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Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2010

Open to Public Inspection

	nai neveni		► The organization may have to use a copy of this return to satisfy state rep			mapeetten		
<u> </u>	For the	2010 cale	ndar year, or tax year beginning July 1 , 2010, and ending) Jur	ne 30	, 20 11		
В	Check if	applicable	C Name of organization Durham's Partnership for Children		D Employer identification number			
	Address	change	Doing Business As			56-1892432		
	Name ch	ange	Number and street (or P O box if mail is not delivered to street address) Room/suit	в	E Telepho	ne number		
$\overline{}$	Initial reti	-	1201 S. Briggs Ave.	10		919-403-6960		
	Terminat		City or town, state or country, and ZIP + 4					
$\overline{}$			Durham, Nc 27703		G Gross re	eceipts \$ 10,625,197		
	Amended		F Name and address of principal officer	1				
ш	Applicati	on pending	Laura J. S. Benson, same as C above			for affiliates? Yes No		
				all affiliates included?				
		npt status	✓ 501(c)(3)	_ ⊪∾	o," attach a	list (see instructions)		
	Website		w.dpfc.net	H(c) Grou	p exemption	number -		
K	Form of c	rganization	✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of format	ion 1994	M State	of legal domicile NC		
Ρ	art I	Summ	ary					
	1	Briefly de	escribe the organization's mission or most significant activities: Workin	g to mobiliz	e and unit	y the Durham		
_		commun	ity to create and support innovative and successful collaborative approache	s to serving	the need:	s of young children		
Activities & Governance			ve years of age and their families.					
'n								
ě	2	Check th	is box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of	of its net assets	 S			
ၓ္			of voting members of the governing body (Part VI, line 1a)		์ 3	32		
٩ĕ			of independent voting members of the governing body (Part VI, line 1b)		4	32		
ě					5	18		
Ξ			nber of individuals employed in calendar year 2010 (Part V, line 2a)					
Ac			nber of volunteers (estimate if necessary)		6	94		
			elated business revenue from Part VIII, column (C), line 12		7a			
	b	Net unre	ated business taxable income from Form 990-T, line 34	· · · · · · · · · · · · · · · · · · ·	7b			
				Prior Ye		Current Year		
ā			tions and grants (Part VIII, line 1h)	,129,930	10,615,846			
Ę	9	Program	service revenue (Part VIII, line 2g)					
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		1,652	1,366		
E	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,590	7,985		
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	(,133,172	10,625,197		
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)		5,078,387	7,654,098		
			paid to or for members (Part IX, column (A), line 4)					
G			other compensation, employee benefits (Part IX, column (A), lines 5-10)		920,550	881,576		
Expenses			onal fundraising fees (Part IX) column (A), line 11e)		11,000	15,000		
ě			draising expenses (Part IX, column (D), line 25) ▶					
낊			penses (Part IX, column (A), lines 11a-11d, 11f-24f)	······	,834,633	1,736,461		
			penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,844,570	10,287,135		
	1	-	_	<u>`</u>	288,602	338,062		
	+	nevenue	less expenses. Subtract line 18 from line 12	eginning of Cu		End of Year		
Net Assets or Fund Balances		T-4-1	 	January VI OL				
Ssel	20		ets (Part X, line 16)		779,493	1,113,384		
돌	21		ilities (Part X, line 26)		5,793	1,622		
			ts or fund balances. Subtract line 21 from line 20		773,770	1,111,762		
P	art II	Signa	ture Block			· · · · · · · · · · · · · · · · · · ·		
			ry, I declare that I have examined this return, including accompanying schedules and statem			ny knowledge and belief, it is		
tru	e, correct	, and comp	ete Declaration of preparer (other than officer) is based on all information of which preparer	nas any know	eage	-11		
		 	dense Al Menson			2/2/12		
Się	gn	Sign	ature of officer	Da		/ /		
He	re		Laura J. S. Benson, Executive	Direc	Tor			
		Туре	or print name and title					
D-		Print/Ty	pe preparer's name Preparer's signature Dat	е	Check [7 if PTIN		
	id	_			self-emp			
	epare		ame.	E.za	n's EIN ▶	•		
Us	e Onl							
111	v the ID		ddress sthis return with the preparer shown above? (see instructions)	Pho	ne no			
wid	y uie ir	เอ นเรตนร	s this return with the preparer shown above; (See Instructions)			· · 🔲 Yes 🗌 No		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	Working to mobilize and unify the Durham Community to create and support innovative and successful collaborative approaches to
	serving the needs of young children birth to five years of age and their families.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section
•	501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: QECE) (Expenses \$ 8,046,469 including grants of \$ 6,330,560) (Revenue \$)
70	Quality Early Care and Education - Based on research showing the long-term impact on early education, the Partnership has focused
	on strategies that improve the quality of child care, increase access to child care for low income families and support early
	childhood teacher education. The Partnership has also utilized a quality pre-kindergarten initiative, More at Four, to build and
	provide quality pre-kindergarten experience for 420 at risk four year olds. The Partnership also was awarded a federal grant to
	provide full comprehensive Early Head Start services to 120 infants and toddlers (0-3) via two modalities: Center-based and Home-
	based services.
4b	(Code: HEIFS) (Expenses \$ 1,323,538 including grants of \$ 1,323,538) (Revenue \$)
	Health, Early Intervention and Family Support - Physical and developmental health is critical to a child being in the best condition to
	learn. In response to this need, Durham's Partnership for Children invests in a variety of programs that offer support for parents and
	child health and developmental interventions. The Partnership funds a continuum of Family Support programming in Durham
	County including linking families to community resources, hospital visits to new parents, curriculum-based parent education and
	literacy series and an intensive home visiting program.
	*
	(0.1.000.)/5
4c	(Code: CDCB) (Expenses \$ 331,261 including grants of \$) (Revenue \$)
	Community Development and Capacity Building - The Partnership funds two strategies, Community Awareness and Education and
	Program Coordination and Evaluation, which focus on Community Development and Capacity Building. The Community Awareness
	and Education program creates educational materials, develops, manages, and supports public relations activities; delivers
	presentations; and coordinates events in order to build awareness of issues affecting young children and their families. The
	Program Coordination and Evaluation program conducts technical assistance, monitoring, evaluation, program development, and
	needs assessments in order to achieve program excellence and effectiveness in early care and education, health and early
	intervention and family support services.
	Other against (Passibe is Cabadula O.)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 9,701,268
70	1 0 mil program out too orponous 7 3,701,400

