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SCANNED MAR 0 5 2013

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

À	For the	2011 cale	ndar year, or tax year beginnir	ng July 1	, 2011, a	nd ending	Jun	e 30	, 20 12		
В	Check if a	pplicable	C Name of organization Durham'	s Partnership for Child	dren			D Employe	er identification nu	mber	
	Address o	hange	Doing Business As						56-1892432		
	Name cha	inge	Number and street (or P O box if	mail is not delivered to stre	eet address)	Room/suite		E Telephor	ne number		
	Initial retu	•	1201 S. Briggs Avenue			21	0	919-403-6960			
$\overline{\Box}$	Terminate		City or town, state or country, and	1 ZIP + 4	•						
$\bar{\Box}$	Amended	return	Durham, NC 27703	1	G Gross re	eceipts \$ 9.	206,067				
$\overline{\sqcap}$		n pending	F Name and address of principal of	icer				s a group return for affiliates? Yes No			
			Laura J. S. Benson, same as	H(b) Are all							
1	Tax-exem	ot status	☑ 501(c)(3) □ 501(c		4947(a)(1) or	527	4 ''		list (see instruction		
<u></u>	Website:		w dpfc net	// / / / / / / / / / / / / / / / / / / /	<u></u>		H(c) Group	exemption	number >		
<u>K</u>				ciation Other ►	L Yea	ar of formation		T	of legal domicile	NC	
_	art I	Summ			1			1 W Olato			
	_		escribe the organization's mis	ssion or most signific	ant activities:	Working	to mobilize	and uni	fy the Durham		
		-	ity to create and support innov						~~	lren	
ခို	-		ive years of age and their fami			pprodones	to solving		or young onne		
nar	-										
Ver	2 (Check th	is box ▶☐ if the organizatio	n discontinued its on	erations or di	enosed of	more than	25% of	ite net accete		
ဗိ	1		of voting members of the go	-		-		3	no net addets.	32	
ಹ	1		of independent voting memb					4		32	
Activities & Governance	1		nber of individuals employed		- '	-		5		18	
	1		nber of individuals employed nber of volunteers (estimate	-		: Za) .		6		109	
¥	1		elated business revenue from					7a		103	
	1		lated business taxable incom	•	•			7b			
	 	vet unite	lated business taxable incom	· · · ·	Prior Yea		Current Ye	ar			
	8 (Contribud	tions and grants (Part VIII, lin	WEIVED .	\circ l	-		,615,846		,202,352	
Revenue	9	Organia Organia	service revenue (Part VIII-lin	10,	,013,040	9,	,202,332				
					31 · ·	· ·		1 200		1 206	
æ	10	Other	nt income (Part VIII, column	(A);Jines S, #pand 70	16.1	•••⊢		1,366		1,386	
			venue (Part VIII, column (A), li	40	7,985		2,329				
			enue – add lines 8 through 11			16 12)		,625,197		206,067	
	1		nd similar amounts paid (Par		•	· ·		,654,098	ь,	,595,030	
			paid to or for members (Part		•	- '' 		004 576		700.550	
ses			other compensation, employed	•		5-10)	881,576			789,558	
Expenses	1		onal fundraising fees (Part IX,					15,000 0			
쭚			draising expenses (Part IX, c							200	
_			penses (Part IX, column (A), I			∵ · ⊢		,736,461		,915,933	
		-	penses. Add lines 13–17 (mus	•	mn (A), line 25	" ·	10,	,287,135	9,	,300,521	
		Revenue	less expenses. Subtract line	18 from line 12 .	<u> </u>			338,062	Fod of Vo	-94,454	
ets or						Beg	inning of Cur		End of Yea		
Sset	20		ets (Part X, line 16)			· ·		,113,384	1,	,017,308	
Net Ass Fund Bal	21		pilities (Part X, line 26)			· ·		1,622		0	
			ts or fund balances. Subtrac	t line 21 from line 20	· . · . · ·			,111,762	1,	,017,308	
	art II		ture Block								
			ry, I declare that I have examined the lete Declaration of preparer (other the						ny knowledge and	belief, it is	
		1 COMP	Ste Section of propared which the		THORNWARD OF WAR			n 1 o	112		
ei.		<u></u>	ature of officer	musin_			 Dat	210	<i>פון</i>		
Sig		y Sign	Laura J.S.	Bons			Dat	ь .	-		
ne	re			Benson							
			or print name and title	Dramarite and		16		· · · · · ·	Intribi		
Pa	id	Printity	pe preparer's name	Preparer's signature		Date		Check [
	eparer	·						self-emp	ployed		
	e Only	I	ame 🕨				Firm	's EIN ▶			
		Firm's a	ddress >				Phor	ne no			
Ма	y the IR	S discus	s this return with the prepare	r shown above? (see	instructions)	<u></u>	<u></u>	· · ·	□Yes		
For	Paperwe	ork Redu	ction Act Notice, see the sepa	rate instructions.		Cat. No	11282Y		Form 9	90 (2011)	





