



# Fill out Application Form

Last updated: 05/01/2016

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## ORGANIZATIONAL INFORMATION

\*Indicates required field

### \* Name of Organization

Libros Schmibros

### \* Organization Address

Street	1711 Mariachi Plaza,
City/Town	Los Angeles, 90033
State	California
Country	United States

### \* Organization Phone

323.688.4850

### \* Organization Email

[info@librosschmibros.org](mailto:info@librosschmibros.org)

### Organization website address, if any

[www.librosschmibros.org](http://www.librosschmibros.org)

### \* Name of Authorized Representative

(Last Name, First Name)

Somers, Adam

### Title of Authorized Representative

Director of Development

### \* Organization Founding Date/Date of Incorporation

2010-07-01 00:00:00

**\* Organization Type**

**Responses Selected:**

Community-based (Community Service)

Other, please specify...: fiscally sponsored project of Community Partners

**\* Service Area**

**Responses Selected:**

Bell

Boyle Heights

Commerce

Huntington Park

Maywood

Unincorporated East Los Angeles (specify community)

Vernon

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**SERVICE DETAILS**

**What number of non-duplicate individuals directly benefit from your services?**

More than 200

**What age group(s) benefit the most from your services?**

**Responses Selected:**

Children and Youth (ages 0 -14)

Adolescents (ages 15 -17)

Teens and Young Adults (ages 15 – 20)

Adults (ages 21 – 54)

**STAFF DETAILS**

**\* Name of Executive Director**

(Last Name, First Name)

Kipen, David

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### List of Executive Staff/Volunteer Leadership (Attachment)

Biographies should include a brief description of current employment, community service and current and former board appointments

<https://jemmottrollinsgroup.fluidreview.com/media/assets/survey-uploads/16820/5896618-85TToEy4fR/Libros%20Staff.docx>

### Executive Staff/Volunteer Leadership biographies (Text)

You may alternatively choose to type biographies directly instead of attaching a separate document. Please specify titles and organizational involvement.

(No response)

### List of Board Members (Attachment)

Biographies should include a brief description of current employment, community service and current and former board appointments

<https://jemmottrollinsgroup.fluidreview.com/media/assets/survey-uploads/16820/5896618-fqskNUvQvb/LibrosBoardMembersBios-rev2.docx>

### List of Board Members (Text)

You may alternatively choose to type biographies directly instead of attaching a separate document.

(No response)

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### FINANCIAL INFORMATION

#### List of Income Sources

(For example: grants, earned income, individual donations)

As of 4.4.2016 (15-16 Fiscal Year)  
Cash - \$6,378.30  
Individual Contributions - 35,750.76  
Corporate Contributions - 10,000.00  
Foundation Grants - 87,500.00  
Government Contracts - \$2,500.00  
Total as of 4.4.2016 \$135,750.76

#### \* Most recent audit and/or 990.

(Please attach)

<https://jemmottrollinsgroup.fluidreview.com/media/assets/survey-uploads/16820/5896618-nOnxuvHAF5/Community%20Partners%20990%20FY15%20Tax%20Return%20Public.pdf>

**\* Current organization budget**

(Please attach)

<https://jemmottrollinsgroup.fluidreview.com/media/assets/survey-uploads/16820/5896618-8THAFUPkXp/LS%2015-16%20Budget.xlsm>

**\*Grant Amount:**

Please specify the amount of grant funds being requested.

\$50,000 over 2 years

**\* What percentage of your organization budget will the requested funds represent?**

16

**\* Are you requesting funding for a specific project?**

No

**Proposed budget for requested funds**

How will the organization specifically utilize grant funds? (Please attach)

<https://jemmottrollinsgroup.fluidreview.com/media/assets/survey-uploads/16820/5896618-GDDLZKJB1h/Vernon%20Proposed%20Budget%20for%20Requested%20Funds.xlsx>

**Name of Financial Institution**

(No response)

**Address of Financial Institution**

(No response)

**Phone Number of Financial Institution**

(No response)

**Name of Fiscal Sponsor (if applicable)**

Community Partners

**Fiscal Sponsor Address (if applicable)**

1000. N. Alameda Street Suite 240 Los Angeles, CA 90012

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**Fiscal Sponsor Phone (if applicable)**

2133463200

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**Fiscal Sponsor Email (if applicable)**

[cfreeman@communitypartners.org](mailto:cfreeman@communitypartners.org)

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**Fiscal Sponsor Website (if applicable)**

<http://www.communitypartners.org>

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**Does your organization have a current certificate of general liability insurance?**

Yes



# Fill out Application Narrative Form

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**\* What dollar amount are you requesting from the Vernon CommUNITY Fund?**

50,000

**\* Will you be requesting general operating support?**

Yes

**If yes:**

What is your annual operating budget?	\$145,000.00
What is your organization's mission? (250 words, maximum)	Libros Schmibros champions the pleasures of literature and its power to change lives. Working with local residents, artists, writers, readers and public officials, Libros Schmibros is dedicated to both the exploration of literature and the study, questioning, celebration, and betterment of Southern California
What is the target demographic for your services?	5 years to 34 years of age
What period of time are the requested funds expected to cover?	2 years

**Please attach the proposed budget for your project**

(No response)

**Describe your organization's history, listing significant achievements, accomplishments and recognition: (250 words, maximum)**

Opened in 2010. 2012 Hammer installation. On August 5, 2016, Libros Schmibros will present a classic Mexican film from 1965 "Tiempo de Morir" at the remodeled Ford Theatre. 1,018 dues paying members. 20,000 books distributed to the Eastside.

**\* Describe how your organization and/or project will improve the community of Vernon and/or its surrounding areas: (500 words, maximum)**

Current educational research increasingly identifies the presence of books in the home as the single most determinative factor in predicting a child's success. The NEA has highlighted census data correlating the habit of pleasure reading not just with social mobility, but with all forms of civic engagement, including voting and volunteering. In short, the ability to read and to access good books figures critically in the life of a citizen. By distributing books, Libros supports the human and economic development of the Greater Eastside.

Libros Schimbros Staff

***Colleen Jaurretche, Ph.D.***, Colleen Jaurretche (Co-Founder and Co-Director) has published a scholarly book on James Joyce, an edition of essays on Joyce and Samuel Beckett, and numerous other essays and reviews. She is a native of the Eastside where she grew up with her Mexican-American family, and is passionate about the city's cultural life, as well as the pleasures of literature. She teaches at UCLA.

***David Kipen*** (Co-Founder and Co-Director) formerly served as book critic of the San Francisco Chronicle and NEA Director of Literature, where he directed The Big Read. He writes & broadcasts about books & culture for KPCC-FM, *Los Angeles Times*, *The New York Times*, *Ozy.com* and *The Wall Street Journal*. He teaches at UCLA.

## Libros Schimbros Board Members

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**E-mail:** [cjaurretche@gmail.com](mailto:cjaurretche@gmail.com)

**David Kipen** formerly served as book critic of the San Francisco Chronicle and NEA Director of Literature, where he directed The Big Read. He writes & broadcasts about books & culture for KPCC-FM, *Los Angeles Times*, *The New York Times*, *Ozy.com*, and *The Wall Street Journal*.

**E-mail:** [kiped@gmail.com](mailto:kiped@gmail.com)

**Jonathan Parfrey** is executive director of Climate Resolve. He is a founder and Vice Chair of CicLAvia, the popular street event. He is also a founder of the Los Angeles Regional Collaborative for Climate Action and Sustainability and the statewide Alliance of Regional Collaboratives for Climate Adaptation.

From 2008-2013, Parfrey served as a commissioner at the Los Angeles Department of Water and Power. He is past president of the Los Angeles League of Conservation Voters. From 2007-2011, Parfrey served as director of the GREEN LA Coalition. From 1994 to 2007, he served as Los Angeles director of Nobel Peace Prize-winning organization Physicians for Social Responsibility. From 1987-1993, he founded and directed the Orange County Catholic Worker. In 1992, Parfrey received the Paul S. Delp Award for Outstanding Service, Peace, and Social Justice. In 2003, Mr. Parfrey was appointed to Governor Schwarzenegger's Environmental Policy Team. In 2002 he was awarded a Durfee Foundation Fellowship. In 2010, he received a Stanton Fellowship. In 2011, he was appointed a Senior Fellow at the USC Marshall School of Business, and is currently a fellow at the Los Angeles Institute for the Humanities.

**E-mail:** [jonathanparfrey@gmail.com](mailto:jonathanparfrey@gmail.com)

**Denise Villegas** is the University Archivist at Loyola Marymount University. She received her MLIS from the University of California, Los Angeles, specializing in archival studies after studying computer information systems at California State University, Fresno. Denise has worked as an archivist for the Los Angeles County Metropolitan Transportation Authority and for the UCLA Law Library as a library assistant.

**E-mail:** [turning.to.gold@gmail.com](mailto:turning.to.gold@gmail.com)

**Maite Zubiaurre** is Professor of Spanish and Portuguese literature at UCLA, and currently serves as Associate Dean of Diversity. She initiated her career as literary translator from novels in German into Spanish for the publisher Alfaguara. She holds a degree in Comparative Literature from Columbia University, and taught at the University of Texas, Austin, UNAM (Universidad Nacional Autónoma de México), ITAM (Instituto Tecnológico Autónomo de México), and USC (University of Southern California), before joining the

## Libros SchmiBros Board Members

Department of Spanish and Portuguese and the Department of Germanic Languages at UCLA. Her areas of expertise are comparative literature; gender studies; urban studies; cultural studies; modern and contemporary Peninsular literature; European (particularly German) and Latin American Realism; Latin American women's fiction; and Latina and Chicana fiction. She is the author of *El espacio en la novela realista. Paisajes, miniaturas, perspectivas* (Fondo de Cultura Económica, 2000) , a book-length study of the dialectics of space and gender in European and Latin American realist fiction; and of *Cultures of the Erotic. Spain 1898-1939* (Vanderbilt University Press, 2012), the first scholarly monograph that analyzes the diverse visual and textual representations of the erotic in Spanish popular culture during the so-called "Edad de Plata" or Silver Age (1898-1936). Maite Zubiaurre's adaptation and translation into Spanish of *Cultures of the Erotic –Culturas del erotismo en España 1898-1939* – was published by Cátedra in 2014. A comprehensive virtual archive or erotic Wunderkammer contains all the textual and visual materials discussed in *Cultures of the Erotic/ Culturas del erotismo*, as well as additional texts and images found in early 20th century Spanish erotica. Professor Zubiaurre is the author also of numerous articles and critical editions, and is the coeditor, with Roberta Johnson, of an anthology of Spanish feminist thought (*Antología del pensamiento feminista español: 1726-2008*, Cátedra, 2012). She is presently writing a scholarly volume on the visual and textual representations of trash and rubble in contemporary culture, and pursuing her passion for photography and collage.  
**E-mail:** [zubiaurre@ucla.edu](mailto:zubiaurre@ucla.edu)

**Richard Vasquez** is a creative marketing executive with diverse strategic marketing experience spanning 30 years focused on reaching the Latino consumer segments through relevant and strategic marketing and advertising campaigns, specializing in entertainment and experiential marketing. He has worked on national campaigns for Sears, Levi's and Kia Motors. He has consulted for LA City Mayor's Office, Walt Disney Imagineering, The California Endowment and NBC/Universal Telemundo in Los Angeles, helping them connect and engage with health and community building aspirations of L.A.'s diverse Spanish speaking Latino communities. Born in Silver City, New Mexico, raised in Los Angeles, he graduated from UCLA and Coro Foundation-LA Public Affairs Fellows Program. He currently resides in Highland Park and writes occasionally for Brooklyn & Boyle from the intersection of Community Building and Marketing.

**E-mail:** [ricahrd\\_richard@vasquezassociates.com](mailto:ricahrd_richard@vasquezassociates.com)

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

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

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

**A For the 2014 calendar year, or tax year beginning** JUL 1, 2014 **and ending** JUN 30, 2015

<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> Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1000 NORTH ALAMEDA STREET 240 City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90012 <b>F Name and address of principal officer:</b> PAUL J. VANDEVENTER 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> 42,921,725. <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>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>	18
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	18
<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	475
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	3000
<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, line 34	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	21,927,270.	28,035,248.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,017,878.	2,371,944.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	68,622.	113,771.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	315.	0.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,014,085.	30,520,963.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	2,459,913.	1,145,762.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	12,347,719.	14,138,908.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>1,616,921.</b>	59,595.	102,568.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,979,868.	13,564,714.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,847,095.	28,951,952.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-2,833,010.	1,569,011.
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	21,357,173.	23,373,893.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	1,853,329.	2,380,445.
		19,503,844.	20,993,448.

