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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Form **990-EZ**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input checked="" type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization</p> <p>PARTNERSHIP FOR THE FUTURE</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite</p> <p>4521 HIGHWOODS PARKWAY</p> <p>City or town, state or country, and ZIP + 4</p> <p>GLEN ALLEN, VA 23060</p>	<p>D Employer identification number</p> <p>31-1482889</p>
		<p>E Telephone number</p> <p>(804) 965-1769</p>	<p>F Group Exemption Number</p> <p>▶</p>
		<p>G Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual</p> <p>Other (specify) ▶</p>	<p>H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</p>
		<p>I Website: ▶ N/A</p>	<p>J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>
		<p>K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.</p>	<p>L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 483,718.</p>

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	429,589.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	1,668.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6 Special events and activities (Complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	51,591.
b Less: direct expenses other than fundraising expenses	6b	11,748.	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	39,843.	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ MISCELLANEOUS)	8	870.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	471,970.	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	104,611.
	13 Professional fees and other payments to independent contractors	13	7,426.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	3,377.
	16 Other expenses (describe ▶ SEE STATEMENT 1)	16	145,143.
17 Total expenses. Add lines 10 through 16	17	260,557.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	211,413.	
Net Assets	19 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)	19	659,355.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	870,768.

Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)			
		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		540,957.	22 698,973.
23 Land and buildings			23
24 Other assets (describe ▶ SEE STATEMENT 2)		122,407.	24 173,846.
25 Total assets		663,364.	25 872,819.
26 Total liabilities (describe ▶ SEE STATEMENT 3)		4,009.	26 2,051.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		659,355.	27 870,768.

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12-17-08

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

Form **990-EZ** (2008)

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
37b	Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9 39a N/A		
39b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
40b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
40c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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		X
41	List the states with which a copy of this return is filed. ▶ NONE		
42a	The books are in care of ▶ LAURA KINDIG Telephone no. ▶ (804) 965-1705 Located at ▶ 4521 HIGHWOODS PARKWAY, GLEN ALLEN, VA ZIP + 4 ▶ 23060		
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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		X
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 ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- | | | Yes | No |
|---|-----|--------------------------|-------------------------------------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | <input type="checkbox"/> | <input type="checkbox"/> |
- 50 Complete this table for the 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 ▶		

Sign Here 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.

Signature of officer: Charleita M. Richardson Date: 8/11/10

Type or print name and title: Charleita M. Richardson, President & CEO

Paid Preparer's Use Only

Preparer's signature: James T. Tuttle Date: 8/11/10 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: KELTER, STEPHENS, HURST, GARY & SHREAVES, PC
P.O. BOX 32066
RICHMOND, VA 23294-2066

Preparer's Identifying Number (See instr.): EIN
 Phone no.: (804) 747-0000

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization PARTNERSHIP FOR THE FUTURE	Employer identification number 31-1482889
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Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is. (Please check only **one** organization)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete the Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	94,837.	139,841.	350,530.	432,601.	429,589.	1447398.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	94,837.	139,841.	350,530.	432,601.	429,589.	1447398.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						596,717.
6 Public Support. Subtract line 5 from line 4						850,681.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	94,837.	139,841.	350,530.	432,601.	429,589.	1447398.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	923.	2,141.	2,573.	1,470.	1,668.	8,775.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				50.	870.	920.
11 Total support. Add lines 7 through 10						1457093.
12 Gross receipts from related activities, etc. (see instructions)					12	57,393.
13 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	58.38	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	63.31	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2007. 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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2008. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2007. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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 II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. 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))	
		DODGEBALL EVENT (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	51,591.		51,591.	
	2	Less Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	51,591.			51,591.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	11,748.			11,748.
	8	Direct expense summary Add lines 4 through 7 in column (d)				(11,748.)
	9	Net income summary Combine lines 3 and 8 in column (d)				39,843.

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	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary Combine lines 1 and 7 in column (d)			

9 Enter the state(s) in which the organization operates gaming activities. _____

a Is the organization licensed to operate gaming activities in each of these states?
b If "No," Explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
b If "Yes," Explain.

11 Does the organization operate gaming activities with nonmembers?

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
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in.

a The organization's facility

13a	%
------------	---

b An outside facility

13b	%
------------	---

14 Provide 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?

15a

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:

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?

17a

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

Partnership for the Future
FEIN: 31-1482889
Statement of Program Services Accomplishments

Form 990
Attachment
Part III

- A. **Programming:** 120 students interned for 7 weeks at more than 70 sponsoring companies during the summer months. They worked in a variety of professional capacities Monday thru Thursday. Fridays were devoted to personal development with PFF staff and volunteers on the 8 Sectors of Life Curriculum. During the school year, students continue to develop their life skills during scheduled Cultural Capital Sessions. \$29,177.
- B. **SAT Preparation:** Private SAT prep for students. Critical to college admissions. As a result of the classes, the average SAT score increased approximately 365 points. \$12,477
- C. **College Tours & Fairs:** Participants in their second year of the program are exposed to a variety of colleges via college tours and fairs. These tours (both day trips & overnights) allow the students to visit some of the best schools in Virginia, as well as the District of Columbia. In addition, the students participate in a private college fair designed specifically for them. \$16,313
- D. **Staff:** 7 part-time staff members who maintain close ties with the 120 students through weekly workplace visits, meetings with students and their supervisors, teaching Friday personal development classes, touring colleges, and providing support for the application process. In addition, this covers payroll for summer interns working at local Nonprofits. \$72,266
- E. **Kirshner Scholars:** The Kirshner Scholars Award was created in 2007 in honor of Partnership for the Future's founder, Alan Kirshner. PFF will award a maximum of three scholarship awards to PFF "graduating" students who exemplify the ideals of PFF and Alan Kirshner's commitment to excellence. Students are selected based on the following criteria: Commitment to the PFF Program; Work Ethic; Academic Performance; Leadership within the Program & Community; and Excellent Communication Skills. \$10,000
- F. **Scholarship Match:** Students are required to have a minimum of \$250 in their VEST account and Partnership for the Future matches their accrued savings up to \$3,000 at the end of their program participation. \$65,301
- G. **Printing and Publications:** An annual Advertorial is published in the Richmond Times Dispatch that introduces individuals to Partnership for the Future, the staff, sponsorship organizations, as well as the success stories. \$2,868