Form 990 (2011)

Form 99			ı	Page 3
Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	\	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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		/
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		_
	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 for which 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		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		1
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 temporarily restricted endowments, permanent endowments, 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.	· ·		&
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		1
	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		1
	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		1
	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
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	•	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a	✓	
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		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		-
ь	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		· ✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
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		1
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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	- 000	(2011)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
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		1
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		√
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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	✓	1
С	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	29		1
31	conservation contributions? If "Yes," complete Schedule M	30		1
32	Part I	31		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32		/
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		√
35a	IV, and V, line 1	34 35a	ļ	1
b	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	35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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,			
38	Part VI	37		1
	10. 11010.7 m. 1 0.711 000 more dro logalitod to complete deliberation of		000	2011

art				
	Check if Schedule O contains a response to any question in this Part V	 ,	· ·	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8	\rightarrow	103	100
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 18			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
ο-	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 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
4 a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	.		
	account)?	4a		✓
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.		4	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
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			
b	organization solicit any contributions that were not tax deductible?	6a		✓
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		6	
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_
	required to file Form 8282?	7c		✓
d e	If "Yes," indicate the number of Forms 8282 filed during the year	70	نحسم	
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		`	8 . /
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			ļ
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a b	Did the organization make any taxable distributions under section 4966?	9b		ļ
10	Section 501(c)(7) organizations. Enter:			
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		
11	Section 501(c)(12) organizations. Enter:	. 1		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
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			
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a		

Part	-										
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S										
	Check if Schedule O contains a response to any question in this Part VI										
Secti	on A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 32	,									
	If there are material differences in voting rights among members of the governing body, or										
	if the governing body delegated broad authority to an executive committee or similar										
	committee, explain in Schedule O.										
р 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 32										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			لبا							
3		2		✓							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			,							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		✓							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5									
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		<u>/</u>							
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	0									
	one or more members of the governing body?	7a		1							
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1 a									
•	stockholders, or persons other than the governing body?	7b		✓							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		7	- ;]							
	the year by the following:	. ,	٠ -:	*.							
а	The governing body?	8a	1	لحنب							
b	Each committee with authority to act on behalf of the governing body?	8b	7								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at										
the organization's mailing address? If "Yes," provide the names and addresses in Schedule O											
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Co											
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓							
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,										
440	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	√								
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13										
ıza b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	✓								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	<u>*</u>								
·	describe in Schedule O how this was done	12c	/								
13	Did the organization have a written whistleblower policy?	13	*								
14	Did the organization have a written document retention and destruction policy?	14	'								
15	Did the process for determining compensation of the following persons include a review and approval by	7.	, *								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	1								
b	Other officers or key employees of the organization	15b	1								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1							
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		✓							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its										
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the										
	organization's exempt status with respect to such arrangements?	16b									
	on C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed None		-1/0/								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)							
	available for public inspection. Indicate how you made these available. Check all that apply.										
40	Own website Another's website Upon request	6 l,-4-		- حالم							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	inter	est p	oncy,							
20	· · · · · · · · · · · · · · · · · · ·	af +h=									
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	OI (IIIE									