**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  
<b>Paid Preparer Use Only</b>	Print/Type preparer's name NAZANIN BENYAMINI Preparer's signature  NAZANIN BENYAMINI Date 10/27/15 Check if self-employed <input type="checkbox"/> PTIN P00666808 Firm's name SINGERLEWAK LLP Firm's EIN 95-2302617 Firm's address 10960 WILSHIRE BLVD. STE 700 LOS ANGELES, CA 90024-3783 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 \$ 2,121,202. including grants of \$ ) (Revenue \$ ) BABY2BABY

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

4b (Code: ) (Expenses \$ 1,183,207. including grants of \$ ) (Revenue \$ 226,678. ) CLIMATE RESOLVE

CLIMATE RESOLVE EDUCATES LA'S THOUGHT-LEADERS ON CLIMATE AND, WITH THEIR SUPPORT, ADVANCES POLICIES THAT WILL HELP PREPARE THE SOUTHLAND TO ADAPT TO THE ANTICIPATED IMPACTS, AS WELL AS REDUCE THE REGION'S CONTRIBUTION OF GREEN GASES.

4c (Code: ) (Expenses \$ 996,292. including grants of \$ ) (Revenue \$ 145,981. ) MOVE LA

MOVE LA CONVENES DIVERSE STAKEHOLDERS INCLUDING BUSINESS, LABOR, ENVIRONMENTAL, AND ADVOCACY GROUPS TO COLLABORATE ON FINANCING AND DEVELOPING A MORE ROBUST, EFFICIENT, AND GREEN PUBLIC TRANSIT SYSTEM IN LOS ANGELES COUNTY. 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.

4d Other program services (Describe in Schedule O.) (Expenses \$ 19,183,340. including grants of \$ 1,145,762.) (Revenue \$ 1,999,285.)

4e Total program service expenses 23,484,041.

**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 temporarily restricted endowments, permanent endowments, or 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? .....		

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions and numerical inputs.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed CA; 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [X] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARIA AGUILAR, M.D. BOARD MEMBER	2.00	X					0.	0.	0.	
(2) ANDREA CAPACHIETTI BOARD MEMBER	2.00	X					0.	0.	0.	
(3) JAMES DE BREE, CPA BOARD MEMBER	2.00	X					0.	0.	0.	
(4) WILLIAM C. CHOI (UNTIL 12/2014) BOARD MEMBER/IMMEDIATE PAST CHAIR	2.00	X					0.	0.	0.	
(5) GARY E. ERICKSON BOARD MEMBER	2.00	X					0.	0.	0.	
(6) ANGE-MARIE HANCOCK, PH.D. BOARD MEMBER	2.00	X					0.	0.	0.	
(7) IRWIN J. JAEGER BOARD MEMBER	2.00	X					0.	0.	0.	
(8) HENRY JONES (UNTIL 02/2015) BOARD MEMBER	2.00	X					0.	0.	0.	
(9) HELEN B. KIM BOARD MEMBER	2.00	X					0.	0.	0.	
(10) ANN REISS LANE BOARD MEMBER	2.00	X					0.	0.	0.	
(11) DEIDRE LIND BOARD MEMBER	2.00	X					0.	0.	0.	
(12) STEVEN A. NISSEN BOARD MEMBER	2.00	X					0.	0.	0.	
(13) PERRY PARKS BOARD MEMBER	2.00	X					0.	0.	0.	
(14) JOY PICUS BOARD MEMBER	2.00	X					0.	0.	0.	
(15) LISA CLERI REALE BOARD MEMBER	2.00	X					0.	0.	0.	
(16) JACK SHAKELY BOARD MEMBER	2.00	X					0.	0.	0.	
(17) KATE ANDERSON TREASURER	5.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEVE J. COBB CHAIR ELECT	10.00	X		X				0.	0.	0.
(19) ELADIO CORREA CHAIR	10.00	X		X				0.	0.	0.
(20) STEVE MEIER SECRETARY	5.00	X		X				0.	0.	0.
(21) SHERI NICOLE DUNN BERRY DIRECTOR OF PROGRAMS	50.00			X			148,116.	0.	551.	
(22) LINDA FOWELLS EXECUTIVE VICE PRESIDENT	50.00			X			162,919.	0.	36,271.	
(23) MAMIE FUNAHASHI CHIEF FINANCIAL OFFICER	50.00			X			159,970.	0.	668.	
(24) PAUL VANDEVENTER PRESIDENT & CEO	50.00			X			325,423.	0.	59,211.	
(25) DOUGLAS M. CHAPIN JR. PROJECT DIRECTOR	40.00					X	120,000.	0.	5,896.	
(26) PATRICK BALL PROJECT DIRECTOR	40.00					X	153,227.	0.	10,689.	
<b>1b Sub-total</b>							1,069,655.	0.	113,286.	
<b>c Total from continuation sheets to Part VII, Section A</b>							394,937.	0.	49,133.	
<b>d Total (add lines 1b and 1c)</b>							1,464,592.	0.	162,419.	

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE CALIFORNIA ENDOWMENT, 1000 N. ALAMEDA STREET, LOS ANGELES, CA 90012	RENT & PARKING	286,835.
YIFAT OREN AND ASSOCIATES 1527 FAIRFAX AVENUE, LOS ANGELES, CA 90046	EVENT PLANNING	217,364.
CSULB RESEARCH FOUNDATION, 6300 STATE UNIVERSITY DRIVE, STE 332, LONG BEACH, CA	RESEARCH CONSULTANT	205,458.
CALIFORNIANS TOGETHER, 525 E. 7TH STREET, STE 207, LONG BEACH, CA 90813	REGRANT SERVICES	196,680.
GRAVITY TANK, 114 W. ILLINOIS, 3RD FLOOR, CHICAGO, IL 60654	CONSULTING SERVICES	160,277.

**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 **11**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<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>	51,110.				
	<b>c</b> Fundraising events	<b>1c</b>	878,629.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	4,257,655.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	22,847,854.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		332,734.				
	<b>h Total.</b> Add lines 1a-1f		28,035,248.				
	<b>Program Service Revenue</b>	<b>2 a</b> CONFERENCE/WORKSHOP FE	<b>Business Code</b>	900099	1,256,735.	1,256,735.	
<b>b</b> CONTRACT & RESIDENT FE			900099	975,544.	975,544.		
<b>c</b> PROGRAM MERCHANDISE RE			900099	139,665.	139,665.		
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f				2,371,944.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			232,670.		232,670.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses			11,981,418.		
		<b>c</b> Gain or (loss)			-118,899.		
	<b>d</b> Net gain or (loss)			-118,899.		-118,899.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 878,629. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>			419,344.		
		<b>b</b> Less: direct expenses			419,344.		
<b>c</b> Net income or (loss) from fundraising events				0.			
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</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.			30,520,963.	2,371,944.	0.	113,771.	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	935,037.	935,037.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	192,191.	192,191.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	18,534.	18,534.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	857,225.	347,055.	510,170.	
<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	10,976,877.	7,851,857.	1,862,302.	1,262,718.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	323,908.	225,075.	63,518.	35,315.
<b>9</b> Other employee benefits	972,968.	669,600.	201,132.	102,236.
<b>10</b> Payroll taxes	1,007,930.	711,369.	182,477.	114,084.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	51,040.	35,460.	15,580.	
<b>c</b> Accounting	63,299.		63,299.	
<b>d</b> Lobbying	21,739.	21,739.		
<b>e</b> Professional fundraising services. See Part IV, line 17	102,568.			102,568.
<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.)	5,910,367.	5,848,818.	61,549.	
<b>12</b> Advertising and promotion	91,474.	90,924.	550.	
<b>13</b> Office expenses	332,462.	207,214.	125,248.	
<b>14</b> Information technology	146,080.	102,790.	43,290.	
<b>15</b> Royalties				
<b>16</b> Occupancy	966,481.	780,377.	186,104.	
<b>17</b> Travel	1,068,566.	945,628.	122,938.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,152,059.	1,025,345.	126,714.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	12,055.	1,339.	10,716.	
<b>23</b> Insurance	101,556.	52,899.	48,657.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> FUNDS DISBURSED TO SEPA	1,849,113.	1,849,113.		
<b>b</b> PROGRAM SUPPLIES	500,917.	500,917.		
<b>c</b> POSTAGE & PRINTING	275,646.	228,650.	46,996.	
<b>d</b> HONORARIA	274,324.	271,203.	3,121.	
<b>e</b> All other expenses	747,536.	570,907.	176,629.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	28,951,952.	23,484,041.	3,850,990.	1,616,921.
<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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,224,274.	<b>1</b>	4,506,607.
	<b>2</b> Savings and temporary cash investments .....	1,399,847.	<b>2</b>	544,938.
	<b>3</b> Pledges and grants receivable, net .....	5,967,179.	<b>3</b>	7,527,479.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	438,131.	<b>9</b>	286,698.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 292,884.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 176,191.	5,148.	<b>10c</b> 116,693.
	<b>11</b> Investments - publicly traded securities .....	8,353,075.	<b>11</b>	9,427,967.
	<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 .....	969,519.	<b>15</b>	963,511.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	21,357,173.	<b>16</b>	23,373,893.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,853,329.	<b>17</b>	2,380,445.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,853,329.	<b>26</b>	2,380,445.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	2,037,608.	<b>27</b>	2,066,085.
	<b>28</b> Temporarily restricted net assets .....	17,466,236.	<b>28</b>	18,927,363.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	19,503,844.	<b>33</b>	20,993,448.	
<b>34</b> Total liabilities and net assets/fund balances .....	21,357,173.	<b>34</b>	23,373,893.	

**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>	30,520,963.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	28,951,952.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,569,011.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	19,503,844.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-79,407.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	20,993,448.

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2014)



**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	13,161,006.	19,457,569.	22,454,521.	21,927,270.	28,035,248.	105,035,614.
<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 .....	13,161,006.	19,457,569.	22,454,521.	21,927,270.	28,035,248.	105,035,614.
<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) .....						7,456,007.
<b>6 Public support.</b> Subtract line 5 from line 4.						97,579,607.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	13,161,006.	19,457,569.	22,454,521.	21,927,270.	28,035,248.	105,035,614.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	72,798.	105,820.	35,509.	157,904.	232,671.	604,702.
<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						105,640,316.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	10,270,322.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	92.37 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	92.53 %
<b>16a 33 1/3% support test - 2014.</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 - 2013.</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 - 2014.</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 - 2013.</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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</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).</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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) 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 (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <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 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>1</b>		
<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>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. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<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>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<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 <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) 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>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <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>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in <b>Part VI</b> .		
<b>3a</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>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. 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 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .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 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) 2014

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

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.**

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

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

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

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

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

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (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 <p style="text-align: center;">COMMUNITY PARTNERS</p>	Employer identification number <p style="text-align: center;">95-4302067</p>
---	---

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2014

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**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 (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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) 2014

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ...	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		8,435.
<b>e</b> Publications, or published or broadcast statements? .....	X		2,403.
<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		6,353.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		4,548.
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			21,739.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, 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 ASSEMBLY LOBBYING: AB 1391, AB 396, AB619, AB953, AB1056, AB1351,

AB1352,

CA SENATE LOBBYING: SB32, SB350, SB189, SB185, SB628, SB 767, SB219,

SB224, SB261, SB382, SB863, MEASURE R2



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

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

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

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

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

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

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

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

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**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 in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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** Temporarily restricted endowment  \_\_\_\_\_ %

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

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

	Yes	No
<b>(i)</b> unrelated organizations	<b>3a(i)</b>	
<b>(ii)</b> related organizations	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		292,884.	176,191.	116,693.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				116,693.

**Part VII Investments - Other Securities.**

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

(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" to 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" to 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" to 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 FIN 48 (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" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	31,083,936.
<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>	-79,407.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	223,036.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	419,344.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	562,973.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	30,520,963.
<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>	30,520,963.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	29,594,332.
<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>	223,036.
<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>	419,344.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	642,380.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	28,951,952.
<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>	28,951,952.

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE IMPACT OF TAX POSITIONS ON THE FINANCIAL

STATEMENTS IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD

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

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

IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS IN

ACCORDANCE WITH FASB STATEMENTS NO. 109, ACCOUNTING FOR INCOME TAXES, AND

PRESCRIBES A RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR

EXPECTED TO BE TAKEN IN A TAX RETURN. IN ACCORDANCE WITH ASC 740 THE

ORGANIZATION RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL

STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT OF BEING SUSTAINED ON

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

**Part XIII** Supplemental Information (continued)

ORGANIZATION HAS NOT RECORDED ANY UNCERTAIN TAX POSITIONS. THE  
 ORGANIZATION RECOGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES  
 ASSOCIATED TO UNCERTAIN TAX POSITIONS IN INCOME TAX EXPENSE. DURING THE  
 YEAR ENDED JUNE 30, 2015, THE ORGANIZATION DID NOT RECOGNIZE ANY AMOUNT IN  
 POTENTIAL INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.  
 IN ACCORDANCE WITH THE TAX STATUTE, THE ORGANIZATION'S TAX RETURNS REMAIN  
 SUBJECT TO EXAMINATION FOR ALL TAX YEARS ENDED ON OR AFTER JUNE 30, 2011  
 WITH REGARD TO ALL TAX POSITIONS AND THE RESULTS REPORTED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	419,344.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	419,344.
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**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.

