COLLEGES
COMMUNITY COALITION FOR SUBSTANCE ABUSE - PREVENTION AND TREATMENT 8101 S. VERMONT AVE - LOS ANGELES, CA 90044	95-4298811	501(C)(3)	36,000.	0.	CASH GRANT		PROVIDE RESOURCES FOR COVID-19 TESTING
LONG BEACH MEMORIAL CARE MEDICAL CENTER - 2801 ATLANTIC AVE PO BOX 1428 - LONG BEACH, CA 90806	95-6105984	501(C)(3)	35,000.	0.	CASH GRANT		SMARTAIR LA: TECHNOLOGIES TO EMPOWER CITIZENS TO REDUCE THE EFFECTS AND PREVALENCE OF
COUNCIL FOR A STRONG AMERICA 1212 NEW YORK AVE NW SUITE 300 WASHINGTON, DC 20005	13-3840271	501(C)(3)	33,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
ASIAN PACIFIC ISLANDER INITIATIVE 591 TELEGRAPH CANYON RD. SUITE 259 CHULA VISTA, CA 91910	82-0998345	501(C)(3)	32,000.	0.	CASH GRANT		SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION AMONGST PACIFIC ISLANDERS
THE YOUNG S.A.M.O.A. 25850 AVALON AVE SAN BERNARDINO, CA 92404	83-1708802	501(C)(3)	31,506.	0.	CASH GRANT		SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION AMONGST PACIFIC ISLANDERS

**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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TRUST FOR PUBLIC LAND 101 MONTGOMERY ST STE 900 SAN FRANCISCO, CA 94104	23-7222333	501(C)(3)	31,274.	0.	CASH GRANT		BUILD A COMMUNITY THAT IS SAFE, GREEN, SOCIALLY INCLUSIVE AND RESILIENT TO CLIMATE CHANGE.
ISSUE VOTER MARIA YUAN PO BOX 160541 AUSTIN, TX 78716	46-1980016	CORPORATION	30,041.	0.	CASH GRANT		SUPPORT DEMOCRACY BY MAKING CIVIC ENGAGEMENT ACCESSIBLE, EFFICIENT, AND IMPACTFUL.
DISABILITY RIGHTS CALIFORNIA 1831 K ST SACRAMENTO, CA 95811	94-2505916	501(C)(3)	30,000.	0.	CASH GRANT		FUTURE OF CALIFORNIA ELECTIONS PROGRAM: IMPROVING ELECTION SYSTEM
FRIENDS OF GALA 1067 WEST BLVD LOS ANGELES, CA 90019	81-2014188	501(C)(3)	30,000.	0.	CASH GRANT		CCEF: CULTIVATES CIVIC AWARENESS, PARTICIPATION, AND EMPOWERMENT THROUGH RESEARCH, EDUCATION, AND SUPPORT POLICY ADVOCACY
PARKER STRATEGIES DBA PARKER STRATEGIES 65 FAIRWAY D NOVATO, CA 94949	549-83-3132	N/A	30,000.	0.	CASH GRANT		CLEANTECH OPEN: FIND, FUND, AND FOSTER ENTREPRENEURS WITH IDEAS TO SOLVE OUR GREATEST
QUATCARE LLC 19 MORRIS AVENUE BUILDING 128 BROOKLYN, NY 11205	83-4719726	CORPORATION	30,000.	0.	CASH GRANT		HARNESS THE POWER OF DATA TO PROVIDE A SHARED UNDERSTANDING OF OUR COMMUNITY'S STRENGTHS AND EFFECTIVELY ENGAGE AND SUPPORT BOTH THE STUDENTS AND TEACHERS OF PEERKADODDLE PRESCHOOL.
SANTA MONICA BAY HUMAN RELATIONS COUNCIL - HUMAN RELATIONS COUNCIL 2530 WILSHIRE BLVD. 3RD FLR - SANTA MONICA, CA 90403	61-1486057	501(C)(3)	27,260.	0.	CASH GRANT		SUPPORT ECONOMIC DEVELOPMENT AND PUBLIC POLICY IN CALIFORNIA
PEEKA DOODLE KIDS CLUB, INC. 4228 GEARY BLVD. SAN FRANCISCO, CA 94118	42-1745676	501(C)(3)	26,369.	0.	CASH GRANT		
ABEL AND ASSOCIATES 700 S FLOWER STREET STE 700 LOS AN LOS ANGELES, CA 90017	95-3287646	CORPORATION	25,200.	0.	CASH GRANT		