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Part VII	Compensation of Officers, Directors,	Trustees	, Key Employees,	Highest	Compensated I	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	any related	d org	aniz			ompe	nsa	ted any currer	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	of or directo	ot ch unles	Pos eck s pe	more rson	e than of the state of the stat	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Laura J.S Benson, Executive Director	40			1				90,187		13,320
(2) Sandra Roberts, Finance Director	40			_				62,090		10,400
(3) Bob Ashley, Board Member	- 40	1		•				02,030	0	0
(4) Tammy Baggett, Board Member		1						0		0
(5) Brenda Berlin, J D., Board Member		<u>,</u>						0		0
(6) Leigh Bordley, Board Member		<u> </u>						0		0
(7) Ilene Britt, Secretary		1		1				0		0
(8) Cheryl Brown, Board Member		1						0	0	0
(9) Bill Bryant, Board Chair		1		/				o	0	0
(10) Danielle Caldwell, Board Member		1						0	0	0
(11) Linda Chappel, Ed.D , Board Member		1						0	0	0
(12) Keni Church, Board Member		1						0	0	0
(13) Dave Clark, Board Member		1						0	0	0
(14) David Covington, Board Member		1						0	0	0

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
					(0	C)							
	(A)	(B)				ition			(D)	(E)			(F)
	Name and title						than o		Reportable	Reportable	le		nated
		hours per	hours per officer and a director/tru						compensation	compensation from			unt of
		week (describe	악	lng Snl	ç	6	9,₹	Б	from the	related organization	ons		ther ensation
		hours for		章	Officer	Key employee	D es	Former	organization	(W-2/1099-N		fror	n the
		related organizations	당	Ō	Ò	ஓ	88		(W-2/1099-MISC)				nzation related
		ın Schedule	Individual trustee or director	2		ye e	ag m						zations
		O)	8	Institutional trustee			Highest compensated employee						
							8						
(15) Di	ew Cummings, Board Member												
			✓										
(16) De	erwin Dubose, Board Member					1					İ		
			/		<u> </u>								
(17) De	eDee Fields, Board Member		١.								ĺ		
(40) =		ļ			_			<u> </u>					
(18) Re	becca Freeman, Board Member		١,			ļ							
(40)			/	<u> </u>	i	<u> </u>		<u> </u>					
(19) La	ura Gorry, Board Member												
(00) In	conh Hooma Dh.D. Tarassuras		/		ļ.,	ļ		<u> </u>					
(20) 30	seph Haenn, Ph.D, Treasurer		1		,								
(21) P:	trick Hannah, J.D., Board Member		-		•			├					
32.17.13	tion Haman, J.D., Doard Weinber	}	1										
(22) R	ev. Marilyn Hedgpeth, Board Member					<u> </u>							
) /	The state of the s	1	1										
(23) Anne Karasek, Vice Chair			 	-		H		\vdash	· · · · · · · · · · · · · · · · · · ·			•	
3===2===			1		1								
(24) Fe	lecia Little, Board member				<u> </u>			<u> </u>				• •	
3			1										
(25) Ta	mara Loza, Board Member												
			✓			ł							
1b	Sub-total			•	. –			•					
C	Total from continuation sheets to Part	-						▶					
d	Total (add lines 1b and 1c)	<u> </u>						>					
2	Total number of individuals (including but	not limited	to th	ose	list	ed a	above	e) w	ho received me	ore than \$1	00,000) of	
	reportable compensation from the organi	zation >											'
_	511.11		_										Yes No
3	Did the organization list any former of	ficer, direc	tor, c	r tr	uste	е,	key e	emp	loyee, or high	est compe	nsated		
	employee on line 1a? If "Yes," complete s											3	✓
4	For any individual listed on line 1a, is the												
	organization and related organizations individual									edule J to	r suci		
_	Did any person listed on line 1a receive of									 Intian au inc	 	. 4	
5	for services rendered to the organization	or accrue co	nipei	isai oto	Sch	II ()I Ibadi	nany do if	ore	related organiz	ation or inc	iiviqua	1	
Section	on B. Independent Contractors		,c,,,p,		00,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- Person		· ·	5	14
1	Complete this table for your five highest	component	od inc	lone	and	ont.	contr	acto	are that recove	d more tha	n \$100	000 of	
•	compensation from the organization. Rep												
	year.	, o, t, oo, po					u.ou	 ,	our onding with			garnzano	iii o tax
	(A)			-					(B)	·		(C)	
	Name and business add	ress							Description of s	ervices		Compens	ation
													