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	✓	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	ı	1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	;*	*	13 gg /
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		√
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		✓
16	organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		✓
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	Checklist of Required Schedules (continued)		-	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	/	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		√
28	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):	ra 🛶	, egs.	7 4
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	✓	√
C	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? If "Yes," complete Schedule L, Part IV	28c	1	✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u>,</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		1
а	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," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Form **990** (2010)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V		_	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 20			(2) N
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	into a	11.0	
	reportable gaming (gambling) winnings to prize winners?	1c	✓	NORTH MARKETON
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		4.73	100
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a	Section 1	▼ E-Pacial
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	8.7		8
E-		520		
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		V
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		-	\vdash
	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1	1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			2.4
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١.
	required to file Form 8282?	7c	OM L'ABRES	288 (2.6)
d	If "Yes," indicate the number of Forms 8282 filed during the year	X	تطنعله	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g	-	 •
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		\vdash
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		Marie S	1 to 1 to 2
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			111
	organization, have excess business holdings at any time during the year?	8	N N	*********
9	Sponsoring organizations maintaining donor advised funds.	2.3	i , 14, 14	\$33
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	100	꽱	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1.6		
11	Section 501(c)(12) organizations. Enter:		3.7	
a	Gross income from members or shareholders			
b	against amounts due or received from them.)			10.0
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		13° 56	45501
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			養養
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang O. See instructions. Check if Schedule O contains a response to any question in this Part VI	es in		
Section	on A. Governing Body and Management			
			Yes	No
1a b 2				
3	any other officer, director, trustee, or key employee?	2		\ <u>\</u>
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		/
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		✓
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . (Does the organization have members or stockholders?	6		V
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		1
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	in sa	7
	the year by the following:			1
а	The governing body?	8a	✓	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>
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	on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	nde l	
00011	on b. Foliolos (Thio occitor b requests information about policies not required by the internal riever		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	·	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	A SEC		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	✓	
13	Does the organization have a written whistleblower policy?	13	√	<u> </u>
14 15	Does the organization have a written document retention and destruction policy?	14		
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		2.5
a b	The organization's CEO, Executive Director, or top management official	15a	y	\vdash
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		7
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.)s only	y) ava	ılable
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	of inter	rest p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Sandra Roberts, 1201 S. Briggs Ave., Suite 210, Durham, NC 27703 (919) 403-6960	of the) 	

FUIII 330 (20 tu)	Form	990	(2010)
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,
	and Independent Contractors

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 no	r any relate	d org	aniz	atio	n c	ompe	nsa	ated any curren	t officer, director	, or trustee.
(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual to or director	Institutional trustee	Officer	key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Angelica Oberleithner, Former Acting Executive Director	40			1				67,024	0	5,539
(2) Sandra Roberts, Finance Director	40			1				60,619	0	10,250
(3) Tammy Baggett, Board Member		1						0	0	0
(4) Brenda Berlin, J.D. Board Member		1						0	0	0
(5) Leigh Bordley, Board Member		1						0	0	0
(6) Ilene Britt, Secretary		/		1				0	o	0
(7) Cheryl Brown-Deberry, Board Member		1					_	0	0	0
(8) Bill Bryant, Vice Chair		1		✓				0	0	0
(9) Danielle Caldwell, Board Member		/						0	0	0
(10) Linda Chappel, Board Member		1						0	0	0
(11) Keni Church, Board Member	-	1						0	o	0
(12) Dave Clark, Treasurer	1	/		1				0	o	0
(13) David Covington, Board Member		1						0	0	0
(14) Drew Cummings, Board Member	†	1						0	0	0
(15) DeeDee Fields, Board Member		/						0	0	0
(16) Rebecca Freeman, Board Member		/			_			0	0	0

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Part	Section A. Officers, Directors, True (A)	(B)	Empi	уес		ania C)	піўп	251	(D)	(E)	inueu)	(F)	
Name and title		Average	Position (check all that appl					Reportable	Reportable	Estimated			
		hours per week	오코	፲	Q	줎	9.₹	77	compensation from	compensation from related		nount o	f
		(describe	Individual trustee or director	Institutional	Officer	Key employee	plo	Former	the	organizations		pensati	ion
		hours for related	Ct a	Ö		ᇢ	yee co	=	organization (W-2/1099-MISC)	(W-2/1099-MISC)	ilSC) from the organization		
		organizations	, g	al tr		yee	mp		(W-2/1099-MISC)			anizatio d relate	
		in Schedule O)	8	trustee			Highest compensated employee				orga	anızatıo	ns
/43 ·	0		<u> </u>	Ľ	<u> </u>	igsqcup	8.	_		<u>. </u>			
<u>(17) La</u>	ura Gorry, Board Member	-	/						0	0			0
(18) Jo	seph Haenn, Ph.D, Board Member]	_		Г				0	0			0
(19) M	arilyn Hedgpeth, Board Member		✓		-	\vdash		_					
3.197.11	any medgean, board member		1						0	0			0
(20) A	nne Taylor Karasek, Board Member								0	0			0
(21) T:	mara Loza, Board Member		✓		 								
35.17.13		-	✓						0	0			0
(22) M	chael Palmer, Board Member				Г				0	0			0
(22) DI	nonda Parker, Board Member		/		\vdash	\vdash				_			
120/11		-	1						0	0			0
(24) EI	len Reckhow, Board Member		,						0	o			0
(25) B	David Reese, Board Member		/		 	$\vdash \vdash$		-					
320/3	David Neess, Doub Member	1	/						0	0			0
(26) G	erri Robinson, Board Member		,						0	o			
(27) R	obert Robinson, Board Member		✓		\vdash	\vdash		_				—	
75:17:27	Social Robinson, Board Member	1	/						0	0			0
(28) D	ane Rupprecht, Board Member								0	О			0
1b	Sub-total		✓		L	لــــا		Ļ	127,643		<u></u>		15,789
C	Total from continuation sheets to Part	 VII. Sectio	n A	•	•		•	•	127,040		l		10,700
d	Total (add lines 1b and 1c)	-						>					
2	Total number of individuals (including but	t not limited						e) w	ho received m	ore than \$100,00	00 in		
	reportable compensation from the organ	ization >										Yes	s No
3	Did the organization list any former or	fficer, direc	ctor o	r tr	uste	зе,	key e	emp	oloyee, or high	nest compensate	ed 🗀	168	, 140
	employee on line 1a? If "Yes," complete							•			3		1
4	For any individual listed on line 1a, is the organization and related organizations											1	
	individual		αιι ψ					., 			4	-	1
5	Did any person listed on line 1a receive of									zation or indıvıdı	ıal		
0	for services rendered to the organization	? If "Yes," c	compl	ete	Sch	<u>redu</u>	ıle J 1	or s	such person	· · · · · ·	5	<u> </u>	<u> </u>
Secure 1	on B. Independent Contractors Complete this table for your five highest	compensat	ed inc	den	end	ent	contr	acti	ors that receive	ed more than \$1	00.000		
•	compensation from the organization.	oomponou.		. مرت			00		0.0 1.101	54 more marr 4 r			
	(A) Name and business add	Irace					•		(B) Description of s	ean/icas	(C Comper	-	
	Name and business add										Обтро		
													-
					—			<u> </u>					
2	Total number of independent contractor	ors (includii	ng bu	ıt n	ot	limit	ed to	th	nose listed ab	ove) who	÷		
	received more than \$100,000 in compens												