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

OMB No. 1545-0047

**2014**

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 region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA	0	1	PROGRAM SERVICES	CONSULTING	77,697.
EUROPE	0	1	PROGRAM SERVICES	CONSULTING	16,817.
CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	CONSULTING	4,411.
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	CONSULTING	75,239.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	GRANTMAKING	12,534.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	GRANTMAKING	6,000.
<b>3 a</b> Sub-total .....	0	4			192,698.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	4			192,698.

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

Schedule F (Form 990) 2014

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		VIETNAM	SUPPORT LOCAL COMMUNITIES IN VIETNAM	12,534.		0.		
		HAITI	SUPPORT HAITIAN COMMUNITY AFTER 2010 EARTHQUAKE	6,000.		0.		

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

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2014

**Part V Supplemental Information**

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

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
VELOCITY INK - 9157 CAMINO REAL, SAN GABRIEL, CA 91755	GRANTWRITING		X	143,228.	7,500.	135,728.
KENYA PARHAM - 215 W. 5TH STREET, UNIT 506, LOS GENTRY GROUP - PO BOX 1527, SANTA MONICA, CA 90406	GRANTWRITING		X	128,000.	17,500.	110,500.
WESLEY REUTIMANN - 175 N. EUCLID AVENUE, PASADENA, CA SHARON LANDAU - 22300 DOLOROSA STREET, WOODLAND	GRANTWRITING		X	56,000.	2,375.	53,625.
CATHERINE M. GATES - 1847 N. NORMANDIE AVENUE, #2, LOS LISA M KURDZIEL - 1301 U STREET NW #312, WASHINGTON, CHRISTINE SISLEY DBA SOLID FOUNDATIONS - 846 GARFIELD	GRANTWRITING		X	50,000.	6,354.	43,646.
LESLIE TRESUN - 1046 E. ELMWOOD AVENUE, BURBANK, CA MARY TERESA FORTUNA - 4214 LAURELGROVE AVENUE, STUDIO	GRANTWRITING		X	25,000.	3,806.	21,194.
			X	25,000.	27,000.	-2,000.
			X	20,000.	150.	19,850.
			X	7,950.	680.	7,270.
			X	5,000.	8,253.	-3,253.
<b>Total</b>				<b>522,601.</b>	<b>77,618.</b>	<b>444,983.</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" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CIRCLE OF FRIENDS (event type)	DTS EVENTS (event type)	88 (total number)	
Revenue	<b>1</b> Gross receipts .....	112,988.	244,482.	940,503.	1,297,973.
	<b>2</b> Less: Contributions .....	91,663.	205,694.	581,272.	878,629.
	<b>3</b> Gross income (line 1 minus line 2) .....	21,325.	38,788.	359,231.	419,344.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....		5,955.	27,952.	33,907.
	<b>7</b> Food and beverages .....	13,712.	13,846.	96,399.	123,957.
	<b>8</b> Entertainment .....		3,517.	20,143.	23,660.
	<b>9</b> Other direct expenses .....	7,613.	15,470.	214,737.	237,820.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				419,344.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				0.	

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

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

**9** Enter the state(s) in which the organization 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: VELOCITY INK

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

(I) NAME OF FUNDRAISER: KENYA PARHAM

(I) ADDRESS OF FUNDRAISER:

215 W. 5TH STREET, UNIT 506, LOS ANGELES, CA 90013

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: GENTRY GROUP

(I) ADDRESS OF FUNDRAISER: PO BOX 1527, SANTA MONICA, CA 90406

(I) NAME OF FUNDRAISER: WESLEY REUTIMANN

(I) ADDRESS OF FUNDRAISER: 175 N. EUCLID AVENUE, PASADENA, CA 91101

(I) NAME OF FUNDRAISER: SHARON LANDAU

(I) ADDRESS OF FUNDRAISER:

22300 DOLOROSA STREET, WOODLAND HILLS, CA 91637

(I) NAME OF FUNDRAISER: CATHERINE M. GATES

(I) ADDRESS OF FUNDRAISER:

1847 N. NORMANDIE AVENUE, #2, LOS ANGELES, CA 90027

(I) NAME OF FUNDRAISER: LISA M KURDZIEL

(I) ADDRESS OF FUNDRAISER: 1301 U STREET NW #312, WASHINGTON, DC 20009

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

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

(I) NAME OF FUNDRAISER: LESLIE TRESUN

(I) ADDRESS OF FUNDRAISER: 1046 E. ELMWOOD AVENUE, BURBANK, CA 91501

(I) NAME OF FUNDRAISER: MARY TERESA FORTUNA

(I) ADDRESS OF FUNDRAISER: 4214 LAURELGROVE AVENUE, STUDIO CITY, CA 91604

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2014**

**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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AFYA BALTIMORE INC 5504 YORK ROAD BALTIMORE , MD 21212	20-8527876	CORPORATION	10,000.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
ALVORD UNIFIED SCHOOL DISTRICT 11045 ARIZONA AVENUE RIVERSIDE, CA 92503	91-1794390	EDUCATION	44,600.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
BUDDHIST TZU CHI MEDICAL FOUNDATION - 1355 BROAD AVENUE - WILMINGTON , CA 90744	95-4457939	501(C)(3)	15,000.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
CENTRAL CITY NEIGHBORHOOD PARTNERS 501 S. BIXEL STREET LOS ANGELES , CA 90017	95-4837709	501(C)(3)	6,000.	0.	CASH GRANT		SUPPORT COMMUNITY INITIATIVE
CHAPCARE 837 S. FAIR OAKS AVENUE PASADENA, CA 91105	95-4536824	501(C)(3)	6,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
CITY OF CULVER CITY 9770 CULVER BOULEVARD CULVER CITY , CA 90232	95-6000701	501(C)(3)	15,000.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 31.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 12.

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

Schedule I (Form 990) (2014)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLAYTON COUNTY PUBLIC SCHOOLS 9771 POSTON ROAD JONESBORO, GA 30238	58-6000212	EDUCATION	17,288.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
CONCERNED CITIZENS OF SOUTH CENTRAL LA - 10729 GRAPE STREET - LOS ANGELES, CA 90059	95-4247392	501(C)(3)	15,000.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
CRESENTA VALLEY FIRE SAFE COUNCIL 3023 HOPETON ROAD LA CRESENTA, CA 91214	26-4836309	501(C)(3)	15,000.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
EVERGREEN SCHOOL DISTRICT 17404-A NE 18TH STREET VANCOUVER, WA 98684	91-6001600	EDUCATION	23,525.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
FHADIMAC 208 LALUE, PO BOX 48 PORT AU PRIN, HAITI		501(C)(3)	6,000.	0.	CASH GRANT		SUPPORT HAITIAN COMMUNITY AFTER 2010 EARTHQUAKE
FRIEND OF MUSD FOUNDATION 123 S. MONTEBELLO BOULEVARD MONTEBELLO, CA 90640	38-3878668	501(C)(3)	31,279.	0.	CASH GRANT		SUPPORT MONTEBELLO UNIFIED SCHOOL DISTRICT
FRIENDS OF THE ACADEMY 2955 S. ROBERTSON BOULEVARD LOS ANGELES, CA 90034	80-0545150	501(C)(3)	25,000.	0.	CASH GRANT		SUPPORT MUSIC AT HAMILTON HIGH SCHOOL
GROUP HOME CONSULTANTS 34162 AGUA DULCE CANYON ROAD AGUA DULCE, CA 91390	95-4857955	501(C)(3)	15,000.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
HELPING HANDS DONATION FUND SO 2511, NGO 50 PHO VONG THI, TAY HO HANOI, VIETNAM		501(C)(3)	12,534.	0.	CASH GRANT		SUPPORT LOCAL COMMUNITIES IN VIETNAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLSBORO SCHOOL DISTRICT 1J 1750 SE JACQUELINE DRIVE HILLSBORO, OR 97123	93-6001037	EDUCATION	19,496.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
KOREATOWN YOUTH & COMMUNITY CENTER 3727 W. 6TH STREET, STE 300 LOS ANGELES, CA 90020	95-3779389	501(C)(3)	6,000.	0.	CASH GRANT		SUPPORT COMMUNITY INITIATIVE
LA CASA DE SAN GABRIEL 203 E. MISSION ROAD LOS ANGELES, CA 91776	95-1660846	501(C)(3)	15,000.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
LIFT, INC. 1620 I STREET NW, STE 820 WASHINGTON, DC 20006	52-2168409	501(C)(3)	20,000.	0.	CASH GRANT		SUPPORT COMMUNITY INITIATIVE
LONGVIEW SCHOOL DISTRICT 2715 LILAC STREET LONGVIEW, WA 98632	91-6001605	EDUCATION	19,166.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
NEIGHBORHOOD HEALTHCARE 425 DATE STREET ESCONDIDO, CA 92025	95-1796316	501(C)(3)	6,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
NEW ECONOMIC FOR WOMEN 303 SOUTH LOMA DRIVE LOS ANGELES, CA 90017	95-3969029	501(C)(3)	6,000.	0.	CASH GRANT		SUPPORT GREEN INITIATIVE
NORTH ORANGE COUNTY REGIONAL HEALTH FOUNDATION - 901 W. ORANGETHORPE - FULLERTON, CA 92832	33-0970731	501(C)(3)	6,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
OLIVE VIEW EDUCATION 14445 OLIVE VIEW DRIVE SYLMAR, CA 91342	95-2249539	501(C)(3)	37,000.	0.	CASH GRANT		SUPPORT HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAC-RED 201 S. ACACIA AVENUE COMPTON , CA 90220	46-2838879	501(C)(3)	15,000.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
POMONA COMMUNITY FOUNDATION 1101 W. MCKINLEY AVENUE POMONA, CA 91768	39-2073462	501(C)(3)	12,000.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
PUBLIC HEALTH FOUNDATION ENTERPRISES INC - 12801 CROSSROADS PARKWAY - CITY OF INDUSTRY, CA 91746	95-2557063	501(C)(3)	24,750.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
RED SHIELD YOUTH AND COMMUNITY CENTER - 1532 W. 11TH STREET - LOS ANGELES , CA 90015	94-1156347	501(C)(3)	15,000.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
SAN BERNARDINO CITY UNIFIED SCHOOL DISTRICT - 3131 PIEDMONT DRIVE - HIGHLAND , CA 92346	95-2285577	EDUCATION	17,067.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
SAN DIEGO UNIFIED SCHOOL DISTRICT 4100 NORMAL STREET, RM 3209 SAN DIEGO, CA 92103	95-6002781	EDUCATION	12,877.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
SAN LEANDRO UNIFIED SCHOOL DISTRICT - 14735 JUNIPER STREET - SAN LEANDRO, CA 94579	26-3044668	EDUCATION	55,000.	0.	CASH GRANT		SUPPORT LOCAL SCHOOLS IN HEALTH LIVING ACTIVE LIVING INITIATIVES
SAN YSIDRO HEALTH CENTER 4004 BEYER BOULEVARD SAN YSIDRO, CA 92173	95-2801772	501(C)(3)	6,000.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
SANTA ROSA CITY SCHOOLS 850 W. 9TH STREET SANTA ROSA , CA 95403	68-0180139	EDUCATION	14,799.	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 Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILVERLAKEIMPROVEMENTASSOCIATION 1377 LUCILE AVENUE LOS ANGELES , CA 90026	95-4419706	501(C)(3)	6,875.	0.	CASH GRANT		SUPPORT SCHOOL AND NEIGHBORHOOD IMPROVEMENT
SOUTHEAST COMMUNITY DEVELOPMEMT CORP - 6423 E. FLORENCE PLACE, #103 - BELL GARDENS , CA 90201	95-4473319	501(C)(3)	15,000.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
SOUTHERN CALIFORNIA CROSSROADS PO BOX 2474 DOWNEY , CA 90242	20-3187437	501(C)(3)	19,146.	0.	CASH GRANT		SUPPORT VIOLENCE PREVENTION INITIATIVE
SOUTHSIDE COALITION OF COMMUNITY HEALTH CENTERS - PO BOX 862017 - LOS ANGELES , CA 90086	20-8892311	501(C)(3)	40,544.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
ST BERNARD HIGH SCHOOL 9100 FALMOUTH AVENUE PLAYA DEL REY , CA 90293	95-2001088	EDUCATION	8,250.	0.	CASH GRANT		SUPPORT YOUTH AND SCHOOL
ST MARY IN PALMS EPISCOPAL CHURCH 3647 WATSEKA AVENUE LOS ANGELES , CA 90034	95-1856327	501(C)(3)	15,000.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION
UESP PO BOX 145100 SALT LAKE CITY , UT 84118-5100	87-0680188	CORPORATION	114,646.	0.	CASH GRANT		SUPPORT COLLEGE SAVINGS PROGRAM
VALLEY CARE COMMUNITY CONSORTIUM 7515 VAN NUYS BOULEVARD, 5TH FL VAN NUYS , CA 91405	20-5569606	501(C)(3)	37,454.	0.	CASH GRANT		SUPPORT IMPROVEMENTS AND INNOVATIONS IN SAFETY NET HEALTH CARE
YES 2 KIDS PO BOX 82 LANCASTER , CA 93584	95-4673511	501(C)(3)	15,000.	0.	CASH GRANT		SUPPORT EMERGENCY PREPAREDNESS PROGRAM IMPLEMENTATION

Schedule I (Form 990)



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COLLEGE MATCH - GRANTS FOR STUDENT SCHOLARSHIPS	28	92,650.	0.	CASH GRANTS	
FARMER VETERAN COALITION FELLOWSHIP FUND - GRANTS TO VETERANS WORKING IN THE AGRICULTURAL INDUSTRY	10	32,072.	0.	CASH GRANTS	
SCORE GRANT ASSISTANCE FUND - GRANTS TO DISABLED INDIVIDUALS	2	16,296.	0.	CASH GRANTS	
DETERMINED TO SUCCEED - SCHOLARSHIPS	4	23,731.	0.	CASH GRANTS	
OTHER VARIOUS GRANTS	10	8,374.	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.