Schedule I (Form 990)

**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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUEFEET LLC 1560 NEWBURY ROAD STE 1-186 NEWBURY PARK, CA 91320	27-4552170	CORPORATION	25,000.	0.	CASH GRANT		BUILD A COMMUNITY THAT IS SAFE, GREEN, SOCIALLY INCLUSIVE AND RESILIENT TO CLIMATE CHANGE.
BOSTON UNIVERSITY 1010 COMMONWEALTH AVE BOSTON, MA 02215	04-2103547	501(C)(3)	25,000.	0.	CASH GRANT		HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO
CAMPUS WITHIN WALLS 109 CAMPUS DR ALBERTA, VA 23821	52-1238450	501(C)(3)	25,000.	0.	CASH GRANT		HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO
CHILD CARE LAW CENTER 445 CHURCH ST SAN FRANCISCO, CA 94114	94-2959973	501(C)(3)	25,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
FEATHER RIVER COLLEGE 570 GOLDEN EAGLE AVE QUINCY, CA 95971	68-0188281	501(C)(3)	25,000.	0.	CASH GRANT		HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO
FREEDOM EDUCATION PROJECT PUGET SOUND - 918 S HORTON ST #912 - SEATTLE, WA 98134	45-5291038	501(C)(3)	25,000.	0.	CASH GRANT		HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO
HAWAII STATE DEPARTMENT OF PUBLIC SAFETY - 919 ALA MOANA BLVD #405 - HONOLULU, HI 96814	99-6001081	GOV'T	25,000.	0.	CASH GRANT		HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO
NORTH CAROLINA FIELD MINISTER PROGRAM - 120 S WINGATE AVE - WAKE FOREST, NC 27587	56-0649251	501(C)(3)	25,000.	0.	CASH GRANT		HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO
PRISON NEIGHBORHOOD ARTS AND EDUCATION PROJECT - 2040 N MILWAUKEE AVE - CHICAGO, IL 60647	23-7034689	501(C)(3)	25,000.	0.	CASH GRANT		HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO

Schedule I (Form 990)

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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUINNIPAC/TRINITY PRISON EDUCATION PROGRAM AT YORK - 275 MT CARMEL AVE. CL-AC3 - HAMDEN, CT 06518	06-0646701	501(C)(3)	25,000.	0. CASH GRANT			HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO
SACRAMENTO STATE PRISON EDUCATION PROGRAM - LASSEN HALL RM 2104 6000 J ST - SACRAMENTO, CA 95819	94-3001359	501(C)(3)	25,000.	0. CASH GRANT			HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO
SHASTA COLLEGE STEP-UP PROGRAM PO BOX 496006 REDDING, CA 96049	68-0363349	501(C)(3)	25,000.	0. CASH GRANT			HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO
SHELTER PARTNERSHIPS INC 520 S. GRAND AVE SUITE 695 LOS ANGELES, CA 90071	95-3976214	501(C)(3)	25,000.	0. CASH GRANT			GENERAL CONTRIBUTION
STETSON UNIVERSITY 412 N WOODLAND BLVD #8358 DELAND, FL 32723	59-0624416	501(C)(3)	25,000.	0. CASH GRANT			HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO
TENNESSEE HIGHER EDUCATION INITIATIVE - 1006 SHELBY AVENUE - NASHVILLE, TN 37206	45-4531767	501(C)(3)	25,000.	0. CASH GRANT			HIGHER EDUCATION IN PRISON COHORT PROGRAM: PROVIDES COLLEGE EDUCATION RESOURCES TO
SOUTH SIDE LUMBER INC. 1300 S. PARK AVE PO BOX A HERRIN, IL 62948	37-1239291	CORPORATION	22,242.	0. CASH GRANT			SCORE: FINANCIAL SUPPORT AND MENTORING TO YOUNG ATHLETES WHO SUFFER SPINAL CORD INJURIES.
UNIVERSITY OF CALIFORNIA OF SANTA BARBARA - FINANCIAL AID OFFICE 2103 SAASB - SANTA BARBARA, CA 93106		GOV'T	21,750.	0. CASH GRANT			ASSIST WELL-QUALIFIED, LOW-INCOME HIGH SCHOOL STUDENTS GAIN ADMISSION TO GOOD COLLEGES
SOUTH CENTRAL LOS ANGELES MINISTRY PROJECT - ATTN: DIANA PINTO 892 E 48TH ST - LOS ANGELES, CA 90011	95-45711388	501(C)(3)	20,750.	0. CASH GRANT			INVESTING IN PLACE; ADVOCATES FOR MORE EQUITABLE TRANSPORTATION INVESTMENTS AND IMPROVED