Part	VIII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns 1a				
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b	7			
s, g	С	Fundraising events 1c	7			
gift ar 8	d	Related organizations 1d	1			
IS, E	е	Government grants (contributions) 1e 10,534,99	3			
tior r si	f	All other contributions, gifts, grants,	7			
ibu		and similar amounts not included above 1f 80,85	3			
do	g	Noncash contributions included in lines 1a-1f ⁻ \$ 22,51	1			
S E	h	Total. Add lines 1a–1f ▶	10,615,846			
ue		Business Code				}
ver	2a					
Program Service Revenue	b					
ξ	С					
Ser	d					
am	е					
'ogr	f	All other program service revenue .				
<u>-</u>	g	Total. Add lines 2a–2f			·····	
	3	Investment income (including dividends, interest				
		and other similar amounts)	1,366	<u> </u>	<u> </u>	
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties]		
	60		┥ . 、	* *	* * **	· · · · · · · · · · · · · · · · · · ·
	6a b	Gross Rents Less: rental expenses	-{			,
	C	Rental income or (loss)	╣ .			
	ď	Net rental income or (loss)	 		-	
	7a	Gross amount from sales of (i) Securities (ii) Other	4 4	¥ .4	-	
		assets other than inventory	┨ ゛ ゛	, T		
	b	Less: cost or other basis	1			
		and sales expenses .			· ••	
	С	Gain or (loss)				
	d	Net gain or (loss)				
ē	8a	Gross income from fundraising				
ent	Qa	events (not including \$				
ě		of contributions reported on line 1c).				
F.		See Part IV, line 18 a		1		
Other Reven	ь	Less: direct expenses b	-			
0		Net income or (loss) from fundraising events .	 			
		Gross income from gaming activities.				
i		See Part IV, line 19 a			1	
;	b	Less: direct expenses b	7			
		Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory >				ļ
		Miscellaneous Revenue Business Code				
	11a	Sales Tax Refunds	7,985		1	
	b					
	°.				<u> </u>	
	d	All other revenue	7.005	ļ	 	
	12	Total. Add lines 11a–11d	7,985		 	
		TOTAL LEVELING, OCC HOULDUID.	1 10.675.197			1

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) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete co				
7b, 8	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	7,642,723	7,642,723		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	11,375	11,375		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				j
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	200,563	5,111	195,452	
e	Compensation not included above, to disqualified	200,363	3,111	190,402	
6	persons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4958(r)(1)) and persons described in section 4958(c)(3)(B)				
_	· · · · · · · · · · · · · · · · · · ·	F44 =		4-4-4-1	
7	Other salaries and wages	513,703	342,023	171,680	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	53,571	25,330		
9	Other employee benefits	54,895	27,911	26,984	
10	Payroll taxes	58,844	28,536	30,308	
11	Fees for services (non-employees):				
a	Management				
b	Legal	····			
С	Accounting				
d	Lobbying			30,000	
е	Professional fundraising services. See Part IV, line 17	15,000		face and and	15,000
f	Investment management fees				
g	Other				
12	Advertising and promotion	20,516	17,179	3,337	
13	Office expenses	88,345	38,182	50,163	
14	Information technology				
15	Royalties				
16	Occupancy	36,763	18,515	18,248	
17	Travel	7,967	5,517	2,450	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	9,859	5,374	4,485	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	4,276		4,276	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If		į		
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
а	Contracted Services	1,559,128	1,530,113	29,015	
b	Employee Training	5,935	3,379	2,556	
C	Sales Tax Expense	3,579	-	3,579	
đ	Bank Service Charges	93		93	
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	10,287,135	9,701,268	570,867	15,000
26	Joint costs. Check here ▶ ☐ if following				
	SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column				
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation				
				_	Form 990 (2010)

F	art X	Balance Sheet			1 490 1
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	645,157	1	943,801
	2	Savings and temporary cash investments	129,743	2	168,602
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
Š.	6	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 instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	 -
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,593	15	981
	16	Total assets. Add lines 1 through 15 (must equal line 34)	779,493	16	1,113,384
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	·····	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	5,793	25	1,622
	26	Total liabilities. Add lines 17 through 25	5,793		1,622
Ses		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets	750,722	27	1,057,498
or Fund Balances	28	Temporarily restricted net assets	22,978	28	54,264
ᅙ	29	Permanently restricted net assets		29	
or Fu		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	773,700	33	1,111,762
	34	Total liabilities and net assets/fund balances	779,493	34	1,113,384