**Part III** Continuation of Grants and Other Assistance to Individuals in the United States (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 non-cash assistance
CITY PLANTS - STUDENT SCHOLARSHIPS	2.	6,250.	0.	CASH GRANTS	
INSTITUTO PARA LA MUJER SCHOLARSHIP - FOR WOMEN	8.	12,818.	0.	CASH GRANTS	

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

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

Name of the organization

COMMUNITY PARTNERS

Employer identification number

95-4302067

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** 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 in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <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 in 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? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- 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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LINDA FOWELLS EXECUTIVE VICE PRESIDENT	(i)	143,919.	0.	19,000.	14,538.	21,733.	199,190.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MAMIE FUNAHASHI CHIEF FINANCIAL OFFICER	(i)	159,970.	0.	0.	0.	668.	160,638.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PAUL VANDEVENTER PRESIDENT & CEO	(i)	275,423.	0.	50,000.	20,750.	38,461.	384,634.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PATRICK BALL PROJECT DIRECTOR	(i)	153,227.	0.	0.	0.	10,689.	163,916.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DENNIS ZANE PROJECT DIRECTOR	(i)	145,126.	0.	0.	7,284.	8,740.	161,150.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1	500.	
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		5,003.	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	231,282.	CASH VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( SUPPLIES AND )	X	15	40,145.	FMV
26 Other ( FOOD/WINE )	X	21	26,141.	FMV
27 Other ( ELECTRONICS/S )	X	4	20,568.	FMV
28 Other ( GIFT CARDS/TI )	X	18	5,392.	FMV

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

	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 is not 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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2014)

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

PART I, OTHER TYPES OF PROPERTY:

JEWELRY

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 5

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3703.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE M, LINE 32B:

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

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

COMMUNITY PARTNERS

Employer identification number

95-4302067

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

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

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

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

EXPENSES \$ 19,183,340. INCL GRANTS OF \$ 1,145,762. REVENUE \$ 1,999,285.

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

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

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

ALL CONTRACTS AND EXPENSES ARE REVIEWED BY FINANCE STAFF AND ALL CORPORATE

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

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14

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

LEVEL DECISIONS THAT MIGHT BE A CONFLICT OF INTEREST ARE KNOWN BY THE PRESIDENT OF THE ORGANIZATION AND REVIEWED AND DISCUSSED WITH THE APPROPRIATE STAFF AND LEGAL COUNSEL.

FORM 990, PART VI, SECTION B, LINE 15:  
THE CEO'S COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE AND THE BOARD. AN INDEPENDENT COMPENSATION CONSULTANT IS UTILIZED TO CONDUCT A COMPETITIVE COMPENSATION ASSESSMENT USING THE MOST AVAILABLE FORM 990 FILINGS OF SELECTED COMPARISON ORGANIZATIONS AND CURRENT MAJOR PUBLISHED SURVEYS COVERING THE DEFINED EXECUTIVE MARKET. THE CEO'S COMPENSATION IS APPROVED BY THE BOARD.

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

FORM 990, PART VI, SECTION C, LINE 19:  
ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, INFORMATIONAL RETURNS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FORM 990 IS ALSO AVAILABLE FOR PUBLIC INSPECTION ON WWW.GUIDESTAR.ORG.

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

CONSULTING SERVICES :	
PROGRAM SERVICE EXPENSES	5,570,350.
MANAGEMENT AND GENERAL EXPENSES	56,316.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,626,666.

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

PUBLIC RELATIONS/COMMUNICATIONS:

PROGRAM SERVICE EXPENSES	11,416.
MANAGEMENT AND GENERAL EXPENSES	1,005.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,421.

ART & DESIGN:

PROGRAM SERVICE EXPENSES	249,415.
MANAGEMENT AND GENERAL EXPENSES	4,125.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	253,540.

STAFF & VOLUNTEER RECREITMENT:

PROGRAM SERVICE EXPENSES	17,637.
MANAGEMENT AND GENERAL EXPENSES	103.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,740.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 5,910,367.

## XXX Project

### Operation and Project Budget for Fiscal Year 2015 - 2016

#### Project Income

Rosenthal Family Fndtn	\$	40,000
Carryover funds	\$	11,321
Individual Contributions	\$	10,000
Dept of Cultural Affairs	\$	5,000
Metro - DCA	\$	2,500
Annenburg Foundation	\$	25,000
Wells Fargo	\$	10,000
Hieronymous Foundation	\$	5,000
Council District 14	\$	2,500
Metabolic Studio Fnd	\$	15,000
Robert Newburg Fnd	\$	2,000
<b>Total</b>	<b>\$</b>	<b>128,321</b>

#### Operating Budget

#### Expenses

##### *Personnel*

Personnel (incl 25% fringe)	\$	56,224
Consultants/Professional Services	\$	3,376
<b>Total Personnel &amp; Consultants</b>	<b>\$</b>	<b>59,600</b>

##### *Other Expenses*

Catering & Other Meeting Expenses	\$	240
Program Supplies	\$	315
Telephone/Fax/Internet	\$	300
Postage	\$	200
Rent	\$	14,400
Utilities	\$	1,200
Moving Expenses	\$	280
Other Printing	\$	676
Equip Purchase	\$	500
Print Advertising	\$	320
General Liability Insurance	\$	1,500
CP Project Admin Expense	\$	9,148
<b>Total Other Expenses</b>	<b>\$</b>	<b>29,080</b>

**Total Budget** \$ **88,680**

<b>Description</b>	<b>Cost</b>	<b>Quantity</b>	<b>Extension</b>
Second Librarian	\$20/hour	1,250 Hours	\$25,000.00



# Fill out Application Form

Created: 12/15/2015

Last updated: 07/09/2016

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## ORGANIZATIONAL INFORMATION

\*Indicates required field

### \* Name of Organization

Southeast Community Development Corporation

### \* Organization Address

Street	6423 E. Florence Place, Suite 103
City/Town	Bell Gardens
State	California
Country	United States

### \* Organization Phone

3235854579

### \* Organization Email

[mottscz@scdcorp.org](mailto:mottscz@scdcorp.org)

### Organization website address, if any

[www.scdcorp.org](http://www.scdcorp.org)

### \* Name of Authorized Representative

(Last Name, First Name)

Zaldivar-Motts, Cesar

**Title of Authorized Representative**

Executive Director

**\* Organization Founding Date/Date of Incorporation**

04/1994

**\* Organization Type**

**Responses Selected:**

Other, please specify...: Community and Economic Development

**\* Service Area**

**Responses Selected:**

Bell

Boyle Heights

Commerce

Huntington Park

Maywood

Unincorporated East Los Angeles (specify community)

Vernon

Page 2

**SERVICE DETAILS**

**What number of non-duplicate individuals directly benefit from your services?**

More than 200

## What age group(s) benefit the most from your services?

### Responses Selected:

Children and Youth (ages 0 -14)

Adults (ages 21 - 54)

## STAFF DETAILS

### \* Name of Executive Director

(Last Name, First Name)

Zalidvar-Motts, Cesar

### List of Executive Staff/Volunteer Leadership (Attachment)

Biographies should include a brief description of current employment, community service and current and former board appointments

<https://jemmottrollinsgroup.fluidreview.com/media/assets/survey-uploads/16820/4910255-85TToEy4fR/CesarZalidvar-MottsBackground.pdf>

### Executive Staff/Volunteer Leadership biographies (Text)

You may alternatively choose to type biographies directly instead of attaching a separate document. Please specify titles and organizational involvement.

Cesar Zaldivar-Motts is the Executive Director of the Southeast Community Development Corporation since 2007. Previously, he was the Director of Development for the Maternal and Child Health Coalition of Kansas City and Project Manager for Topeka Truancy Reducation Coalition. Currently he serves on the boards of the Southeast Rio Vista YMCA, Southeast Salvation Army, Rio Hondo Boys and Girls Club (Board President), Human Service Association (Board Treasurer), and the Huntington Park Police Activity League (Board President). He graduated from the University of Missouri, Kansas City with a Masters in Public Administration and has 15 years of nonprofit management experience.

Due to his expertise and experience, Mr. Zaldivar-Motts will serve as the Project Manager for the proposed project. He has over 15 years of experience administering community projects, public awareness campaigns, and advocacy activities. In addition, Mr. Zaldivar-Motts has extensive experience with broadband technology. He has overseen the Southeast Technology Initiative for seven years and raised over \$2.50 million for this community initiative. With the help of community partners, the Southeast Technology Initiative has provided classes in English and Spanish to 3,456 children and 2,895 adults on topics that include digital literacy, health education, financial literacy, and job development training.

### **List of Board Members (Attachment)**

Biographies should include a brief description of current employment, community service and current and former board appointments

(No response)

### **List of Board Members (Text)**

You may alternatively choose to type biographies directly instead of attaching a separate document.

Ronald Garcia, Board President

Formerly Regional Manager of Public Affairs for Southern California Edison

Board President of Rio Vista YMCA and Human Service Association

Andy Carrasco, Board Vice President

Director of Regional Public Affairs for Southern California Gas Company

Board Member, Plaza Community Services

Rosa Cobos, Board Treasurer

Private accountant

Board Treasurer for Sunrise Community Counseling Center

Board Treasurer for Hispanic Coalition of Montebello

Mike McCormick, Board Member

Mayor, City of Vernon

Volunteer of Los Angeles Boys Scouts of America

Los Angeles County Sanitation - 23rd District since 1974.

Independent Cities Association - as a Board Director since 1987 and serving as President from September 13, 2007, through September 11, 2008.

The Orangeline Development Authority - as Board Director since 2003 and Secretary/Treasurer since 2007.

Southeast Cities School Coalition - as a Board Director since 2005.

California Contract Cities Association

## Page 3

### **FINANCIAL INFORMATION**

#### **List of Income Sources**

(For example: grants, earned income, individual donations)

California Emerging Technology Fund \$64,400

AT&T \$7,000

Southern California Gas Company \$5,000

Southern California Edison \$15,000

California Community Foundation \$20,000

Earned Income \$183,160

#### **\* Most recent audit and/or 990.**

(Please attach)

<https://jemmottrollinsgroup.fluidreview.com/media/assets/survey-uploads/16820/4910255-nOnxuvHAF5/SCDC%202014%20IRS%20990.pdf>

#### **\* Current organization budget**

(Please attach)

<https://jemmottrollinsgroup.fluidreview.com/media/assets/survey-uploads/16820/4910255->

**\*Grant Amount:**

Please specify the amount of grant funds being requested.