									· · · · · · · · · · · · · · · · · · ·				
										1			
2	Total number of independent contractor							th	ose listed abo	ove) who	١. ،	,	
	received more than \$100,000 of compens	sation from	the or	rgar	nizat	tion	▶					*	•• , .

Part	VIII	Statement of Reve	enue					
					(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 s	1a	Federated campaigns	s 1	a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	<u> </u>	b				
S, G	С	Fundraising events .	1	ic				
ar/	d	Related organizations		d				
s, C	е	Government grants (con	tributions) 1	le 9,074,643				į,
r Si	f	All other contributions, gi	ifts, grants,					
를 를		and similar amounts not inc	cluded above	If 127,709				
들은	g	Noncash contributions include	ied in lines 1a-1f	\$ 35,857				
<u>ರಿ ಕ</u>	h	Total. Add lines 1a-1	f	🕨	9,202,352			
릙				Business Code				
e ve	2a							
ě	b							
Ę	C							
Š	d							
Ta Ta	e	A.I						
Program Service Revenue	f	All other program ser						Now the state of t
	<u>g</u> 3	Total. Add lines 2a–2 Investment income					<u>(*) 4244 (*) (*) (*)</u> 	\$\$\g\ \ \ \
	"	and other similar amo			1,386			
	4	Income from investment			1,300	<u> </u>		
	5	Royalties		•				
		,	(i) Real	(II) Personal	5 37 30 EL 158		11 (1 S.	
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or	(loss)					
	7a	Gross amount from sales of	(i) Securities	(II) Other	Section 12 1 To 1		100	
		assets other than inventory						
	b	Less: cost or other basis	1					
		and sales expenses .						
	C	Gain or (loss)			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	d	Net gain or (loss) .		. <u> </u>	3,		34	> yr /1
9	8a	Gross income from fu	ındraising		*	*) ** · · · · · · · · · · · · · · · · · ·	
evenue	-	events (not including \$, ;	[· · · · · · · · · · · · · · · · · · ·	V. 11. (1)
		of contributions reporte	ed on line 1c).		. %	į		(e \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ę H	ŀ	See Part IV, line 18 .		a	,			``1
Other I	ь	Less: direct expenses	s	b	1	-		
0		Net income or (loss) f				}		
	9a	Gross income from ga						
		See Part IV, line 19 .		a	<u> </u>	<u> </u>		
	b	Less: direct expenses						
		Net income or (loss) f						
	10a	Gross sales of in			ŀ			
	_	returns and allowance			-		1	
	b	Less: cost of goods s Net income or (loss) f				l	 	
		Miscellaneous R		Business Code	 			
	11a	Sales Tax Refunds			2,329	<u> </u>	 	
	Ъ							
	c							
	ď	All other revenue .		-				
	e	Total. Add lines 11a-	-11d		2,239			
	12	Total revenue. See in			9,206,067			

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).