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Par					
	Check if Schedule O contains a response to any question in this Part XI				
	T-1-1				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10,62	
2	Total expenses (must equal Part IX, column (A), line 25)	2		10,28	
3	Revenue less expenses. Subtract line 2 from line 1	3			B,062
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		77:	3,700
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		1,11	1,762
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: ✓ Cash ✓ Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," expl	ain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		✓
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	rsight			
	of the audit, review, or compilation of its financial statements and selection of an independent account	ant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, expl	ain in		*	,
	Schedule O.		,1	ં	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	were		,	83
	issued on a separate basis, consolidated basis, or both:			'	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1.7	4.	,
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in			
	the Single Audit Act and OMB Circular A-133?		3a	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	lits	3b	✓	
			Forn	990	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

56-1892432

Department of the Treasury Internal Revenue Service

Name of the organization

Durham's Partnership for Children

Employer identification number

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated **b** Type II 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). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(in) Provide the following information about the supported organization(s). (iii) Type of organization (iv) is the organization (v) Did you notify (i) Name of supported (ii) EIN (vi) Is the (vii) Amount of in col (i) listed in your the organization in organization (described on lines 1-9 organization in col support col (i) of your governing document? (i) organized in the above or IRC section support? U S.? (see instructions)) No Yes Yes No Yes (A) (B) (C) (D) (E)

Total

Part								
	(Complete only if you checked the Part III. If the organization fails to						alify under	
Secti	on A. Public Support	quanty united		В	ouce compie	to r die iii.		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,528,902	4,986,427	5,573,894	9,129,930	10,615,846	34,834,999	
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 through 3	4,528,902	4,986,427	5,573,894	9,129,930	10,615,846	34,834,999	
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)		4-	٠,	4			
6	Public support. Subtract line 5 from line 4.		~\$.	# 184j	₹ •\$	}	34,834,999	
	on B. Total Support							
Calen	idar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
7	Amounts from line 4	4,528,902	4,986,427	5,573,894	9,129,930	10,615,846	34,834,999	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,593	4,980	2,935	1,652	1,366	17,526	
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.)	5,181	7,505	5,677	1,590	7,985	27,938	
11	Total support. Add lines 7 through 10						34,880,463	
12	Gross receipts from related activities, etc.					12		
13	First five years. If the Form 990 is for the organization, check this box and stop he	re				ear as a section		
Secti	on C. Computation of Public Suppor							
14	Public support percentage for 2010 (line 6					14	99 87 %	
15 16a	Public support percentage from 2009 Sch 331/3% support test—2010. If the organiz- box and stop here. The organization qua	zation did not o	check the box	on line 13, and	l line 14 is 331			
b	331/3% support test – 2009. If the organ check this box and stop here. The organ	nization did no	t check a box	on line 13 or	16a, and line			
17a	10%-facts-and-circumstances test—26 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-a	and-circumsta	nces" test, che t. The organiza	ck this box an	id stop here . E	xplain in	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization m Explain in Part IV how the organization m supported organization	tion meets the leets the "facts	facts-and-cir- and-circumst-	rcumstances" ances" test. Ti	test, check th	is box and ste	op here.	
18	Private foundation. If the organization di				, or 17b, chec	k this box and	see	

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.)

			212 lizied bei	•, p	mpioto i ait	,	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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			1			
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the		İ		:		
	organization without charge						
6	Total. Add lines 1 through 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 \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b			2.00		5 cc 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
8	Public support (Subtract line 7c from	# 18th 18th	1. 163. 13		, , , , ,		
	line 6.)	<u> </u>		1 / 3 / 1° 2 / 1		<u>l'</u>	
	on B. Total Support	1 (-) 0000	(1.) 0007	T (-) 0000	/-N 0000	(-) 0010	/A Total
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,	1					
	payments received on securities loans, rents,						
	royalties and income from similar sources .	i					
			1				
b	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	section 511 taxes) from businesses acquired after June 30, 1975						
С	section 511 taxes) from businesses acquired after June 30, 1975						
	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
С	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether						
c 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
С	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
c 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
c 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
c 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
c 11 12	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b			d third fourth	or lifth toy w		n 501(c)(3)
c 11	section 511 taxes) from businesses acquired after June 30, 1975						
11 12 13 14	section 511 taxes) from businesses acquired after June 30, 1975	re				ear as a sectio	
c 11 12 13 14 Secti	section 511 taxes) from businesses acquired after June 30, 1975	re rt Percentag	 e				▶ 🗆
11 12 13 14 Section 15	section 511 taxes) from businesses acquired after June 30, 1975	rt Percentag 8, column (f) d	e e ivided by line 1	3, column (f))		15	▶ □
c 11 12 13 14 Section 15 16	section 511 taxes) from businesses acquired after June 30, 1975	rt Percentag 8, column (f) d hedule A, Part	e ivided by line 1	3, column (f))			▶ 🗆
11 12 13 14 Section 15 16 Section 16	section 511 taxes) from businesses acquired after June 30, 1975	rt Percentag 8, column (f) d hedule A, Part come Perce	e ivided by line 1 III, line 15 ntage	3, column (f))		15	► □ % %
11 12 13 14 Section 15 16 Section 17	section 511 taxes) from businesses acquired after June 30, 1975	rt Percentag 8, column (f) d hedule A, Part come Perce (line 10c, colur	e ivided by line 1 III, line 15 ntage nn (f) divided b	13, column (f))		15 16	▶ □ % %
11 12 13 14 Section 15 16 Section 17 18	section 511 taxes) from businesses acquired after June 30, 1975	rt Percentag 8, column (f) d hedule A, Part come Perce (line 10c, colur 9 Schedule A,	e ivided by line 1 III, line 15 ntage nn (f) divided b	13, column (f))	mn (f))	15 16	% % %
11 12 13 14 Section 15 16 Section 17	section 511 taxes) from businesses acquired after June 30, 1975	rt Percentag 8, column (f) d hedule A, Part come Perce (line 10c, colur 9 Schedule A, azation did not	e ivided by line 1 III, line 15 ntage nn (f) divided b Part III, line 17 check the box	oy line 13, colum x on line 14, a	mn (f))	15 16 17 18 nore than 331/25	% % % %, and line
11 12 13 14 Section 15 16 Section 17 18 19a	section 511 taxes) from businesses acquired after June 30, 1975	rt Percentag 8, column (f) d hedule A, Part come Perce (line 10c, colur 9 Schedule A, nization did not and stop here	e ivided by line 1 III, line 15 ntage nn (f) divided b Part III, line 17 check the bo The organizati	oy line 13, colum x on line 14, a	mn (f))	15 16 17 18 nore than 331/33 orted organizati	% % % %, and line on . ▶ □
11 12 13 14 Section 15 16 Section 17 18	section 511 taxes) from businesses acquired after June 30, 1975	rt Percentag 8, column (f) d hedule A, Part come Perce (line 10c, colur 9 Schedule A, nization did not and stop here zation did not d	e ivided by line 1 III, line 15 ntage nn (f) divided b Part III, line 17 check the boo. The organizationeck a box on	y line 13, colum x on line 14, a ion qualifies as line 14 or line	mn (f))	15 16 17 18 nore than 331/31/31/31/31/31/31/31/31/31/31/31/31/	% % % % % % %, and line on . ▶ □