50,000

**\* What percentage of your organization budget will the requested funds represent?**

8

**\* Are you requesting funding for a specific project?**

Yes

**Proposed budget for requested funds**

How will the organization specifically utilize grant funds? (Please attach)

<https://jemmottrollinsgroup.fluidreview.com/media/assets/survey-uploads/16820/4910255-GDDLZKJB1h/SCDC%20Program%20Budget-2016.xlsx>

**Name of Financial Institution**

Wells Fargo Bank

**Address of Financial Institution**

6510 Atlantic Avenue, Bell, CA 90201

**Phone Number of Financial Institution**

323-583-3231

**Name of Fiscal Sponsor (if applicable)**

(No response)

**Fiscal Sponsor Address (if applicable)**

(No response)

**Fiscal Sponsor Phone (if applicable)**

(No response)

**Fiscal Sponsor Email (if applicable)**

(No response)

**Fiscal Sponsor Website (if applicable)**

(No response)

**Does your organization have a current certificate of general liability insurance?**

Yes



# Fill out Application Narrative Form

Created: 03/30/2016

Last updated: 07/09/2016

## Page 1

**\* What dollar amount are you requesting from the Vernon CommUNITY Fund?**

50000

**\* Will you be requesting general operating support?**

No

### **If no:**

What is your annual operating budget?	500,000
What is your organization's mission? (250 words, maximum)	<p>The mission of Southeast Community Development Corporation is to promote community and economic development in the California cities of Bell, Bellflower, Bell Gardens, Commerce, Cudahy, Downey, Huntington Park, Maywood, South Gate, Vernon, Lynwood, and unincorporated Walnut Park.</p> <p>Southeast Community Development Corporation is dedicated to the following:</p> <ul style="list-style-type: none"> <li>• Promoting affordable housing and rehabilitation;</li> <li>• Promoting economic development;</li> <li>• Improving the social and community services;</li> <li>• Promoting community beautification and public safety;</li> <li>• Increasing employment opportunities and providing vocational training;</li> <li>• Increasing educational opportunities; and,</li> <li>• Assisting the cities located in the Southeast community establish and enhance social and community services provided by local government.</li> </ul>
Who is the target demographic for your services, if any?	Latino youth and adults residing in a immigrant low income community
Please briefly describe your proposed project. (250 words, maximum)	The Southeast Technology Initiative consists of three components that will work in concert to bridge the gap created by the digital divide in these

communities: Digital Literacy Program, Computer Training Program and Public Awareness Campaign. The Southeast Community Development Corporation, in partnership with the Southeast Cities Technology Collaborative and the Los Angeles Broadband Consortium, will implement this project. The Collaborative consists of community partners from the public, private, and non-profit sectors located in the Southeast region. The Consortium consists of nonprofit and government agencies located in Los Angeles County.

The Digital Literacy Program will provide basic computer literacy training courses for youth and adults in English or Spanish using the SCDC Mobile Technology Unit and five regional computer centers, including the Bell Technology Center.

The second component of the Initiative consists of a Computer Repair and Refurbishment Training Program at the Bell Tech Center. This center consists of four areas: e-waste center, computer refurbishment center, computer retail center, and computer repair training center.

The third component of the Initiative consists of a bilingual public awareness campaign to inform the target population (youth and adults) about the technology resources available in their community, and to create excitement about the learning opportunities at these regional computer centers.

This project is estimated to train a total of 246 individuals, 96 youth and 150 adults. Also SCDC will recycle 20,000 lbs. of e-waste, distribute over 500 low cost refurbished computers and enroll 1,500 residents to low cost Internet service. Total served is 2,246. The grant request is for \$50,000. The total project cost for one year is \$429,960. The estimated cost per individual is \$191. Collaborative partners and other funding sources will contribute \$374,960 (88.23%) of the total project cost over the one-year period.

What is the goal of the proposed project? (500 words, maximum)

The goals of the Southeast Technology Initiative consist of the following:

Goal I: Increase support for adoption of broadband access, utilization of computers, and the elimination of the Digital Divide.

Goal II: Increase support for public policy regarding access and availability of broadband services in the Southeast area.

Goal III: Increase support for adoption of broadband access, utilization of computers, and the elimination

of the Digital Divide.

The Southeast Technology Initiative anticipates the following outcomes for this project:

- The public awareness campaign will distribute over 5,000 pieces of informational resource materials at the five regional computer centers, schools, libraries, and community centers.
- 150 adults will complete basic or advance computer classes and increase their knowledge of computer software and hardware.
- 246 youth will complete basic or advance computer classes and use the Regional computer Centers to improve their math and science skills through the after school program partnerships.
- 1,000 youth and adults will use resources and valuable information available on the Internet through the use of the regional computer centers during open computer lab.
- SCDC Mobile Technology Unit will attend 40 community events (health fairs, job fairs, resources fairs)
- SCDC will recycle, refurbish, or resell 500 computer systems
- SCDC will recycle 20,000 lbs. of e-waste
- SCDC will enroll 1,500 residents to low cost Internet service
- In total, this initiative will benefit a minimum of 2,246 community residents

**Please attach the proposed budget for your project**

<https://jemmottrollinsgroup.fluidreview.com/media/assets/survey-uploads/17029/5690721-vTWNTquu9L/SCDC%20Program%20Budget-2016.xlsx>

**Please provide a detailed description of the proposed project (attachment):**

<https://jemmottrollinsgroup.fluidreview.com/media/assets/survey-uploads/17029/5690721-MnxPUAdJSI/SCDC%20Proposal%20to%20Vernon%202016.pdf>

**Describe your organization's history, listing significant achievements, accomplishments and recognition: (250 words, maximum)**

The Southeast Community Development Corporation (SCDC) was formed in 1994 by the city of Vernon and six other cities from the southeast area of Los Angeles County. Since incorporation of SCDC, the city of Vernon has had a city council representative on the board of directors and has provided financial and staff support.

In 2008, SCDC received \$448,649 from the city of Vernon for the Mobile Technology Unit and the Southeast Technology Initiative. Throughout the six-year initiative with the Mobile Technology Unit, SCDC has distributed informational materials at over 267 community events (health fairs, job fairs, etc.) and provided classes in English and Spanish to 4,138 children and 3,237 adults on topics that include digital literacy, health education, financial literacy, and job development training.

From 2009-2013, SCDC established 5 regional computer centers in Huntington Park, Bell, Cudahy, Bell Gardens, and Florence-Firestone area. Within these centers, over 4,000 people have used these computer resources for business assistance, job search, homework, and job training.

Over the past seven years, in partnership with Cerritos College, SCDC has used the Mobile Technology Unit to provide Microsoft Office training to employees from companies in Vernon, Bell Gardens, South Gate, Paramount, and Santa Fe Springs. For the past three years, in partnership with Anthem Blue Cross, SCDC has used the Mobile Technology Unit to enroll over 3,000 residents into the Covered California Health Insurance Program throughout Los Angeles County.

From April 1, 2015 to March 31, 2016 using funding from the Vernon Community Fund, SCDC achieved the objectives of the grant by increasing public awareness of the services provided at the Bell Tech Center, increasing student attendance for the basic and advance computer classes for youth and adults, increasing usage of the public computer lab, increase usage of the SCDC mobile unit, and increasing sales and e-waste of refurbished computers.

SCDC distributed over 5,000 pieces of informational resource materials at the five regional computer centers, schools, libraries, and community centers located throughout the southeast area.

SCDC provided basic and advance computer classes for 342 adult students at the Bell Tech Center

and throughout the southeast area using the SCDC Mobile Tech Unit. Workshops consists of basic computer skills, such as, using email, navigating the Internet, and communicating with families using Facebook and Skype. Advance classes consist of computer repair, IC3 certification, and computer refurbishing.

SCDC provided basic and advance computer classes for 682 youth students at the Bell Tech Center and throughout the southeast area using the SCDC Mobile Tech Unit. Workshops consist of basic computer skills, such as, MS Office, using email, understanding cyber safety, and using the Internet. Advance classes consist of robotics, computer coding, and Minecraft design.

SCDC has provided access to 20 desktop computers with Internet service for 1,274 local residents at the Bell Tech Center, Bell Gardens Employment Center, and throughout the southeast area using the SCDC Mobile Tech Unit. Each computer has resume building software, educational videos, email programs, and web browser. Residents are able to print up to 10 copies and receive technical assistance, when needed.

SCDC attended 23 community events throughout the southeast area of Los Angeles County. SCDC has attended job fairs, health fairs, and community resource fairs. During these events, SCDC distributed informational flyers regarding services and classes provided at the Bell Tech Center. SCDC has distributed over 5,000 flyers at these events.

SCDC has recycled over 289 computers and refurbished 342 desktops/laptops at the Bell Tech Center. These computers are upgraded with MS Windows 7 and MS Office 2010 and resold for \$150-200. The proceeds of these sales offset the operating expenses of the Bell Tech Center.

**\* Describe how your organization and/or project will improve the community of Vernon and/or its surrounding areas: (500 words, maximum)**

The Southeast Technology Initiative will have a positive impact on the community, resulting in numerous benefits. This project will make substantial progress towards transforming the region into a computer- literate community and will improve the residents' quality of life by increasing access to, for example: educational and health related topics available on the Internet; online resources for building literacy and other skill sets; employment search and preparation services; and referrals for low-income housing, health and human services.

This project is unique because its efforts are strategic and culturally sensitive. For example, the

Initiative's regional technology plan is based on best practices and a research-based framework. The Collaborative uses a framework researched by Dr. Blanca Gordo from the Center for Latino Policy Research at UC Berkeley designed specifically to increase the use of broadband technology in low-income, urban communities. This regional technology plan does not "drop" technology into the region in isolation from other efforts. Rather, the Southeast Technology Initiative's plan consists of a unified effort from Collaborative members to integrate existing resources and expand on current technology initiatives, therefore providing practical, sustainable, regionally appropriate assistance in closing the digital divide.

The youth computer training component will help support youth in their effort to graduate from high school and become productive members of their community. The program will focus on improving the community by:

- Improving computer literacy and communication skills of program participants by using computers and computer programs to design and build robots, plan and record animations, and by repairing computers.
- Increasing collaboration skills of program participants by having participants work on group projects to accomplish a goals.
- Improving creativity and innovation skills of program participants through the completion of the concepts, designs, and implementation of plans to accomplish project goals.
- Increasing critical thinking and problem solving skills of program participants by actively engaging in critical thinking and problem solving when accomplishing projects goals.

Program participants will develop "hard" and "soft" life skills through their participation in team building and group projects, which will enhance their ability to become productive and effective 21st century citizens.

**Biography  
of  
Cesar Zaldivar-Motts**

Cesar Zaldivar-Motts is the Executive Director of the Southeast Community Development Corporation since 2007. Previously, he was the Director of Development for the Maternal and Child Health Coalition of Kansas City and Project Manager for Topeka Truancy Reducation Coalition. Currently he serves on the boards of the Southeast Rio Vista YMCA, Southeast Salvation Army, Rio Hondo Boys and Girls Club (Board President), Human Service Association (Board Treasurer), and the Huntington Park Police Activity League (Board President). He graduated from the University of Missouri, Kansas City with a Masters in Public Administration and has 15 years of nonprofit management experience.

Due to his expertise and experience, Mr. Zaldivar-Motts will serve as the Project Manager for the proposed project. He has over 15 years of experience administering community projects, public awareness campaigns, and advocacy activities. In addition, Mr. Zaldivar-Motts has extensive experience with broadband technology. He has overseen the Southeast Technology Initiative for seven years and raised over \$2.50 million for this community initiative. With the help of community partners, the Southeast Technology Initiative has provided classes in English and Spanish to 3,456 children and 2,895 adults on topics that include digital literacy, health education, financial literacy, and job development training.

Program Expense	Quantity	Cost
<b>Salaries and Benefits</b>		
Executive Director / Project Manager (FTE .5)	1040	45.00
IT Instructor (1.0 FTE)	2080	25.00
IT Instructor Assistant (1.0 FTE)	2080	20.00
IT Manager / Instructor (1.0)	2080	27.00
Marketing Coordinator (1.0)	2080	16.00
IT Tech Interns	1040	10.00
<b>Instructional Mobile Unit Upgrade</b>		
Apple MacBook Pro Laptops	15	3,000.00
Network Router / Load Balancer	1	3,000.00
Apple Mac Mini Server	1	2,000.00
<b>Refurbishment Center</b>		
Rent/Utilities	12	3,000.00
Software	150	400.00
Consulting Services	12	150.00
Tenant Improvements	1	3,000.00
Refurbishment Equipment	1	24,000.00
Office Supplies	12	200.00
<b>Computer Training</b>		
Classroom Supplies	12	100.00
Staff Mileage Reimbursement	12	200.00
Printing/Marketing	12	100.00
Fuel for Mobile Unit	12	200.00
Classroom Equipment	1	320.00

<b>Total</b>		

Percentage of Total Project Cost

















































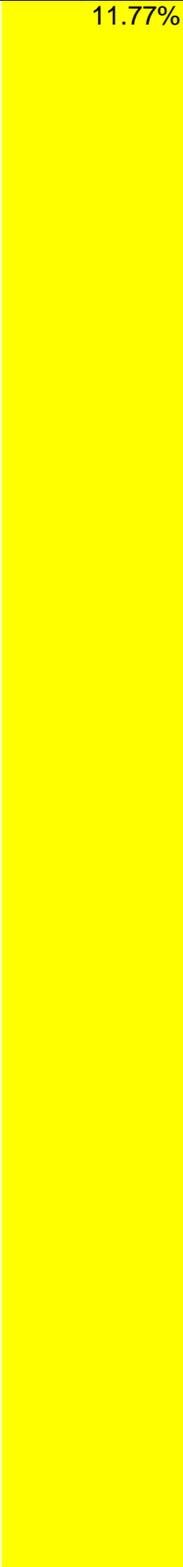




Table 1

Total	Vernon Grant	CETF Grant	SCDC Earned Income	In-Kind Donation	SCE Grant
\$46,800		\$10,000	\$21,920		\$5,000
\$52,000			\$49,600		\$2,400
\$41,600			\$34,600		
\$56,160			\$56,160		
\$33,280		\$25,000	\$8,280		
\$10,400				\$10,400	
\$45,000	\$45,000				
\$3,000	\$3,000				
\$2,000	\$2,000				
\$36,000			\$6,000	\$30,000	
\$60,000				\$60,000	
\$1,800		\$1,800			
\$3,000			\$3,000		
\$24,000		\$24,000			
\$2,400		\$1,200	\$1,200		
\$1,200					\$1,200
\$2,400		\$2,400			
\$1,200					\$1,200
\$2,400			\$2,400		
\$320					\$200
\$0					