	Check if Schedule O contains a response to any question in this Part IX											
	t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, line 21	6,595,030	6,595,030									
2	Grants and other assistance to individuals in the United States. See Part IV, line 22 .	715	715									
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16											
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	161,500	3,713	157,787								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)											
7 8	Other salaries and wages	483,266	298,334	184,932								
_	section 401(k) and 403(b) employer contributions)	48,055	21,631	26,424								
9	Other employee benefits	44,646	30,431	14,215								
10	Payroll taxes	52,091	23,903	28,188								
11	Fees for services (non-employees):											
a	Management											
b	Legal											
C	Accounting											
d e	Lobbying			14 80 45 N A								
f	Investment management fees		4 , c,									
g	Other											
12	Advertising and promotion	5,384	4,248	1,136								
13	Office expenses	53,622	21,552	32,070								
14	Information technology	33,022	21,332	32,070								
15	Royalties			· · · - · · · · · · · · · · · · · · · ·								
16	Occupancy	37,866	19,784	18,082								
17	Travel	8,203	5,850	2,353								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	5/355		2,000								
19	Conferences, conventions, and meetings .	9,877	6,609	3,268								
20	Interest											
21	Payments to affiliates											
22	Depreciation, depletion, and amortization .											
23	Insurance	4,530		4,530								
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)											
а	Contracted Services	1,789,049	1,747,986	41,063	·							
b	Employee Training	5,244	2,820	2,424								
C	Sales Tax Expense	1,281	-	1,281								
d	Bank Service Charges	162		162	· · · · · · · · · · · · · · · · · · ·							
е	All other expenses											
25	Total functional expenses. Add lines 1 through 24e	9,300,521	8,782,606	517,915								
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)											

Р	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	943,801	1	817,618
	2	Savings and temporary cash investments	168,602	2	199,690
	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	
	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			
ets	_	employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges		9	
	IVa	other basis. Complete Part VI of Schedule D	, v, v, a		•
	ь	Less: accumulated depreciation 10b	<u> </u>	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	981	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,113,384	16	1,017,308
	17	Accounts payable and accrued expenses		17	1,000
	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	
es	22	Payables to current and former officers, directors, trustees, key	\$ 4 1 1 14 14 15 15 10 10 10 10 10 10 10 10 10 10 10 10 10	<u>`</u>	. 以 也 2 萬分
Liabilities		employees, highest compensated employees, and disqualified persons.	* 5 * 11 /2 / 11	*,, &	main a g
ab		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 (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,622		
	26		4 622	25	
	20	Total liabilities. Add lines 17 through 25	1,622	26	<u> </u>
ces		lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	1,057,498	27	945,448
Ba	28	Temporarily restricted net assets	54,264	28	71,860
걸	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		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	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t Ag	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne	33	Total net assets or fund balances	1,111,762	33	1,017,308
-	34	Total liabilities and net assets/fund balances	1,113,384	34	1,017,308

Page 12

Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u> </u>	<u></u>	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	11		9,20	06,067
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,30	00,521
3	Revenue less expenses. Subtract line 2 from line 1	3		-9	94,454
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,1	11,762
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		1,0	17,308
Part					
	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," ex Schedule O.	olain	in 🤼		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		1
b	Were the organization's financial statements audited by an independent accountant?		. 2b	1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant'	? 2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in 🗵	,	,
	Schedule O.		, (T		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ar we			1
	issued on a separate basis, consolidated basis, or both:				. "
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		\$ 100 A		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		
	the Single Audit Act and OMB Circular A-133?		· За	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		
			Fo	rm 99 6	0 (2011)

· 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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Durham's Partnership for Children