	Form 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
Part II, Line	e 10 - Sales Tax Refund	
·	······	
•••••		
	······	

SCHEDULE D (Form 990)

Supplemental Financial Statements

20**10**

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Employer identification number **Durham's Partnership for Children** 56-1892432 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 Total number at end of year 1 2 Aggregate contributions to (dunng year) . 3 Aggregate grants from (during year) . . 4 Aggregate value at end of year 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? ☐ Yes ☐ 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 ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II 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 an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space 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 2a a Total number of conservation easements . . . **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ĸ 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) ☐ Yes ☐ No In Part XIV, 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 XIV, 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: \$___ 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:

Assets included in Form 990, Part X .

	,						
	ale D (Form 990) 2010						Page 2
Par							
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her records, che	ck any of the follow	ving that are a sig	gnificant us	se of its
а	Public exhibition		d 🗌 Lo	an or exchange pro	grams		
b	☐ Scholarly research		e 🗌 Ot	ther			
C	Preservation for future generation	าร					
4	Provide a description of the organizati	ion's collections a	ınd explain how	they further the org	janization's exem	pt purpose	in Part
	XIV.						
5	During the year, did the organization					•	
	assets to be sold to raise funds rather					☐ Yes	
Par	Escrow and Custodial Arra line 9, or reported an amount			ganization answe	red "Yes" to For	m 990, P	art IV,
1a	Is the organization an agent, trustee,	custodian or oth	er intermediary	for contributions or	other assets not		
	included on Form 990, Part X?					☐ Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIV and comple	ete the following	table:			
					An	nount	
C	Beginning balance				;		
d	Additions during the year			10	<u> </u>		
е	Distributions during the year						
f	Ending balance				† <u> </u>		
2a	Did the organization include an amoun	·	art X, line 21? .			☐ Yes	☐ No
	If "Yes," explain the arrangement in Pa			1.004	66 D + 87 B	10	
Par	t V Endowment Funds. Comple				(d) Three years back		
4.	B	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance			<u> </u>	-		
b	Contributions			1	- 3		
C	Net investment earnings, gains, and losses					18 4.5	£,*
_	<u> </u>				· · · · · · · · · · · · · · · · · · ·	37.48.5.70	514
d	Grants or scholarships Other expenditures for facilities and				· • · · · · · · · · · · · · · · · · · ·	7 3	<u>``</u>
е	programs				. ` + £}		,
	· · -			-		 	
f	Administrative expenses End of year balance					1,,,,,	300
9	,	as was and halon	oo hold oo:		4	<u> </u>	
2	Provide the estimated percentage of the Board designated or quasi-endowmen						
a	Permanent endowment		70				
b							
3a C	Term endowment ►% Are there endowment funds not in the	nossession of th	e organization th	hat are held and ad	ministered for the		
Ja	organization by:	possession of the	e organization ti	nat are note and ad	ministered for the		s No
	•					3a(i)	3 140
	(i) unrelated organizations(ii) related organizations					3a(ii)	
ь	If "Yes" to 3a(ii), are the related organizations					3b	
4	Describe in Part XIV the intended uses		•			<u> </u>	

(d) Book value

(c) Accumulated

depreciation

(b) Cost or other basis

(other)

(a) Cost or other basis (investment)

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Description of investment

c Leasehold improvements .d Equipment

Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12.						
(a	Description of security or category (including name of security)	(b) Book value		C	(c) Method cost or end-of-				
(1) Financia	derivatives								
(2) Closely-I	neld equity interests								
(3) Other									
(A)									
(B)									
(C)									
(D) (E)			1		·				
(F)			 						
(G)			 					-	
(H)			+						
(I)							*		
	(b) must equal Form 990, Part X, col (B) line 12.) ►								
Part VIII	Investments – Program Related		, line 13.	-					
*	(a) Description of investment type	(b) Book value		С	(c) Methodost or end-of-				
_(1)	· · · · · · · · · · · · · · · · · · ·								
(2)			ļ						
(3)			-						
(4)			1						
(5)									
<u>(6)</u> (7)	· · · · · · · · · · · · · · · · · · ·		+						
(8)									
(9)			1						
(10)				_					
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		**	*2562	1 %.	· · · //	- 44		, ,
Part IX	Other Assets. See Form 990, Pa	rt X, line 15. Description	· · · · · ·				(b)	Book value	
(1) Money	due back to Partnership from funded part	<u> </u>							981
_(2)						\rightarrow			
_(3)				<u></u>		\dashv			
(4)								·····	
(5)						\dashv			
(6)		······································							
(8)									
(9)						-+			
(10)									
	mn (b) must equal Form 990, Part X, co					. ▶			981
Part X	Other Liabilities. See Form 990,	Part X, line 25.							
1.	(a) Description of liability	(b) Amount	_						
	income taxes		_						
	State - Money reverted back to North		4						ļ
	olina Partnership for Children	1,622	4						
(4)			4						
(5)			-{						
(7)			-						
(8)			-						
(9)			1						
(10)			1						
(11)			┪						Į
	b) must equal Form 990, Part X, col. (B) line 25.)	1,622	<u> </u>						
	SC 740) Footnote. In Part XIV, provide			zation's	s financial s	tatem	ents tha	t reports f	he