\$0					
\$0					
\$0					
\$424,960	\$50,000	\$64,400	\$183,160	\$100,400	\$10,000
	11.77%	15.15%	43.10%	23.63%	2.35%























































So Cal Gas	AT&T	Total	Notes
\$5,000	\$4,880	\$46,800.00	Includes salary, taxes, and benefits
		\$52,000.00	Includes salary, taxes, and benefits
\$5,000	\$2,000	\$41,600.00	Includes salary, taxes, and benefits
		\$56,160.00	Includes salary, taxes, and benefits
		\$33,280.00	Includes salary, taxes, and benefits
		\$10,400.00	Provided by Hub Cities WorkSource Center
		\$45,000.00	MacBook Pro 15" 2.8 Ghz i7 w/Retina display classroom edition
		\$3,000.00	Pepwave MAX HD2
		\$2,000.00	Mac Mini Server 2TB
		\$36,000.00	Provided by City of Bell for the Bell Tech Center
		\$60,000.00	Provided by Microsoft
		\$1,800.00	IT Network Support
		\$3,000.00	Improvements to the Bell Tech Center
		\$24,000.00	Network equipment and computer repair tools
		\$2,400.00	
		\$1,200.00	
		\$2,400.00	
		\$1,200.00	Copies for handouts and marketing flyers
		\$2,400.00	CNG and Diesel fuel for Mobile Unit
	\$120	\$320.00	

<b>\$10,000</b>	<b>\$7,000</b>	<b>\$424,960</b>	

2.35%

1.65%

<b>Program Expense</b>	<b>Quantity</b>	<b>Cost</b>
<b>Salaries and Benefits</b>		
Executive Director / Project Manager (FTE .5)	1040	45.00
IT Instructor (1.0 FTE)	2080	25.00
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IT Manager / Instructor (1.0)	2080	27.00
Marketing Coordinator (1.0)	2080	16.00
IT Tech Interns	1040	10.00
<b>Instructional Mobile Unit Upgrade</b>		
Apple MacBook Pro Laptops	15	3,000.00
Network Router / Load Balancer	1	3,000.00
Apple Mac Mini Server	1	2,000.00
<b>Refurbishment Center</b>		
Rent/Utilities	12	3,000.00
Software	150	400.00
Consulting Services	12	150.00
Tenant Improvements	1	3,000.00
Refurbishment Equipment	1	24,000.00
Office Supplies	12	200.00
<b>Computer Training</b>		
Classroom Supplies	12	100.00
Staff Mileage Reimbursement	12	200.00
Printing/Marketing	12	100.00
Fuel for Mobile Unit	12	200.00
Classroom Equipment	1	320.00

<b>Total</b>		

Percentage of Total Project Cost

















































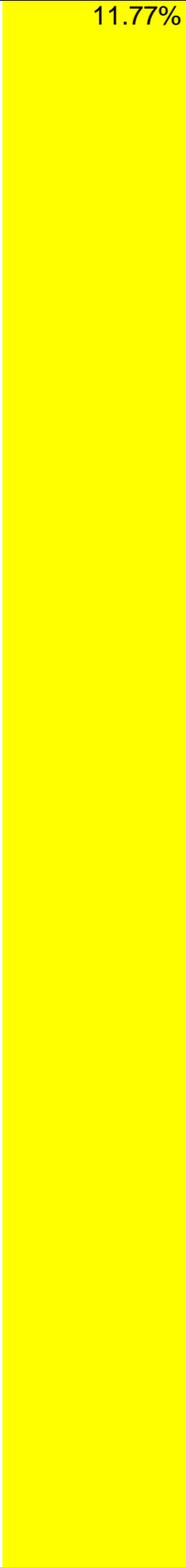




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\$60,000				\$60,000	
\$1,800		\$1,800			
\$3,000			\$3,000		
\$24,000		\$24,000			
\$2,400		\$1,200	\$1,200		
\$1,200					\$1,200
\$2,400		\$2,400			
\$1,200					\$1,200
\$2,400			\$2,400		
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\$0					

\$0					
\$0					
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		\$2,000.00
		\$36,000.00
		\$60,000.00
		\$1,800.00
		\$3,000.00
		\$24,000.00
		\$2,400.00
		\$1,200.00
		\$2,400.00
		\$1,200.00
		\$2,400.00
	\$120	\$320.00

<b>\$10,000</b>	<b>\$7,000</b>	<b>\$424,960</b>

2.35%

1.65%





















































<b>Notes</b>
Includes salary, taxes, and benefits
Provided by Hub Cities WorkSource Center
MacBook Pro 15" 2.8 Ghz i7 w/Retina display classroom edition
Pepwave MAX HD2
Mac Mini Server 2TB
Provided by City of Bell for the Bell Tech Center
Provided by Microsoft
IT Network Support
Improvements to the Bell Tech Center
Network equipment and computer repair tools
Copies for handouts and marketing flyers
CNG and Diesel fuel for Mobile Unit




**The Problem:**

The digital divide has created economic and social inequalities. That is, people who reside in lower income communities and who have limited education have less access, less use of, and limited knowledge of communication technologies. This has a detrimental effect on the communities in the areas of education, economic development, and citizenship.

A recent national report by the Pew Hispanic Center and Pew Internet Project indicates that Hispanics with lower levels of education and English proficiency remain largely disconnected from the Internet. The report also states that Latinos are less likely than whites to have an internet connection at home and only one in three Latinos, who primarily speak Spanish browse the internet. These three socio-economic characteristics are all present in the Southeast communities that will receive services within this grant.

More specifically, in California, the Field Poll results published in July 2014 indicates that only 60% of Spanish-speaking adults, 51% of adults without a HS diploma, and 70% of non-citizens have access to the Internet as compared to 95% of Californians ages 18-29, college graduates, and those with annual incomes of \$60,000 or more. Again, these characteristics are present in the Southeast communities that will receive services within this grant.

Similarly, the most recent Community and Technology Needs Assessment Report of the Southeast Los Angeles Region published by the University of Berkley indicates that the residents of the Southeast cities remain largely disconnected due to the fragmented public access to computers and the Internet in public locations, lack of technical assistance, and lack of computer literacy.

The proposed project intends to decrease the digital divide in the Southeast Region by implementing best practice strategies that will result in 1) expanded community broadband access points, 2) computer literacy training, and 3) enhancement of existing community service programs throughout the region.



## Collaborative Background and Experience

The Southeast Cities Technology Collaborative (Collaborative) consists of community partners from the public, private, and non-profit sectors located in the Southeast region. Community partners include the city council members from the eight Southeast cities, Oldtimer's Foundation, East Los Angeles Community College - Southeast Center, Human Services Association, Rio Vista YMCA, Huntington Park Elementary School, AT&T, Southern California Edison, Southern California Gas Company, and Rio Hondo Boys and Girls Club.

The Collaborative was formed when community partners realized that there exists a "digital divide" in the southeast area. A digital divide is a social justice problem for a community. When a digital divide exists, it limits economic and social advancement. This project will assist with reducing the digital divide and guide policy makers and service providers on how to best serve the community. To accomplish this goal, it is important to understand the current technology needs and existing community resources so that policies and services do not duplicate but instead builds upon existing resources in the community.

To better understand the adoption and use of information technology by the Southeast residents, a Community Technology Assessment was commissioned by the Collaborative. The Center for Latino Policy Research at the University of California Berkley completed the assessment. Based on their finding and recommendations, the Southeast Regional Technology Plan was developed. This plan is incorporated into this proposed project.

The Southeast Community Development Corporation (SCDC) was selected by the Collaborative to serve as the lead and fiscal agency for the Collaborative and this proposed project. The SCDC, a 501(c) 3 nonprofit organization, was established in 1994 as a multi-jurisdictional sub-regional planning entity specifically to encourage economic and community development activities. The SCDC consists of representatives from the business community, local elected officials, and community residents from the Southeast cities.

The SCDC roles and responsibilities will include project management, fiscal management and collaboration development. Project management will include planning, implementation, evaluation, and reporting. Fiscal agent responsibilities will include budgeting, record keeping, and reporting. Collaborative partner responsibilities include providing in-kind computer lab space, outreach assistance, and collaborative participation.

The SCDC has a history of managing community projects and producing positive results. It has administered bus shuttles for the cities of Montebello and Huntington Park, administered a federally-funded house renovation project for the City of Huntington Park, administered a Census 2000 Questionnaire Assistance Center, distributed loans through the Small Business Micro Loan Program, administered a Business Assistance Center, formed a Southeast Health Coalition, operated the Bell Gardens Employment Center, and for fifteen years has co-sponsored



a college scholarship program and college conference for students in the Southeast area.

Mr. Cesar Zaldivar-Motts has serviced as the executive director of SDCD for the last seven years. Due to his expertise and experience, Mr. Zaldivar-Motts will serve as the Project Manager for the proposed project. He earned a Masters of Public Administration with an emphasis in Nonprofit Management from the University of Missouri, Kansas City.

He has over 15 years of experience administering community projects, public awareness campaigns, and advocacy activities. In addition, Mr. Zaldivar-Motts has extensive experience with broadband technology. He has overseen the Southeast Technology Initiative for six years and raised over \$2.20 million for this community initiative. With the help of community partners, the Southeast Technology Initiative has provided classes in English and Spanish to 4,138 children and 3,237 adults on topics that include digital literacy, health education, financial literacy, and job development training.

During his tenure at SCDC, Mr. Zaldivar-Motts has successfully gained the trust and respect of community members that is evidenced in his ability to bring community partners together to work on projects that benefit the Southeast communities. Many partners have contributed to the success of the Southeast Initiative and the Collaborative. For example, Collaborative partners, such as, city of Bell, city of Bell Gardens, city of Cudahy, Hub Cities Consortium, Florence-Firestone Chamber, Human Service Association, Rio Hondo Boys and Girls Club, and Rio Vista YMCA have provided space and utilities for regional computer centers for this project. The city of Vernon has fully funded the purchase and custom design of the SCDC Mobile Technology Unit. The Collaborative works together to offer a safe learning environment for youth and adults in the southeast area of Los Angeles County.

To date, each member of the Collaborative has provided expertise and resources in order to collectively address the findings and recommendations described in the Community Technology Assessment Report and the Southeast Regional Plan. For example, five regional computer centers have been established in Huntington Park, Bell, Cudahy, Bell Gardens, and Florence-Firestone areas. Within these centers, over 4,000 people have used these computer resources for business assistance, job search, homework, and job training. Many of the community partners such as the Rio Vista YMCA, HUB Cities Consortium, Rio Hondo Boys and Girls Club, and the city of Bell, Bell Gardens and Cudahy provide in-kind office space for the regional computer centers. In addition, the Human Service Association and Oldtimers Foundation assist with outreach to their adult client population and East Los Angeles Community College and Huntington Park-Bell Adult School provide referrals for advanced computer and software training courses and certification programs.



## Project Description

The Southeast Technology Initiative consists of three components that will work in concert to bridge the gap created by the digital divide in these communities: 1) Digital Literacy Program, 2) Computer Repair/Refurbishment Training Program, and 3) Public Awareness Campaign.

Through the Digital Literacy Program, SCDC, in partnership with Collaborative members will provide basic computer literacy training courses for youth and adults using the SCDC Mobile Technology Unit and at five regional computer centers. The SCDC Mobile Technology Unit will be used at parks, community centers, senior centers, libraries, and other locations where computer centers do not exist. The Mobile Technology Unit, donated by the city of Vernon in 2009, is a customize classroom vehicle with 15 laptop workstations, interactive whiteboard, Wi-Fi Internet, multifunction printer, air conditioning system and the vehicle runs on compressed natural gas. This vehicle has been in operation for the past seven years and some of the computer equipment needs to be replaced and upgraded, specifically the 15 laptops.