**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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTENNIAL SCHOOL DISTRICT 18135 SE BROOKLYN ST PORTLAND, OR 97236	93-6000847	GOV'T	20,000.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
CENTER ON POLICY INITIATIVES 3727 CAMINO DEL RIO SOUTH SUITE 10 SAN DIEGO, CA 92108	33-0824881	501(C)(3)	20,000.	0.	CASH GRANT		INCREASE ACCESS TO QUALITY JOBS, REDUCE DISCRIMINATION, AND IMPROVE INDUSTRIES THAT
DAVID DOUGLAS SCHOOL DISTRICT 11300 NE HALSEY ST PORTLAND, OR 97220	93-6014226	GOV'T	20,000.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
MYCOCYCLE INC 785 HARTFORD LANE BOLINGBROOK, IL 60440	85-2147946	CORPORATION	20,000.	0.	CASH GRANT		CLEANTECH OPEN: FIND, FUND, AND FOSTER ENTREPRENEURS WITH IDEAS TO SOLVE OUR GREATEST
NORTH MARION SCHOOL DISTRICT 20256 GRIM ROAD NE AURORA, OR 97002	93-6000759	GOV'T	20,000.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
OMNICARD FOSTER PLAZA 10 SUITE 430 680 ANDERSEN DRIVE - PITTSBURGH, PA 15220	91-2198647	CORPORATION	20,000.	0.	CASH GRANT		INCREASE ACCESS TO QUALITY JOBS, REDUCE DISCRIMINATION, AND IMPROVE INDUSTRIES THAT
RYSE CENTER 205 41ST ST RICHMOND, CA 94805	26-0692904	501(C)(3)	20,000.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN
SILVER FALLS SCHOOL DISTRICT 612 SCHLADOR ST SILVERTON, OR 97381	93-6009509	GOV'T	20,000.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
TIDES ADVOCACY/JUSTICE TEAMS NETWORK - JUSTICE TEAMS NETWORK PO BOX 399381 - SAN FRANCISCO, CA 94139	94-3153687	501(C)(4)	20,000.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN

Schedule I (Form 990)

**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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USC SPONSORED PROJECTS ACCOUNTING 3720 S FLOWER ST CUB 303 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	20,000.	0.	CASH GRANT		FUTURE OF CALIFORNIA ELECTIONS PROGRAM: IMPROVING ELECTION SYSTEM
MIDDLEBURY COLLEGE 84 SOUTH SERVICE RD MIDDLEBURY, VT 05753		GOV'T	19,750.	0.	CASH GRANT		ASSIST WELL-QUALIFIED, LOW-INCOME HIGH SCHOOL STUDENTS GAIN ADMISSION TO GOOD COLLEGES
POMONA COLLEGE 333 N COLLEGE WAY CLAREMONT, CA 91711		GOV'T	19,750.	0.	CASH GRANT		ASSIST WELL-QUALIFIED, LOW-INCOME HIGH SCHOOL STUDENTS GAIN ADMISSION TO GOOD COLLEGES
EAST SIDE RIDERS BIKE CLUB 218 W. 121 PL. LOS ANGELES, CA 90061	27-1119835	501(C)(3)	18,750.	0.	CASH GRANT		INVESTING IN PLACE: ADVOCATES FOR MORE EQUITABLE TRANSPORTATION INVESTMENTS AND IMPROVED
UC BERKELEY 201 SPROUL HALL #1960 BERKELEY, CA 94720		GOV'T	18,125.	0.	CASH GRANT		ASSIST WELL-QUALIFIED, LOW-INCOME HIGH SCHOOL STUDENTS GAIN ADMISSION TO GOOD COLLEGES
EVERYCHILD CALIFORNIA 1107 2ND ST #320 SACRAMENTO, CA 95814	93-1187319	501(C)(3)	18,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
UNITED TERRITORIES OF PACIFIC ISLANDERS ALLIANCE PORTLAND - 2808 MLK BLVD #31 - PORTLAND, OR 97212	61-1668192	501(C)(3)	18,000.	0.	CASH GRANT		SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION AMONGST PACIFIC ISLANDERS
DIGNITY AND POWER NOW 3655 S GRAND AVE #240 LOS ANGELES LOS ANGELES, CA 90007	46-3064675	501(C)(3)	17,000.	0.	CASH GRANT		SUPPORT COMMUNITY LEADERSHIP AND ENGAGEMENT IN THE ACTIVITIES OF THE ALLIANCE FOR BOYS AND MEN
PACIFIC ISLAND ETHNIC ART MUSEUM 1450 NEOTOMAS SUITE 200 SANTA ROSA, CA 95405	94-6000539	501(C)(3)	16,000.	0.	CASH GRANT		SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION AMONGST PACIFIC ISLANDERS