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

	le D (Form 990) 2010			Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Aud	lited Financial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	10,625,197
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	10,287,135
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	338,062
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lin		10	338.062
Pari				
1	Total revenue, gains, and other support per audited financial statements .		1	10,625,197
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a		2a	,	`
b	<u> </u>	2b		
c		2c	-	
d		2d		
e	Add lines 2a through 2d		2e	1
3	Subtract line 2e from line 1			10,625,197
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		232	
		40		
a		4a 4b		
b			سنتنب	4
с 5	Add lines 4a and 4b			
		•		10,625,197
1	·		1	10,287,135
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	- - I		
a		2a		
b		2b	-177	
C.		2c		1
d	` '	2d		4
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	10,287,135
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1	ž
а		4a	- 3. 5	
b		4b	(A. 1.)	4
_C	Add lines 4a and 4b		-	+
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	18.)	5	10,287,135
Part	· ' '' ' '' '' '' '' '' '' '' ''			
Part \	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; /, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, linditional information.			

· Schedule D (Form 990) 2010

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States

OMB No. 1545-0047 2010

Open to Public Inspection

Employer identification number

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

► Attach to Form 990.

Durham's Partnership for Children							56-1892432
Part I General Information on Grants and Assist	n on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants for the grants or assistance, and the selection criteria used to award the grants or assistance?	ain records to subs	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility fo	or the grants or assistanc	e, and
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nization's procedur	es for monitoring	the use of grant fu	nds in the United	States.		•
Part Grants and Other As	ssistance to Go	vernments and	Organizations i	n the United St	ates. Complete i	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	wered "Yes" to
	te 21, for any rec additional space	ipient that receivis needed.	/ed more than \$5	5,000. Check thi	s box if no one re	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.	than \$5,000. 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
(1) Child and Parent Support Svs. 411 W Chapel Hill St., Durham N	58-1446309	501 (c)(3)	375,179				Family Support
(2) DCCSN-Hispanic/Latino Serv 115 Market St, Durham, NC	56-2099487	501 (c)(3)	117,574				Early Intervention
(3) CCSA-Quality Enhancement 1829 E Franklin St., Durham,NC	56-1514058	501 (c)(3)	316,069				Child Care Quality
(4) CCSA-Quality Maintenance 1829 E Franklin St., Durham,NC	56-1514058	501 (c)(3)	125,395				Child Care Quality
(5) CCSA- Dual Subsidy Admin 1829 E Franklin St., Durham,NC	56-1514058	501 (c)(3)	396,618				Child Care Assista
(6) CCSA- TEACH Early Childhood 1829 E Franklin St., Durham,NC	56-1514058	501 (c)(3)	13,078				Teacher Education
(7) CCSA-SS Scholarship Program 1829 E Franklin St., Durham,NC	56-1514058	501 (c)(3)	3,091,754				Child Care Assista
(8) CCSA - Grow a Teacher 1829 E Franklin St., Durham,NC	56-1514058	501 (c)(3)	80,769				Teacher Education
(9) El Centro Hispano, Inc. 201 W Main St. Durham NC	56-2011661	501 (c)(3)	231,484				Family Support
(10) CCSA-Choosing/Using Quality 1829 E Franklin St., Durham,NC	56-1514058	(6)(3)	241,349				Recourse & Referra
(11) Exchange Club Child Abuse Pre 3708 Lyckan Pkwy, Durham NC	58-1978668	(c)(3)	168,206				Early Intervention
(12) Durham Cty Coop Extension 721 Foster St., Durham NC	56-6000297		323,881				Family Support
2 Enter total number of section 501(c)(3) and government organizations	n 501(c)(3) and gov	emment organiza	tions				. • 12
3 Enter total number of other organizations	organizations .						▼ .
For Paperwork Reduction Act Notice, see the Instructions for Form 990,	see the Instruction	s for Form 990.		Cat	Cat No 50055P		Schedule I (Form 990) (2010)

SCHEDULE (Form 990) Continuation

Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

%□ (see 1st page) (see 1st page) (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II Employer identification number Child Care & Suppo Early Intervention Pediatric Training **Nutrition Consult.** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to √ Yes 56-1892432 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash (e) Amount of non-grant cash assistance 55,176 7,500 52,038 2,046,653 Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance can be duplicated if additional space is needed. 501 (c)(3) 56-0532129 58-1605761 56-6000297 58-2046321 Enter total number of other organizations (D) EIN 800 Eastowne Dr., Chapel Hill, NC (1) Comm Partnership-Durham Incl. (4) Duke University - Docs for Tots Box 104008, Durham, NC 27710 1 (a) Name and address of organization (2) Nutrition-Durham Cty Hith Dept Durham's Partnership for Children 3522 Haworth Dr., Raleigh, NC 414 E. Main St., Durham, NC (3) CHTOP - Early Head Start or government Part I (2) Part II 8) 12 9 Ε 9

Schedule I (Form 990) (2010)

Cat. No. 50055P

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be dublicated if additional space is needed. Schedule I (Form 990) (2010)
Part III Grants an