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

Durk	nam's Pa	artnership fo	or Children					l		56-18	92432		
Pa	rt I	Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this pa	rt.) See i	nstructio	ns.		
The 1	organiza	ation is not	a private founda	ation because it is: (Fo	r lines 1	through 1	1, check	only one	box.)				
2				170(b)(1)(A)(ii). (Attac			eu iii Sec	11011 170	יואליו אלאלוי	· ·			
_								170/L\/4\/	/ A \ /:::\				
3 4	☐ A n	nedical rese		spital service organiza on operated in conjune e:						0(b)(1)(A)	(iii). En	ter the	
5	☐ An	organizatio	•	the benefit of a colle	ge or uni	versity o	wned or	operated	by a go	vernment	al unit	descri	bed in
6 7	✓ An	organizatio	on that normally	nment or government receives a substantia (A)(vi). (Complete Par	al part of					nit or from	n the g	eneral	public
8	□Ac	ommunity	trust described i	n section 170(b)(1)(A)(vi). (Cor	nplete Pa	ırt II.)						
9	☐ An rec sup	organization eipts from oport from	n that normally activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre fter June 30, 1975. Se	an 33¹/₃% ions−sul lated bus	6 of its subject to disiness tax	upport fro certain ex xable inc	ceptions	s, and (2) ss sectio	no more	than	331/3%	of its
10	☐ An	organizatio	n organized and	l operated exclusively	to test fo	or public s	safety. Se	e sectio	n 509(a)((4).			
11	☐ An	organizatio	on organized ar	nd operated exclusive	ely for th	ne benefit	t of, to	perform	the funct	ions of,	or to d	arry o	ut the
	pur	poses of o	ne or more pub	licly supported organ	nizations	described	d in sect	ion 509(a	a)(1) or so	ection 509	9(a)(2).	See s	ection
	509	9(a)(3). Che	ck the box that o	describes the type of	supportir	ng organiz	zation and	d comple	ete lines 1	1e throug	gh 11h.		
	а	☐ Type I	b 🗌	Type II c	☐ Type	III-Funct	onally in	tegrated		d□] Type	III-Oth	ner
e	oth	er than fou	ndation manage	that the organization ers and other than one									
_		section 509											
f	org	janization, d	check this box .								e III s	upporti	ng · 🔲
g	foll	owing pers	ons?	he organization accep	•	_			•				
	(i)		-	ndirectly controls, eitlody of the supported		-		•		d ın (ii) ar 	nd 11g	Yes	No
	(ii)	A family m	ember of a perso	on described in (i) abo	ve?						11g	(ii)	1
		-	•	a person described in							11g		
h				on about the support									1
(i)		supported	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the c	organization sted in your document?	(v) Did y the organ col (i)	ou notify nization in of your port?	organiza (i) organ	ls the tion in col zed in the S ?		Amount support	of
				(555 111511 2525115),	Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
(D)													
(E)													
								<u> </u>	 				

Schedule A (Form 990 or 990-EZ) 2011 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 4,986,427 5,573,894 9,129,930 10.615.846 9.202.352 39,508,449 levied for the revenues organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 4,986,427 5,573,894 9,129,930 10,615,846 9,202,352 39,508,449 5 The portion of total contributions by each person (other than а governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 39,508,449 Section B. Total Support (a) 2007 (e) 2011 Calendar year (or fiscal year beginning in) ▶ (b) 2008 (c) 2009 (d) 2010 (f) Total 7 Amounts from line 4 4,986,427 5,573,894 9,129,930 10,615,846 9,202,352 39,508,449 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from sımılar sources 4,980 2,935 1,652 1,366 1,386 12,319 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) 7,505 5,677 1,590 7 985 2,329 25,086 11 **Total support.** Add lines 7 through 10 39,545,854 12 Gross receipts from related activities, etc. (see instructions) 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f) 99.91 % 15 Public support percentage from 2010 Schedule A, Part II, line 14 15 99.87

16a	331/3% support test – 2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this	
	box and stop here. The organization qualifies as a publicly supported organization	✓
b	33¹/₃% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization	
17a	10%-facts-and-circumstances test—2011. 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	

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.)