Schedule I (Form 990)



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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES - 10889 WILSHIRE BLVD. #700 BOX 951406 LOS ANGELES - LOS ANGELES, CA 90095	95-6006143	GOV'T	16,000.	0.	CASH GRANT		SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION AMONGST PACIFIC ISLANDERS
COMMUNITY ENERGY LABS LLC 5305 RIVER ROAD NORTH STE B KEIZER, OR 97303	84-4242106	CORPORATION	15,000.	0.	CASH GRANT		CLEANTECH OPEN: FIND, FUND, AND FOSTER ENTREPRENEURS WITH IDEAS TO SOLVE OUR GREATEST
HANDS FOR HOPE 11210 OTSEGO ST NORTH HOLLYWOOD LOS ANGELES, CA 91601	95-4791662	501(C)(3)	15,000.	0.	CASH GRANT		SUPPORT THE PROVISION OF PREVENTATIVE MENTAL HEALTH SERVICES TO THE MOST VULNERABLE
PARENTS ANONYMOUS INC 250 WEST 1ST STREET SUITE 250 CLAREMONT, CA 91711	23-7278097	501(C)(3)	15,000.	0.	CASH GRANT		SUPPORT THE PROVISION OF PREVENTATIVE MENTAL HEALTH SERVICES TO THE MOST VULNERABLE
WESTMONT COUNSELING CENTER 1704 W. MANCHESTER AVE SUITE 202A LOS ANGELES, CA 90047	82-1236510	501(C)(3)	15,000.	0.	CASH GRANT		SUPPORT THE PROVISION OF PREVENTATIVE MENTAL HEALTH SERVICES TO THE MOST VULNERABLE
UC DAVIS FINANCIAL AID OFFICE 1100 DUTTON HALL ONE SHIELDS AVE - DAVIS, CA 95616		GOV'T	14,500.	0.	CASH GRANT		ASSIST WELL-QUALIFIED, LOW-INCOME HIGH SCHOOL STUDENTS GAIN ADMISSION TO GOOD COLLEGES
YANCEY AND EDGLEY FELLOWSHIP 215 CAMPO DR LONG BEACH, CA 90803	84-4425068	501(C)(3)	13,962.	0.	CASH GRANT		HEALTH PROMOTION, PHYSICAL FITNESS AND COMMUNITY HEALTH EDUCATION DEVELOPS
SCRIPPS COLLEGE FINANCIAL AID OFFICE 1030 COLOMBIA AVE #2027 - CLAREMONT, CA 91711		GOV'T	13,500.	0.	CASH GRANT		ASSIST WELL-QUALIFIED, LOW-INCOME HIGH SCHOOL STUDENTS GAIN ADMISSION TO GOOD COLLEGES
MT OLIVE EVANGELICAL LUTHERAN CHURCH - 1343 OCEAN PARK BLVD - SANTA MONICA, CA 90405	95-1757256	501(C)(3)	12,500.	0.	CASH GRANT		STUDENTS 4 STUDENTS: SERVES HOMELESS YOUNG ADULTS PURSUING THEIR DEGREES AT COMMUNITY

Schedule I (Form 990)