Part III can be duplicated if additional space is needed	l space is needer	J.			
(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
1 More at Four Teacher Bonus	13	11,375			
2					
3					
4					
S					:
9					
7 Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	te this part to pro	vide the information	required in Part I,	line 2, and any other add	ditional information.
Monitoring: As the steward of \$10,534,993 in public funds, the Parl	ls, the Partnership i	s responsible for monit	oring its funded progr	ıms to ensure accountability	tnership is responsible for monitoring its funded programs to ensure accountability of funds and compliance with
contract requirements. Both the Smart Start funded programs and More at Four sites are monitored annually. Smart Start Monitoring: The Partnership monitors each Smart Start funded	grams and More at	Four sites are monitore	d annually. Smart Sta	t Monitoring: The Partnersh	ip monitors each Smart Start funded
program on an annual basis through program observation, site visits, completion of a Direct Service Provider Monitoring Tool and review of program and fiscal reporting through the year.	on, site visits, comp	letion of a Direct Servic	ce Provider Monitoring	Tool and review of program	and fiscal reporting through the year.
The annual programmatic and fiscal monitoring site visit includes includes a review of the compliance with the Contract Activity Description, documentation of evaluation, compliance with	t includes includes	a review of the complia	nce with the Contract	Activity Description, docume	ntation of evaluation, compliance with
communication standards, compliance with grants management, f	agement, financial s	tatus reports, cash rec	eipts, cash disbursem	ents, competitive bidding, ca	inancial status reports, cash receipts, cash disbursements, competitive bidding, cash and in-kind contributions and
property and equipment. Based on this review and completion of	pletion of a monitor	ing tool, a report is con	npleted and provided t	o the funded program. Follo	a monitoring tool, a report is completed and provided to the funded program. Follow-up, technical assistance and
development of a corrective action plan will occur if necessary. More at Four Monitoring: The Partnership conducts monitoring as part of the More at Four Pre-Kindergarten Program in	essary. More at Fo	ur Monitoring: The Part	tnership conducts mor	itoring as part of the More a	t Four Pre-Kindergarten Program in
Durham County. Monitoring activities for participating More at Four (MAF) sites are conducted throughout the year to ensure that program requirements are met. Pre-K sites are required	Nore at Four (MAF)	sites are conducted thr	oughout the year to en	sure that program requireme	nts are met. Pre-K sites are required
to complete an annual Site Montoring Tool that is designed to address the components of the program to meet compliance areas at the site and classroom level. Sites submit the	ned to address the	components of the pro	gram to meet compliar	ce areas at the site and class	sroom level. Sites submit the
completed tools to the local contractor's office. The Partnership's		artment reviews the too	ols and conducts a site	visit to ensure that all inform	MAF department reviews the tools and conducts a site visit to ensure that all information is correct and accurate and
in compliance with State requirements. The Partnership's Finance department also works in collaboration with the More at Four department to ensure that sites are monitored (con't)	's Finance departm	ent also works in collat	oration with the More	at Four department to ensure	e that sites are monitored (con't)

Schedule 1 (Fc	Schedule I (Form 990) (2010)					Page
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered Part III can be duplicated if additional space is needed.	viduals in the U space is needed	nited States. Com	plete if the organiza	ation answered "Yes" to I	"Yes" to Form 990, Part IV, line 22.
	(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
-						
8						
ო						
4						
5						
9						
7						
Part IV	Supplemental Information. Complete this		vide the informatio	n required in Part I,	part to provide the information required in Part I, line 2, and any other additional information.	itional information.
(con't from p	(con't from page 2) fiscally on an annual basis. The fiscal monitoring incl	ng includes a review o	f all equipment/assets A	fonitoring tools developed	by the Office of Early Learning m	udes a review of all equipment/assets Monitoring tools developed by the Office of Early Learning must also be used at the local level for self-
review and v	review and verification of compliance with the operating requirements	nents The Office of Ea	irly Learning conducts on	-site monitoring annually	The Office of Early Learning conducts on-site monitoring annually at the local contractor's site. Earl	Early Head Start Monitoring The Partnership
ın complianc	in compliance with Federal standards and administrative requirements provides ongoing monitoring of its operations as well as those of its contracted delegate agency. It is the policy of the Grantee that all	nents provides ongoin	ig monitoring of its opera	tions as well as those of it	contracted delegate agency. It	s the policy of the Grantee that all
programmat	programmatic, fiscal, and management areas of the Early Head Star program are regularly reviewed and that appropriate and timely follow-up is provided to assure correction of non compliance issues. A full	ar program are regular	ly reviewed and that app	ropriate and timely follow	-up is provided to assure correction	on of non compliance issues. A full
monitoring	monitoring review of the delegate agency is conducted by program and fiscal staff on an annual basis to assess compliance with performance standards and contract requirements. A monitoring tool has been	m and fiscal staff on a	n annual basis to assess c	ompliance with performai	nce standards and contract requir	ements. A monitoring tool has been
developed u	developed using the Office of Head Start Monitoring Protocol and Self-Assessment Booklets	Self-Assessment Bool	klets Monitoring include	s a review of compliance v	vith Head Start Performance Stan	Monitoring includes a review of compliance with Head Start Performance Standards, compliance with Memorandum
of Understar	of Understanding (MOU), and compliance with the development and im	and implementation o	f the financial manageme	ent system This will involv	e a detailed review of the financi	plementation of the financial management system This will involve a detailed review of the financial reporting, accounting records, internal
controls, and	controls, and budget controls. The Partnership staff reviews program and fiscal data including financial status reports, financial source documentation for expenditures, monthly program updates, Head Start	ram and fiscal data inc	luding financial status re	ports, financial source doc	umentation for expenditures, mo	nthly program updates, Head Start
Enterprise S ₎	Enterprise System (HSES) reports, ChildPlus reports, year-end report and		iformation Review (PIR) ir	iformation A monitoring	report, including scope of testing	Performance Information Review (PIR) information. A monitoring report, including scope of testing, any issues noted, and recommendations
will be provi	will be provided to the delegate agency.					

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Durham's Partnership for Children

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See the Instructions for Form 990.