The five regional computer centers include the Bell Technology Center, YMCA Maywood Computer Center, Boys and Girls Club Computer Center, Hub Cities Consortium Computer Center, and SCDC Employment Center. Collaborative partners will integrate their existing after-school programs, youth programs, and adult education programs into the regional computer centers. Using the resources of the centers, these partners will provide classes to enhance early learning skills for children; math and science skills for youth; and career and workforce development and financial literacy skills for adults. SCDC will provide basic to advance computer classes on Basics of Internet, Google applications, Microsoft Office, Photoshop, Moviemaker, and other commonly used computer programs. These classes will be provided in English or Spanish for 150 adults and 96 children at these regional computer centers. A total of 246 residents will be served through this project.

The second component of the Southeast Technology Initiative consists of a Computer Repair and Refurbishment Training Program. This program will be located at the Bell Technology Center. This center will consist of four components: e-waste center, computer refurbishment center, computer retail center, and computer repair training center. SCDC, with the assistance of collaborative partners, will seek used donated computer systems from public agencies, private businesses, and local residents. These donated computers systems will be inspected and sorted for e-waste or refurbishment. SCDC will follow and meet industry standards and be will be a R2 Certified Refurbishment Center, Microsoft Certified Refurbishment Center, and a California Certified E-waste Collector. SCDC will recycle 20,000 lbs. of e-waste, distribute over 500 low



cost refurbished computers and enroll 1,500 residents to low cost Internet service. Total served is 2,246.

E-waste components will be sold to Certified Recyclers to generate program income to support this project. Other donated computers systems will be refurbished and resold at low cost prices to residents at the Bell Technology Center.

SCDC will provide computer repair and refurbishment classes for youth and adults to assist with the computer refurbishment process. Once students have completed the digital literacy program or the refurbishment classes, SCDC will refer students to East Los Angeles Community College and/or Huntington Park-Bell Adult School for further advanced computer classes, which is a pathway for higher education and employment opportunities.

The third component of the Southeast Technology Initiative consists of a bilingual public awareness campaign to inform the target population (youth and adults) about the technology resources available in their community, and create excitement about the learning opportunities at these regional computer centers. The campaign will include the distribution and posting of flyers, posters, and banners with information about the locations, service hours, and available computer classes offered at each regional computer center. Also, SCDC will partner with local schools to schedule and coordinate a school technology fair for students and parents. These fairs will provide students and parents an opportunity to attend free computer workshops, donate computer systems, and purchase refurbished computers at low cost. Computer workshops will consist of Google email, Facebook, Skype, Yelp, and other popular websites.

### **Outcomes**

The Southeast Technology Initiative anticipates the following outcomes for this project:

- The public awareness campaign will distribute over 5,000 pieces of informational resource materials at the five regional computer centers, schools, libraries, and community centers.
- 150 adults will complete basic or advance computer classes and increase their knowledge of computer software and hardware.
- 246 youth will complete basic or advance computer classes and use the Regional computer Centers to improve their math and science skills through the after school program partnerships.



- 1,000 youth and adults will use resources and valuable information available on the Internet through the use of the regional computer centers during open computer lab.
- SCDC Mobile Technology Unit will attend 40 community events (health fairs, job fairs, resources fairs)
- SCDC will recycle, refurbish, or resell 500 computer systems
- SCDC will recycle 20,000 lbs. of e-waste
- SCDC will enroll 1,500 residents to low cost Internet service
- In total, this initiative will benefit a minimum of 2,246 community residents

Currently, the California Emerging Technology Fund has committed to fund this project for \$64,400 over two years. In addition, AT&T has committed \$7,000, Southern California Edison has committed \$10,000 and other collaborative partners have committed over \$100,000 in in-kind donations, such as, computer room space, utilities, and volunteer staffing for outreach activities. Through the e-waste and computer retail, SCDC estimates about \$183,160 in program income for one year.

This project is estimated to serve a total of 2,246 individuals. The total project cost for one year is \$424,960. The estimated cost per individual is \$191. Collaborative partners and other funding sources will contribute \$374,960 (88.23%) of the total project cost over the one-year period.

### **Program Evaluation**

The Project Manager and the Evaluation Advisory Committee of the Southeast Cities Technology Collaborative will be responsible for monitoring progress and evaluating outcomes and impacts.

The Evaluation Advisory Committee will develop evaluation methods before implementing this project. The Committee may use pre-post testing, feedback forms, surveying, and other measurement instruments to monitor and evaluate the effectiveness of the activity and determine the impacts and outcomes of this project. The Project Manager will compile this information into progress reports and submit a final report at the end of the grant period.

The “lessons learned” and results of this project will educate the members of the Southeast Cities Technology Collaborative regarding the effectiveness of the project concept and activities. The



Collaborative may seek funding to host a technology conference in the Southeast area and share the findings, practices and results of this project with interested community members.

### **Program Sustainability Plan**

The Southeast Cities Technology Collaborative will develop a sustainability plan in order to continually sustain the operations of this project. The sustainability plan will include the following seven sections: government grants, corporate grants, foundation grants, special events, in-kind donations, major gifts and a social enterprise component.

The Collaborative may charge a fee to major employers interested in training their employees on computer literacy, Quickbooks, or other business software applications. The Collaborative can also develop a list of specialized classes (e.g., video multimedia production, web design) and charge a small fee to cover operating expenses.

The majority of the fund raising will focus on grant writing and developing key relationships with foundation and corporate leaders in the field of technology. The Collaborative will submit funding request to AT&T Foundation, Microsoft Foundation, Southern California Edison Foundation and other organizations that support technology centers.

Also, the Collaborative will use its network of contacts to identify and solicit in-kind and major gift donors interested in the goal of this project. The Southeast Community Development Corporation will work with Collaborative members to seek government grants and budget line items from county, state and federal government agencies. Throughout the year of the project, the Project Manager will identify at least 10 potential funders to provide additional financial resources to support and maintain regional computer centers and submit proposals to potential funders and secure grants to sustain this project.

**Organizational Budget**

January through December 2016

Jan - Dec 16**Ordinary Income/Expense****Income**

Program Income	82,385
Short-term Loan	
Contract Services	241,218
Grants	253,550
Contributions Recieved	
Cash/Check	68,825
Total Contributions Recieved	68,825
Other Regular Income	1,352
Total Income	647,330

Gross Profit	647,330
--------------	---------

**Expense**

Event Supplies	4,413
Vehicle Supplies	4,821
Reconciliation Discrepancies	
Security Services	
Alarm Services	120
Total Security Services	120
Marketing Supplies	2,309
Sponsorship	2,288
Scholarship	1,000
Ask Accountant	
Payroll Expenses	
Background Check	89
Professional Development	999
Employee Benefits	25,466
Payroll Service Fees	891
Total Salaries	359,695
Payroll Expenses - Other	30,661
Total Payroll Expenses	417,801
Program Expense	
Certification	420
Incentives	4,217
Outreach Expense	3,271
Total Program Expense	7,908
Training	230

**Organizational Budget**

January through December 2016

Jan - Dec 16

Books & Publications

160

**Organizational Budget**

January through December 2016

Jan - Dec 16

<b>Furn &amp; Equip</b>	
Telephone equipment	476
Chairs	400
Tables	500
Furn & Equip - Other	816
<b>Total Furn &amp; Equip</b>	<u>2,192</u>
<b>Mtgs &amp; Seminars</b>	925
<b>Computer Services</b>	
Cameras	109
Accessories	5,017
Printers	283
Toner & Ink	119
Website	143
Hardware	
New	2,922
Refurbished	11,900
<b>Total Hardware</b>	<u>14,822</u>
Software	419
Internet Access	3,738
<b>Total Computer Services</b>	<u>24,650</u>
<b>Membership Dues</b>	678
<b>Administration</b>	420
<b>Bank Service Charges</b>	
Interest expense	45
Bank Service Charges - Other	1,410
<b>Total Bank Service Charges</b>	<u>1,455</u>
<b>Insurance</b>	
Liability Insurance	7,240
Work Comp	3,473
Insurance - Other	43
<b>Total Insurance</b>	<u>10,756</u>
<b>Licenses and Permits</b>	1,121
<b>Office Supplies</b>	34,863
<b>Postage and Delivery</b>	1,255
<b>Printing and Reproduction</b>	6,753
<b>Professional Fees</b>	
IT Support	2,500
Outreach Services	6,000
Secretarial services	123
Consulting Services	7,330

**Organizational Budget**

January through December 2016

Jan - Dec 16

Grant Writing & Editing Service	300
Accounting	1,650
<b>Total Professional Fees</b>	<b>17,903</b>
Rent	4,440
Repairs	
Auto	774
Car Wash	547
RV	5,140
<b>Total Repairs</b>	<b>6,462</b>
Taxes	
State	10
<b>Total Taxes</b>	<b>10</b>
Travel & Ent	
Mileage Reimbursement	520
Car Rental	227
Parking	352
Fuel	
Diesel	1,300
CNG Fuel	1,820
Fuel - Other	2,869
<b>Total Fuel</b>	<b>5,990</b>
Airfare	253
Hotel	2,685
Entertainment	5,535
Meals (Events)	31,194
Travel	7,561
Travel & Ent - Other	20
<b>Total Travel &amp; Ent</b>	<b>54,338</b>
Utilities	
Fax	76
Telephone	3,183
<b>Total Utilities</b>	<b>3,258</b>
<b>Total Expense</b>	<b>612,527</b>
<b>Net Ordinary Income</b>	<b>34,803</b>
<b>Other Income/Expense</b>	
Other Income	

6/30/16

Southeast Community Development Corporation

## Organizational Budget

January through December 2016

Jan - Dec 16

Interest Income	<u>0</u>
Total Other Income	<u>0</u>
Net Other Income	<u>0</u>
Net Income	<u><u>34,803</u></u>



# Fill out Application Form

Created: 02/11/2016

Last updated: 07/07/2016

Page 1

## ORGANIZATIONAL INFORMATION

\*Indicates required field

### \* Name of Organization

Southeast Churches Service Center

### \* Organization Address

Street	2780 E. Gage Avenue
City/Town	Huntington Park
State	California
Country	United States

### \* Organization Phone

1-323-585-8254

### \* Organization Email

[molina\\_andy@hotmail.com](mailto:molina_andy@hotmail.com)

### Organization website address, if any

N/A

### \* Name of Authorized Representative

(Last Name, First Name)

Molina, Andy

**Title of Authorized Representative**

Executive Director

**\* Organization Founding Date/Date of Incorporation**

01/1983

**\* Organization Type**

**Responses Selected:**

Community-based (Community Service)

**\* Service Area**

**Responses Selected:**

Bell

Commerce

Huntington Park

Maywood

Vernon

Page 2

**SERVICE DETAILS**

**What number of non-duplicate individuals directly benefit from your services?**

More than 200

## What age group(s) benefit the most from your services?

### Responses Selected:

Children and Youth (ages 0 -14)

Adolescents (ages 15 -17)

Teens and Young Adults (ages 15 - 20)

Adults (ages 21 - 54)

Seniors (ages 55 and up)

## STAFF DETAILS

### \* Name of Executive Director

(Last Name, First Name)

Molina, Andy

### List of Executive Staff/Volunteer Leadership (Attachment)

Biographies should include a brief description of current employment, community service and current and former board appointments

(No response)

### Executive Staff/Volunteer Leadership biographies (Text)

You may alternatively choose to type biographies directly instead of attaching a separate document. Please specify titles and organizational involvement.

Executive Director - The Executive Director, Andy Molina, is the chief executive officer of Southeast Churches Service Center. He reports to the board of directors and accepts responsibility for the organization's consistent achievement of its mission and financial objectives. Mr. Molina provides leadership in developing program, organizational, and financial plans with the board of directors and staff, and carries out plans and policies authorized by the board. He has a solid record of experience in public service and in business along with deep understanding and knowledge about the Center's service population. His past experience as the President of Latin Business Association, City of Huntington Park Planning Commissioner, Board member and Finance

Chairman for several nonprofit organizations; along with his community spirit, strong family values and deep moral convictions, inform the foundation upon which he carries out the mission of the Center on a day to day basis. He more than meets the qualifications for the position which are: 1) A minimum of five years of experience in administration—directing a business firm or nonprofit agency and involving supervision of a diverse staff and management of significant funds; 2) Experience working with volunteers and a commitment to volunteer leadership and involvement; 3) Demonstrated success in fundraising and public relations; 4) Exceptional management ability and a sincere commitment to the goals and values of the organization.

Executive Assistant Director - Irma Molina, Executive Assistant Director, assists with day-to-day operations including: Compiling correspondence, writing and putting together funding proposals, event planning, and general office support. She manages donations, logs in receipts, compiles financial data and bank statements to be forwarded to an accounting firm. Ms. Molina also conducts client interviews, reviews application/intake forms, and compiles monthly reports. In addition, she coordinates the volunteer program, conducting outreach, recruitment, scheduling, and maintaining a database of past and potential volunteers. This position also handles much of the coordination and execution of fundraisers and special events such as The Walk for Hunger, Car Show, Harvest Dinner Dance, and Toy drives.