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
INSURANCE		4,530.	
MISCELLANEOUS		<137.>	
RECRUITING		4,767.	
SAT CLASS EXPENSE		12,477.	
SCHOLARSHIP MATCH EXPENSES		65,301.	
STAFF DEVELOPMENT		6,514.	
SUMMER PROGRAM EXPENSES		45,077.	
TRANSPORTATION		6,614.	
TOTAL TO FORM 990-EZ, LINE 16		145,143.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE		4,000.	0.
GRANTS RECEIVABLE		118,407.	173,846.
TOTAL TO FORM 990-EZ, LINE 24		122,407.	173,846.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE		177.	0.
ACCRUED EXPENSES		832.	2,051.
DEFERRED REVENUE		3,000.	0.
TOTAL TO FORM 990-EZ, LINE 26		4,009.	2,051.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE	
			BEN PLAN CONTRIB	EXPENSE ACCOUNT
ALAN KIRSHNER, 4521 HIGHWOODS PARKWAY, GLEN ALLEN, VA 23060	DIRECTOR 2.00	0.	0.	0.
AMY NISENSEN, 4521 HIGHWOODS PARKWAY, GLEN ALLEN, VA 23060	DIRECTOR 2.00	0.	0.	0.
ANNE WALESKI, 4521 HIGHWOODS PARKWAY, GLEN ALLEN, VA 23060	DIRECTOR 2.00	0.	0.	0.
BRENDA FRIERSON, 4521 HIGHWOODS PARKWAY, GLEN ALLEN, VA 23060	DIRECTOR 2.00	0.	0.	0.
CHARLEITA RICHARDSON, 4521 HIGHWOODS PARKWAY, GLEN ALLEN, VA 23060	PRESIDENT & CEO 45.00	0.	0.	0.
CONNIE CUFFEE, 4521 HIGHWOODS PARKWAY, GLEN ALLEN, VA 23060	DIRECTOR 2.00	0.	0.	0.
DAVID WEISENBERGER, 4521 HIGHWOODS PARKWAY, GLEN ALLEN, VA 23060	DIRECTOR 2.00	0.	0.	0.
HAROLD FITRER, 4521 HIGHWOODS PARKWAY, GLEN ALLEN, VA 23060	DIRECTOR 2.00	0.	0.	0.
HAROLD STRAUS, 4521 HIGHWOODS PARKWAY, GLEN ALLEN, VA 23060	DIRECTOR 2.00	0.	0.	0.
KEN NEWSOME, 4521 HIGHWOODS PARKWAY, GLEN ALLEN, VA 23060	DIRECTOR 2.00	0.	0.	0.
LAVERNE SPURLOCK, 4521 HIGHWOODS PARKWAY, GLEN ALLEN, VA 23060	DIRECTOR 2.00	0.	0.	0.
MARILYN BOTA, 4521 HIGHWOODS PARKWAY, GLEN ALLEN, VA 23060	DIRECTOR 2.00	0.	0.	0.
MICHAEL E. PARHAM, II, 4521 HIGHWOODS PARKWAY, GLEN ALLEN, VA	DIRECTOR 2.00	0.	0.	0.
PAUL SPRINGMAN, 4521 HIGHWOODS PARKWAY, GLEN ALLEN, VA 23060	DIRECTOR 2.00	0.	0.	0.

PARTNERSHIP FOR THE FUTURE

31-1482889

PHYLLIS PALMIERO, 4521 HIGHWOODS PARKWAY, GLEN ALLEN, VA 23060	DIRECTOR 2.00	0.	0.	0.
RICK LONG, 4521 HIGHWOODS PARKWAY, GLEN ALLEN, VA 23060	DIRECTOR 2.00	0.	0.	0.
TINA WALLS, 4521 HIGHWOODS PARKWAY, GLEN ALLEN, VA 23060	DIRECTOR 2.00	0.	0.	0.
STEPHANIE G WHITE, 4521 HIGHWOODS PARKWAY, GLEN ALLEN, VA 23060	DIRECTOR 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>0.</u>	<u>0.</u>	<u>0.</u>

PARTNERSHIP FOR THE FUTURE (PFF) IS A HIGH SCHOOL INTERNSHIP AND COLLEGE PREPARATION PROGRAM THAT UTILIZES A HOLISTIC APPROACH TO LIFE SKILLS AND EDUCATION. PARTNERSHIP FOR THE FUTURE'S MISSION IS TO ENSURE THAT EVERY MOTIVATED STUDENT WITH LIMITED RESOURCES HAS A WORKPLACE INTERNSHIP IN HIGH SCHOOL AND CAN ATTEND THE COLLEGE OF HIS OR HER CHOICE.