Name of the Organization

Employer identification number

56

1892432

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated (B) (C) (A) (D) (F) Name and title Average hours Position (check all that apply) Reportable Reportable Estimated per week compensation compensation amount of Individual trustee or director Highest Key Institutional trustee from related from other organizations employee the compensation organization (W-2/1099-MISC) from the compensated (W-2/1099-MISC) organization and related organizations (29) Eunice Sanders, Board Member 0 0 0 (30) Delphine Sellars, Board Member 0 0 0 (31) Timothy Sinclair, Board Member 0 0 0 (32) Annie Vample, Board Member 0 0 (33) Barbara VanDewoestine, Board Memi 0 0 0 (34) Angie Welsh, Board Member 0 0 0

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

(10)

Name of the organization Employer identification number

Durham's Partnership for Children					56-1	189243	32		
Part I Excess Benefit Transaction Complete if the organization	ons (section 501(c)(3 n answered "Yes" o	B) and section 501(c) n Form 990, Part IV,	(4) organization: line 25a or 25b	s only). , or Form 99	0-EZ,	Part \	V, line	40b.	
1 (a) Name of disqualified pe	rson		(b) Description of	transaction				Ŀ`-	rected?
(1)								Yes	No
(2)									
(3)				·-·-·					
(4)									
(5)									L
(6)2 Enter the amount of tax impos	ed on the organizat	tion managers or dis	squalified perso	ons during t	he ye	ar			
under section 4958					1	▶ \$			
3 Enter the amount of tax, if any, o	n line 2, above, rem	nbursed by the organ	ization		1	▶ \$			
Part II Loans to and/or From Into Complete if the organizatio	erested Persons. n answered "Yes" o	n Form 990, Part IV,	line 26, or Form	n 990-EZ, Pa	rt V, I	ine 38	Ba.		
(a) Name of interested person and purpose	(b) Loan to or from the organization?	(c) Original principal amount	(d) Balance o		lefault?	(f) App	proved ard or	(g) W agree	
	To From			Yes	No	Yes	No	Yes	No
(1)									
(2)									
(3)									<u> </u>
(4)			ļ						
(5)									
(6) (7)									-
(8)			ļ			l			
(9)			+						
(10)									
Total			 	674.C	1999	P., F 1.	#7.26c	(X) 4.	
Part III Grants or Assistance Ben Complete if the organizatio	efiting Interested F	Persons.	line 27.						
(a) Name of interested person	(b) Relationship	between interested perso organization	n and the	(c) Amount	and ty	pe of a	ssistan	се	
(1)						·			
(2)									
(3)									
(4)				_					
(5)									
(6)									
(7)									
(8)									
(9)									

Par	Business Transactions Involvi Complete if the organization ans	swered "Yes" on Form 99	0, Part IV, line 28a, 2	28b, or 28c.	,	
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		zation's
/41	Chard Brown Bahama Baard Marshan	Describe Describe	50,000	Durch and of Samuel Control	Yes	No
<u>(1)</u>	Cheryl Brown-Deberry, Board Member	Brown's Day Care Ctr.	· · · · · · · · · · · · · · · · · · ·	Purchase of Service Contract		1
(2)	Linda Chappel, Board Member	Child Care Svs Assoc.		Grant Agreement/Purchase of Svs		1
(3)	Rebecca Freeman, Board Member	Durham Cty Health Dept.		Grant Agreement		✓
(4)	Eunice Sanders, Board Member	Durham Public Schools		Purchase of Service Contract		√
<u>(5)</u>	Delphine Sellers, Board Member	Durham Cty Coop Exten.		Grant Agreement	-	1
<u>(6)</u>	Timothy Sınclair, Board Member	Operation Breakthrough		Purchase of Service Contract	ļ	\
(7)	Annie Vample, Board Member	Triangle Day Care Ctr.	53,720	Purchase of Service Contract	.	✓
(8)						
(9)						
(10) Par	t V Supplemental Information	<u> </u>	l			
	Complete this part to provide ac	aditional information for re	esponses to question	ns on Schedule L (see instructions		
				·····		
						

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047
2010
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Durham's Partnership for Children

Employer identification number 56-1892432

Background about the Partnership
Over the past 15 years, Durham's Partnership for Children (the Partnership) has created a comprehensive early childhood system that
supports collaborative service delivery and planning Durham's Partnership for Children has formed strategic alliances with government,
business, medical, faith, and education sectors to build a comprehensive system of integrated services based on best practices and
measurable results.
Durham's Partnership for Children, one of 77 local Partnerships in North Carolina, is the community leader charged with implementing
North Carolina's Smart Start Initiative and More at Four Pre-Kındergarten Program for Durham County's children from birth through five
years to ensure their success in school and life In FY2010-11, 17 Smart Start funded programs and 30 More at Four classroom
provided critical services aimed at improving the five key areas of development to ensure children are in the best condition to start school
As evidenced in Durham's Early Childhood System Framework and the Partnership's Strategic Plan, the Partnership has focused
on strengthening and building awareness for high quality early care and education, expanded the reach and impact of family support
programming, supported access to health services and early intervention and has promoted economic development of Durham
County
Part VI - Section B. Policies #11b Form 990 was completed by Partnership staff and reviewed by the Finance and Audit Committee. A copy
of the completed form was made available to all Board members.
Part VI - Section B. Policies #12c - Durham's Partnership for Children has a written conflict of interest policy that was approved by the
Board of Directors. In an effort to regularly and consistently monitor and enforce compliance with the policy, all conflicts are recorded
and shared with the Board in chart form. The chart is updated as new information is provided. The chart is then used to monitor
discussions and voting by members who may have a conflict of interest. All conflicts and abstentions are recorded in the minutes
of the meeting. In addition, the minutes are reviewed for compliance during the monitoring visit by North Carolina Partnership for
Children and/or the auditor during the audit process.
Part VI - Section B. Policies #15b - The Board of Directors hired RSM McGladry to complete an independent HR review. Ms. Robinson
worked with the Partnership and reviewed job descriptions to determine exempt/non exempt status, provided information for the update

Schedule O (Form 990 or 990-EZ) (2010) Name of the organization	Employer identification number
Ourham's Partnership for Children	56-1892342
of the Personnel Manual and completed a salary comparison that provided con	nparative data to the Executive Committee and Board in
etting the new salary scale for the Partnership for the Executive Director and a	
early the new suntry scale for the valuership for the Executive Director and	an employees.
art VI - Section C Disclosure #19 - Durham's Partnership for Children has its	governing documents, conflicts of interest policy and
nancial statements available in multiple ways. Many of the documents includ	ling policies and required forms are on the website at
ttp://www.dpfc.net In addition, the Partnership provides an Annual Report fo	r the year at its Annual Meeting that is open to the public
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