### **List of Board Members (Attachment)**

Biographies should include a brief description of current employment, community service and current and former board appointments

(No response)

### **List of Board Members (Text)**

You may alternatively choose to type biographies directly instead of attaching a separate document.

President – Fr. Rody Goman is a retired Pastor of St. Matthias Church in Huntington Park and one of the Founders of Southeast Churches Service Center.

Vice President – vacant

Treasurer – Tim Walker is an active Board Member and community member. He manages and handles a diverse range of management activities. His professional focus has been in the field of Apparel and Design for over 20 years.

Secretary – Gina Troncoso has been an active Board Member for 7 years. She has helped to manage a family business for 30 years and has served as the President of St. Mathias Women’s Guild. Ms. Troncoso recently obtained her Bachelor of Science in Nursing (BSN) degree and has returned to the nursing profession.

Alejandra Acosta has been an active Board Member for 8 Years and a resident of Huntington Park for over 28 years. She has been a professional office manager in the dental field for 20 years.

Lourdes Beltran has been a Board Member for over 15 years. Ms. Beltran’s professional focus has been on management and preservation of affordable housing for low income and moderate income families and seniors.

Ana Ward has been an active Board Member for over 7 years. She is a small business owner with a catering service and holds an executive management position with one of the largest affordable housing facilities in Southern California.

## Page 3

### **FINANCIAL INFORMATION**

#### **List of Income Sources**

(For example: grants, earned income, individual donations)

Individual donations from annual special event fundraiser

St. Matthias Catholic Church

Los Angeles Regional Food Bank

County of Los Angeles Department of Public Social Services - Community Development Block

Grant for client utility assistance (expired)

**\* Most recent audit and/or 990.**

(Please attach)

<https://jemmottrollinsgroup.fluidreview.com/media/assets/survey-uploads/16820/5375563-nOnxuvHAF5/2015%20990.pdf>

**\* Current organization budget**

(Please attach)

<https://jemmottrollinsgroup.fluidreview.com/media/assets/survey-uploads/16820/5375563-8THAFUPkXp/SCSC%202016%20OPERATING%20BUDGET.pdf>

**\*Grant Amount:**

Please specify the amount of grant funds being requested.

\$50,000

**\* What percentage of your organization budget will the requested funds represent?**

22

**\* Are you requesting funding for a specific project?**

No

**Proposed budget for requested funds**

How will the organization specifically utilize grant funds? (Please attach)

<https://jemmottrollinsgroup.fluidreview.com/media/assets/survey-uploads/16820/5375563-GDDLZKJB1h/SCSC%202016%20OPERATING%20BUDGET.pdf>

**Name of Financial Institution**

Bezich, Urquidez & Salazar, CPA's Inc.

**Address of Financial Institution**

444 W. Ocean Blvd., Suite 707, Long Beach, CA 90802

**Phone Number of Financial Institution**

(562) 216-1561

**Name of Fiscal Sponsor (if applicable)**

Not applicable

**Fiscal Sponsor Address (if applicable)**

Not applicable

**Fiscal Sponsor Phone (if applicable)**

Not applicable

**Fiscal Sponsor Email (if applicable)**

Not applicable

**Fiscal Sponsor Website (if applicable)**

Not applicable

**Does your organization have a current certificate of general liability insurance?**

Yes



# Fill out Application Narrative Form

Created: 03/22/2016

Last updated: 07/07/2016

## Page 1

**\* What dollar amount are you requesting from the Vernon CommUNITY Fund?**

50,000

**\* Will you be requesting general operating support?**

Yes

### **If yes:**

What is your annual operating budget?	The annual operating budget is \$230,674.
What is your organization’s mission? (250 words, maximum)	<p>The mission of Southeast Churches Service Center is to provide economic assistance to low income families, senior citizens, unemployed, and disabled persons through a delivery system of goods and services; and in connection therewith, to foster a spirit of cooperation and ecumenism among the churches of various denominations in the southeast area.</p> <p>The services currently provided include:</p> <ul style="list-style-type: none"> <li>Emergency Food Assistance (groceries) - Distribution of USDA commodities, and fresh fruits and vegetables.</li> <li>Emergency Rental Assistance -</li> <li>Emergency Utility Assistance -</li> <li>Transportation Assistance (taxi coupons, Metro tokens) -</li> <li>New/Used Items Assistance - the Center provides used clothing, furniture, large and small household appliances to individuals and families with the most need.</li> </ul>

	<p>Information and referrals for shelter, employment, and other social services, aimed at helping clients to achieve self-sufficiency.</p> <p>Southeast Churches Service Center is one of the largest food pantries in the Southeast area, and works in collaboration with several other agencies such as the Los Angeles Regional Food Bank, Human Services Association, International Institute of Los Angeles, local churches, and schools, to develop solutions to client problems and help them achieve self-sufficiency.</p>
What is the target demographic for your services?	<p>Services are provided for individuals and households with very low-income, and those who are at risk for, or are currently experiencing homelessness. This population includes but is not limited to, those who are chronically homeless, families with children, seniors, veterans, and unaccompanied youth. Approximately 45.52% of the Southeast Churches Service Center client population is homeless, 12.75% are battered women, 18.75% are senior citizens, and 22.98% are unemployed, not collecting unemployment benefits, or classified as poverty stricken.</p>
What period of time are the requested funds expected to cover?	<p>Funds are expected to cover 12 months from date of grant disbursement</p>

**Please attach the proposed budget for your project**

(No response)

**Describe your organization’s history, listing significant achievements, accomplishments and recognition: (250 words, maximum)**

Centered in Huntington Park, Southeast Churches Service Center began in the early 1980’s. Since its inception, Southeast Churches Service Center (SCSC) has become the largest non-profit, non-denominational helping agency in the Southeast, serving over one thousand people each month. SCSC provides services on an emergency basis for people who meet the eligibility requirements and have exhausted all other resources.

The history of Southeast Churches Service Center began when Saint Matthias Parish opened a ministry to the needy in a tiny garage on church property on Cedar Street. The need for more space to serve the growing numbers seeking help necessitated a move to a larger site. With the

help of a substantial donation from Church Women United, a building was leased at 7600 State Street, where the Center was first located. Over twenty Catholic and Protestant churches willing to support the center were recruited, a Board of Directors was appointed, and a Constitution was written and ratified. The Center was formally named the Southeast Churches Service Center. With the construction of a new public school at the old site on State Street, the Center was forced to relocate to its current location at 2780 Gage Ave, in Huntington Park.

The center has relied on the donations of churches, local businesses, occasional fundraisers, and community block grant programs to sustain operations. With its dedicated but small professional staff of three, along with collaborating community based organizations, and leveraged resources from the public and private sector, the Center has successfully provided emergency services and assisted with access to other community resources for Southeast area residents who have the greatest need.

**\* Describe how your organization and/or project will improve the community of Vernon and/or its surrounding areas: (500 words, maximum)**

Southeast Churches Service Center (SCSC) builds community. SCSC has developed an outreach program that assures effective outreach to those in need. By participating in community resource fairs and engaging with neighboring cities and churches, SCSC helps to create a safety net that enables community members to improve their quality of life. Collaboration and coordination with other social service and community organizations also assures that potential clients are aware of the services that we provide. The Center's long term presence in the community has helped to establish its reputation as a place to come when and if an emergency need arises.

SOUTHEAST CHURCHES SERVICE CENTER  
OPERATING BUDGET

DESCRIPTION	TOTAL COSTS	VCF
<b>SALARIES</b>	71,000	10,000
<b>RENT/LEASE</b>	18,000	10,000
<b>OTHER</b>	10,000	
<b>FOOD PROGRAM</b> - Serving 100 families in the cities of Maywood and Bell @ \$30 per family	30,000	30,000
<b>ACCOUNTANT</b>	4,500	
<b>GASOLINE/TRAVEL</b>	4,000	
<b>UTILITIES</b>	8,000	
<b>INSURANCE</b>	5,400	
<b>FOOD PURCHASES</b>	51,000	
<b>PART-TIME EMPLOYEES</b>	18,132	
<b>OFFICE SUPPLIES</b>	3,000	
<b>FRINGE BENEFITS</b>	7,642	
<b>SPECIAL EVENT FUNDRAISER</b>		
<b>TOTAL</b>	<b>\$230,674</b>	<b>\$50,000</b>

# Short Form Return of Organization Exempt From Income Tax

## 2015

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

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

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

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2015 calendar year, or tax year beginning		and ending	
<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</b> Name of organization <b>SOUTHEAST CHURCHES SERVICE CENTER</b>		<b>D</b> Employer identification number <b>95-3894953</b>
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>2780 E GAGE AVE</b>		<b>E</b> Telephone number <b>323-585-8254</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>HUNTINGTON PARK, CA 90255</b>		<b>F</b> Group Exemption Number
	<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>I</b> Website: ▶ <b>N/A</b>			
<b>J</b> Tax-exempt status (check only one) — <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>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <b>RELIGIOUS ORGANIZATION</b>			
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ <b>158,227.</b>			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>	
	<b>1</b> Contributions, gifts, grants, and similar amounts received ..... <b>126,147.</b>
	<b>2</b> Program service revenue including government fees and contracts .....
	<b>3</b> Membership dues and assessments .....
	<b>4</b> Investment income .....
	<b>5a</b> Gross amount from sale of assets other than inventory ..... <b>5a</b>
	<b>b</b> Less: cost or other basis and sales expenses ..... <b>5b</b>
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) ..... <b>5c</b>
Revenue	<b>6</b> Gaming and fundraising events
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) ..... <b>6a</b>
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) ..... <b>6b</b> <b>31,308.</b>
	<b>c</b> Less: direct expenses from gaming and fundraising events ..... <b>6c</b> <b>17,322.</b>
	<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) ..... <b>6d</b> <b>13,986.</b>
	<b>7a</b> Gross sales of inventory, less returns and allowances ..... <b>7a</b>
	<b>b</b> Less: cost of goods sold ..... <b>7b</b>
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) ..... <b>7c</b>
	<b>8</b> Other revenue (describe in Schedule O) ..... <b>SEE SCHEDULE O</b> <b>772.</b>
	<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ..... <b>140,905.</b>
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O) ..... <b>10</b>
	<b>11</b> Benefits paid to or for members ..... <b>11</b>
	<b>12</b> Salaries, other compensation, and employee benefits ..... <b>70,467.</b>
	<b>13</b> Professional fees and other payments to independent contractors ..... <b>2,600.</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance ..... <b>SEE SCHEDULE O</b> <b>38,908.</b>
	<b>15</b> Printing, publications, postage, and shipping ..... <b>40.</b>
	<b>16</b> Other expenses (describe in Schedule O) ..... <b>SEE SCHEDULE O</b> <b>22,049.</b>
	<b>17</b> Total expenses. Add lines 10 through 16 ..... <b>134,064.</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) ..... <b>6,841.</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) ..... <b>-37,195.</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) ..... <b>0.</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 ..... <b>-30,354.</b>

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

Form **990-EZ** (2015)



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46  Yes  No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II 47  Yes  No  
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48  Yes  No  
 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a  Yes  No  
 b If "Yes," was the related organization a section 527 organization? 49b  Yes  No  
 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶  
 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶  
 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

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

**Sign Here**  
 Signature of officer: *Andy Molina* Date: 2-8-16  
 ANDY MOLINA, EXECUTIVE DIR.  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name KATHLEEN P URQUIDEZ, CPA	Preparer's signature KATHLEEN P URQUIDEZ, CPA	Date 02/08/16	Check <input type="checkbox"/> if self-employed	PTIN P00285924
Firm's name ▶ BEZICH, URQUIDEZ & SALAZAR CPAS INC	Firm's EIN ▶ 46-0829756		Phone no. 562-216-1561	
Firm's address ▶ 444 WEST OCEAN BLVD #707 LONG BEACH, CA 90802				

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

SOUTHEAST CHURCHES SERVICE CENTER  
OPERATING BUDGET

DESCRIPTION	TOTAL COSTS	VCF
<b>SALARIES</b>	71,000	10,000
<b>RENT/LEASE</b>	18,000	10,000
<b>OTHER</b>	10,000	
<b>FOOD PROGRAM</b> - Serving 100 families in the cities of Maywood and Bell @ \$30 per family	30,000	30,000
<b>ACCOUNTANT</b>	4,500	
<b>GASOLINE/TRAVEL</b>	4,000	
<b>UTILITIES</b>	8,000	
<b>INSURANCE</b>	5,400	
<b>FOOD PURCHASES</b>	51,000	
<b>PART-TIME EMPLOYEES</b>	18,132	
<b>OFFICE SUPPLIES</b>	3,000	
<b>FRINGE BENEFITS</b>	7,642	
<b>SPECIAL EVENT FUNDRAISER</b>		
<b>TOTAL</b>	<b>\$230,674</b>	<b>\$50,000</b>