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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIKE-ON.COM 72 COLLEGE STREET WARWICK, RI 02886	05-0504335	CORPORATION	10,000.	0.	CASH GRANT		SCORE: FINANCIAL SUPPORT AND MENTORING TO YOUNG ATHLETES WHO SUFFER SPINAL CORD INJURIES.
BLU EDUCATIONAL FOUNDATION PO BOX 7042 SAN BERNARDINO, CA 92411	59-3823989	501(C)(3)	10,000.	0.	CASH GRANT		INCREASE ACCESS TO QUALITY JOBS, REDUCE DISCRIMINATION, AND IMPROVE INDUSTRIES THAT
CAROLINA HOME LIFT INC PO BOX 202 ARDEN, NC 28704	30-0455406	CORPORATION	10,000.	0.	CASH GRANT		SCORE: FINANCIAL SUPPORT AND MENTORING TO YOUNG ATHLETES WHO SUFFER SPINAL CORD INJURIES.
CLATSKANIE SCHOOL DISTRICT PO BOX 678 CLATSKANIE, OR 97016	93-1243622	GOV'T	10,000.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
CONGREGATIONS ORGANIZED FOR PROPHETIC ENGAGEMENT - 1505 W HIGHLAND AVE SUITE 1 - SAN BERNARDINO, CA 92411	33-9038212	501(C)(3)	10,000.	0.	CASH GRANT		INCREASE ACCESS TO QUALITY JOBS, REDUCE DISCRIMINATION, AND IMPROVE INDUSTRIES THAT
FOOD CHAIN WORKERS ALLIANCE INC. 1215 SOUTH PLYMOUTH BLVD LOS ANGELES, CA 90019	90-7028464	501(C)(3)	10,000.	0.	CASH GRANT		CREATE A HEALTHY LONG BEACH WITH LOW-INCOME COMMUNITIES OF COLOR BY BUILDING COMMUNITY
LIVING ISLANDS 1237 CEDAR ST LAKE OSWEGO, OR 97034	46-2626255	501(C)(3)	10,000.	0.	CASH GRANT		SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION AMONGST PACIFIC ISLANDERS
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	95-3567895	501(C)(3)	10,000.	0.	CASH GRANT		PROMOTE LIBERTY, EQUALITY AND JUSTICE FOR THE LATINO LGBTQ COMMUNITY
NONPROFIT FINANCE FUND 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004	13-3238657	501(C)(3)	10,000.	0.	CASH GRANT		WORK TO PROVIDE VEHICLE DWELLERS (HOMELESS PEOPLE WHO SLEEP IN THEIR CARS) WITH SECURE OVERNIGHT

Schedule I (Form 990)

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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NUMOTION 5950 S 118TH CIRCLE OMAHA, NE 68137		CORPORATION	10,000.	0.	CASH GRANT		SCORE: FINANCIAL SUPPORT AND MENTORING TO YOUNG ATHLETES WHO SUFFER SPINAL CORD INJURIES.
PILIPINO WORKERS CENTER 153 GLENDALE BLVD. 2ND FLOOR LOS ANGELES, CA 90026	77-4393010	501(C)(3)	10,000.	0.	CASH GRANT		WORK FOR WORKERS RIGHTS ADVOCATES AND WORKER HEALTH AND SAFETY PROFESSIONALS WHO
R&R VAN LIFT SALES AND SERVICE 2130 SIGMAN RD NW CONYERS, GA 30012	58-1220312	CORPORATION	10,000.	0.	CASH GRANT		SCORE: FINANCIAL SUPPORT AND MENTORING TO YOUNG ATHLETES WHO SUFFER SPINAL CORD INJURIES.
STARTING OVER INC./ ALL OF US OR NONE - 1390 W 6TH ST #100 - CORONA, CA 92882	90-0455003	501(C)(3)	10,000.	0.	CASH GRANT		INCREASE ACCESS TO QUALITY JOBS, REDUCE DISCRIMINATION, AND IMPROVE INDUSTRIES THAT
TOBY NICHOLS CONSTRUCTION CO. INC. 16952 NORTH HAGLER RD. NORTHPOINT, AL 35475	43-1964123	CORPORATION	10,000.	0.	CASH GRANT		SCORE: FINANCIAL SUPPORT AND MENTORING TO YOUNG ATHLETES WHO SUFFER SPINAL CORD INJURIES.
UNITED TERRITORIES OF PACIFIC ISLANDERS ALLIANCE SEATTLE - 205 E MEEKER ST - KENT, WA 98032	61-1668192	501(C)(3)	10,000.	0.	CASH GRANT		SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION AMONGST PACIFIC ISLANDERS
UTAH PACIFIC ISLANDER CIVIC ENGAGEMENT COALITION - 4220 S 4850 W - WEST VALLEY CITY, UT 84120	81-3560782	501(C)(3)	10,000.	0.	CASH GRANT		SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION AMONGST PACIFIC ISLANDERS
TIGARD TUALATIN SCHOOL DISTRICT 6960 SW SANDBURG ST TIGARD, OR 97223	93-0572333	GOV'T	9,996.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
FALLS CITY SCHOOL DISTRICT 111 N MAIN ST FALLS CITY, OR 97344	93-6000892	GOV'T	9,600.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES

Schedule I (Form 990)

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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTERING THE MARGINS LLC 8714 HARTSDALE AVE BETHESDA, MD 20817	84-3681121	CORPORATION	9,240.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
LOW INCOME INVESTMENT FUND 49 STEVENSON ST SUITE 300 SAN FRANCISCO, CA 94105	94-2952578	501(C)(3)	9,216.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
GET IN MOTION ENTREPRENEURS 74401 HOVLEY LN E APT 2112 PALM DESERT, CA 92260	36-4866953	501(C)(3)	8,083.	0.	CASH GRANT		ENGAGE IN STATE AND LOCAL BUDGET ADVOCACY AND IDENTIFY REVENUE SOLUTIONS AND ORGANIZE TO
BOWHEAD DESIGN PO BOX 68 EAST LANSING, MI 48826		CORPORATION	8,000.	0.	CASH GRANT		SCORE: FINANCIAL SUPPORT AND MENTORING TO YOUNG ATHLETES WHO SUFFER SPINAL CORD INJURIES.
CANN-A (COFA ALLIANCE NATIONAL NETWORK- ARIZONA) - 18277 W LA MIRADA DR. - GOODYEAR, AZ 85338	85-2149445	501(C)(3)	8,000.	0.	CASH GRANT		SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION AMONGST PACIFIC ISLANDERS
UNITED DOMESTIC WORKERS OF AMERICA 4855 SEMINOLE DR. SAN DIEGO, CA 92115	95-3741159	501(C)(3)	8,000.	0.	CASH GRANT		SUPPORT POLICY ADVOCACY ORGANIZATIONS TO ENSURE THAT ALL CHILDREN IN LOS ANGELES COUNTY AND
VERNONIA SCHOOL DISTRICT 1201 TEXAS AVE VERNONIA VERNONIA, OR 97064	93-6000336	GOV'T	7,835.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
JEWISH FAMILY SERVICE OF THE DESERT - 490 S FARRELL DR, SUITE C208 - PALM SPRINGS, CA 92262	33-0613083	501(C)(3)	7,788.	0.	CASH GRANT		ENGAGE IN STATE AND LOCAL BUDGET ADVOCACY AND IDENTIFY REVENUE SOLUTIONS AND ORGANIZE TO
LOS ANGELES NEIGHBORHOOD LAND TRUST - 1689 BEVERLY BLVD. - LOS ANGELES, CA 90026	38-3687836	501(C)(3)	6,611.	0.	CASH GRANT		ADDRESS ECONOMIC AND ENVIRONMENTAL SUSTAINABILITY AND CLIMATE JUSTICE IN

**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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES BROTHERHOOD CRUSADE INC - 200 E SLAUSON AVE - LOS ANGELES, CA 90011	95-2543819	501(C)(3)	6,485.	0.	CASH GRANT		ADDRESS ECONOMIC AND ENVIRONMENTAL SUSTAINABILITY AND CLIMATE JUSTICE IN
WEAR YOUR VOICE, INC. 2240 TRACY TERRACE LOS ANGELES, CA 90027	83-3246668	CORPORATION	6,482.	0.	CASH GRANT		PROVIDE A VOICE FOR DIVERSE PEOPLE AT THE INTERSECTION OF GENDER, RACE AND ETHNICITY,
FRANKLIN AND MARSHALL COLLEGE FINANCIAL AID OFFICE PO BOX 3003 LANCASTER, PA 17604	23-1352635	501(C)(3)	6,250.	0.	CASH GRANT		ASSIST WELL-QUALIFIED, LOW-INCOME HIGH SCHOOL STUDENTS GAIN ADMISSION TO GOOD COLLEGES
MOUNT SAINT MARY'S UNIVERSITY 12001 CHALON RD LOS ANGELES, CA 90049	95-1641455	501(C)(3)	6,250.	0.	CASH GRANT		ASSIST WELL-QUALIFIED, LOW-INCOME HIGH SCHOOL STUDENTS GAIN ADMISSION TO GOOD COLLEGES
T.R.U.S.T. - SOUTH LA 158 W. 64TH STREET LOS ANGELES, CA 90003	42-1687057	501(C)(3)	6,033.	0.	CASH GRANT		ADDRESS ECONOMIC AND ENVIRONMENTAL SUSTAINABILITY AND CLIMATE JUSTICE IN
ART BEYOND THE GLASS LLC 10244 MOSSY ROCK CIRCLE LOS ANGELES, CA 90077	95-4302067	501(C)(3)	6,000.	0.	CASH GRANT		SUPPORT PROGRAM SHOWCASE THE ARTISTIC TALENTS
THE CHAPTER HOUSE 1438 ALLESANDRO ST. LOS ANGELES, CA 90026	83-4564456	501(C)(3)	6,000.	0.	CASH GRANT		SUPPORT PROGRAM TO ENCOURAGE CIVIC PARTICIPATION AMONGST PACIFIC ISLANDERS
KOREAN IMMIGRANT WORKERS ADVOCATES 941 S. VERMONT AVE. STE. 101 #301 LOS ANGELES, CA 90006	95-4392004	501(C)(3)	5,800.	0.	CASH GRANT		INVESTING IN PLACE; ADVOCATES FOR MORE EQUITABLE TRANSPORTATION INVESTMENTS AND IMPROVED
RIGHT TO THE CITY ALLIANCE INC 388 ATLANTIC AVE, 2ND FL BROOKLYN, NY 11217	94-3462187	501(C)(3)	5,800.	0.	CASH GRANT		INVESTING IN PLACE; ADVOCATES FOR MORE EQUITABLE TRANSPORTATION INVESTMENTS AND IMPROVED

Schedule I (Form 990)

**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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAJE 152 W 32 STREET LOS ANGELES LOS ANGELES, CA 90007	93-1226092	501(C)(3)	5,800.	0.	CASH GRANT		INVESTING IN PLACE: ADVOCATES FOR MORE EQUITABLE TRANSPORTATION INVESTMENTS AND IMPROVED
HOW I ROLL SPORTS, LLC 3300 S. DIXIE HWY. STE#1-771 WEST PALM BEACH, FL 33405	46-2426819	CORPORATION	5,473.	0.	CASH GRANT		SCORE: FINANCIAL SUPPORT AND MENTORING TO YOUNG ATHLETES WHO SUFFER SPINAL CORD INJURIES.
LITTLE ETHIOPIA CULTURAL RESOURCE CENTER - 1045 S FAIRFAX AVE LOS ANGELES - LOS ANGELES, CA 90019		501(C)(3)	5,414.	0.	CASH GRANT		PROVIDES THE ETHIOPIAN COMMUNITY OF LOS ANGELES WITH AN INSTITUTIONAL PRESENCE THAT CAN OFFER
STRATEGIC CONCEPTS IN ORGANIZING & POLICY EDUCATION - 1715 WEST FLORENCE AVE LOS ANGELES - LOS ANGELES, CA 90047	95-4635737	501(C)(3)	5,058.	0.	CASH GRANT		ADDRESS ECONOMIC AND ENVIRONMENTAL SUSTAINABILITY AND CLIMATE JUSTICE IN

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE MATCH STUDENT SCHOLARSHIPS	155	180,057.	0.	CASH GRANTS	
LABWC COMMUNITY AID ASSISTANCE	49	119,410.	0.	CASH GRANTS	
THE UPSIDE GRANTS	34	80,450.	0.	CASH GRANTS	
ARTS ACTIVATION FUND GRANTS	107	70,600.	0.	CASH GRANTS	
MIRROR MENTOR SUPPORT FUND GRANTS	85	40,500.	0.	CASH GRANTS	

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

PART I, LINE 2:

GRANTEES ARE MONITORED THROUGH REVIEW OF FINANCIAL AND PROGRAM REPORTS,

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

VISITS AS NEEDED.

INDIVIDUAL SCHOLARSHIP APPLICANTS ARE REVIEWED AND SELECTED BY A SELECTION

COMMITTEE. ONCE A SCHOLARSHIP RECIPIENT HAS BEEN SELECTED, A SCHOLARSHIP

AWARD LETTER ALONG WITH PAYMENT IS PROVIDED TO THE RECIPIENT.

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), 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
SAFE PARKING LA FLEXIBLE FUNDING	128.	80,128.	0.	CASH GRANTS	
LATINO EQUALITY ALLIANCE SCHOLARSHIP AWARD	22.	35,500.	0.	CASH GRANTS	
EMPOWERING PACIFIC ISLANDER COMMUNITIES SCHOLARSHIP AWARDS	8.	25,750.	0.	CASH GRANTS	
SOCAL CAN SCHOLARSHIPS	21.	17,654.	0.	CASH GRANTS	
SCORE REHABILITATION GRANTS	2.	6,000.	0.	CASH GRANTS	
OTHER VARIOUS GRANTS	33.	21,070.	0.	CASH GRANTS	



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMUNITY PARTNERS

Employer identification number

95-4302067

**Part I Questions Regarding Compensation**

**1a** 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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (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

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**  Yes  No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**  Yes  No
- 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:

- a** The organization? **5a**  Yes  No
- b** Any related organization? **5b**  Yes  No
- 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:

- a** The organization? **6a**  Yes  No
- b** Any related organization? **6b**  Yes  No
- 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**  Yes  No

**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**  Yes  No

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**  Yes  No

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4c</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2020



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

PER CONFIDENTIALITY AGREEMENTS SIGNED BY THE ORGANIZATION, SEVERANCE

PACKAGES PAID TO EMPLOYEES ARE NOT OPEN FOR PUBLIC INSPECTION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

Part I	Types of Property		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications		X		88,589	FMV
5	Clothing and household goods		X		44,011	FMV
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution - Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ( VARIOUS ITEMS )		X	89	124,470	FMV
26	Other ( )					
27	Other ( )					
28	Other ( )					

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

COMMUNITY PARTNERS

Employer identification number

95-4302067

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

COMMUNITY PARTNERS (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.

Name of the organization COMMUNITY PARTNERS	Employer identification number 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 \$ 50,293,841. INCL GRANTS OF \$ 4,549,508. REVENUE \$ 4,603,827.

FORM 990, PART VI, SECTION A, LINE 2:

THE 2 RELATED BOARD MEMBERS ARE BONNIE BOSWELL AND CHARLES J. HAMILTON,  
III.

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.

Schedule O (Form 990 or 990-EZ) 2020

Page 2

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

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

THE CEO'S COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE AND THE BOARD. AN INDEPENDENT COMPENSATION CONSULTANT IS UTILIZED TO CONDUCT A COMPETITIVE COMPENSATION ASSESSMENT USING THE MOST AVAILABLE FORM 990 FILINGS OF SELECTED COMPARISON ORGANIZATIONS AND CURRENT MAJOR PUBLISHED SURVEYS COVERING THE DEFINED EXECUTIVE MARKET. THE CEO'S COMPENSATION IS APPROVED BY THE BOARD.

THE CEO AND THE EXECUTIVE COMMITTEE REVIEW AND APPROVE THE COMPENSATION OF OFFICERS. AN INDEPENDENT COMPENSATION CONSULTANT IS UTILIZED TO CONDUCT A COMPETITIVE COMPENSATION ASSESSMENT FOR THESE POSITIONS AS WELL.

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

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, INFORMATIONAL RETURNS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FORM 990 IS ALSO AVAILABLE FOR PUBLIC INSPECTION ON WWW.GUIDESTAR.ORG.

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

PROGRAMMATIC/GENERAL CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES	20,959,733.
MANAGEMENT AND GENERAL EXPENSES	1,692,609.
FUNDRAISING EXPENSES	66,397.
TOTAL EXPENSES	22,718,739.

PUBLIC RELATIONS/COMMUNICATIONS:

PROGRAM SERVICE EXPENSES	173,757.
MANAGEMENT AND GENERAL EXPENSES	14,138.
FUNDRAISING EXPENSES	1,869.



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

TOTAL EXPENSES	189,764.
----------------	----------

ART & DESIGN:

PROGRAM SERVICE EXPENSES	165,279.
--------------------------	----------

MANAGEMENT AND GENERAL EXPENSES	13,448.
---------------------------------	---------

FUNDRAISING EXPENSES	1,778.
----------------------	--------

TOTAL EXPENSES	180,505.
----------------	----------

STAFF & VOLUNTEER RECRUITMENT:

PROGRAM SERVICE EXPENSES	35,457.
--------------------------	---------

MANAGEMENT AND GENERAL EXPENSES	2,885.
---------------------------------	--------

FUNDRAISING EXPENSES	381.
----------------------	------

TOTAL EXPENSES	38,723.
----------------	---------

EVALUATION:

PROGRAM SERVICE EXPENSES	192,261.
--------------------------	----------

MANAGEMENT AND GENERAL EXPENSES	15,643.
---------------------------------	---------

FUNDRAISING EXPENSES	2,068.
----------------------	--------

TOTAL EXPENSES	209,972.
----------------	----------

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	23,337,703.
--	-------------