	if the organization fails to qualify	unuel the te	Sta listed per	w, please co	Jilipiele Part	11.)	
	on A. Public Support		,		· · · · · · · · · · · · · · · · · · ·	, ,	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees					l	
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise				ļ. <u></u> .		
_	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				ļ	li	
5	The value of services or facilities						
•	furnished by a governmental unit to the	[li	
	organization without charge		;				
6	Total. Add lines 1 through 5				<u> </u>		
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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	Exist Sales				Zait Zin	
C1:	line 6.)						
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(-) 2011	(f) Total
9	Amounts from line 6	(a) 2001	(D) 2006	(6) 2009	(u) 2010	(e) 2011	(i) iotai
10a	Gross income from interest, dividends,						
.00	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.)	1					
13	(Explain in Part IV.)						
13	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	l	d. third. fourth	ı. or fifth tax v	u l ear as a section	501(c)(3)
	organization, check this box and stop he	-			=		-
Secti	on C. Computation of Public Support						
15	Public support percentage for 2011 (line			3, column (f))		15	%
16	Public support percentage from 2010 Sci	hedule A, Part	III, line 15 .	<u> </u>		16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2011 (•	• • •	-			%
18	Investment income percentage from 2010						<u>%</u>
19a	331/3% support tests—2011. If the organ						
	17 is not more than 331/3%, check this box		-	-		-	_
b	331/3% support tests—2010. If the organization 18 is not more than 331 x 1/2 about this						
	line 18 is not more than 331/3%, check this	•	_				
20	Private foundation. If the organization di	io not check a	DOX ON IINE 14,	, 19a, or 19b, (CHECK THIS DOX	and see instruc	tions 🕨 🔲

	Form 990 or 990-EZ) 2011	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 I, Line	e 10 - Sales Tax Refund	
*		
	······································	
		·
• • • • • • • • • • • • • • • • • • • •		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

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 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the penodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 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

Page 2	
---------------	--

Part	Organizations Maintaining	Collections of	Art, His	torical 1	Treasures	, or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	ords, chec	k any of th	e follov	ving that are a s	ignificant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams	
b	☐ Scholarly research		е	☐ Other	r			
C	☐ Preservation for future generations							
4	Provide a description of the organizat XIV.	tion's collections	and expl	ain how t	hey further	the org	anization's exer	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra	ngements. Co	omplete	if the org	anization	answe	red "Yes" to Fo	
	line 9, or reported an amoun				,			,
1a	Is the organization an agent, trustee,				or contribut	tions or	other assets no	ot
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIV and comp	lete the fe	ollowing t	able:			
		•		•			A	mount
C	Beginning balance					1c	:	
d	Additions during the year					1d	1	
е	Distributions during the year					1e		,
f	Ending balance					1f		
2a	Did the organization include an amour							☐ Yes ☐ No
þ	If "Yes," explain the arrangement in Pa							
Part			zation a	nswered	"Yes" to F	orm 9	90, Part IV, line	e 10.
	· · · · · · · · · · · · · · · · · · ·	(a) Current year		or year	(c) Two year		(d) Three years back	
1a	Beginning of year balance							30 grove 37 55 . "
b	Contributions		†		<u> </u>			in the transfer of the contract of the contrac
С	Net investment earnings, gains, and		†					12072/5/18/5/33
	losses							
d	Grants or scholarships							124-121-121-121-121-121-121-121-121-121-
ē	Other expenditures for facilities and	•			<u> </u>			1.65 1.76 1.76 1.76
	programs							12000000000
f	Administrative expenses		†·· · · · ·		<u> </u>			1.70 - 3.5N. 5
g	End of year balance							15538 3554
2	Provide the estimated percentage of t	he current vear e	nd balan	ce (line 1d	a. column (a	ı)) held :	as:	133.80.48.003.000.00 - (3.5.5.1 #
a	Board designated or quasi-endowmer			(,, ••••••••	-,,		
b	Permanent endowment ▶	%						
C	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2	c should equal 1	00%.					
За	Are there endowment funds not in the			ization th	at are held	and ad	ministered for th	ne
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organi	zations listed as	required	on Sched	lule R? .			3b
4	Describe in Part XIV the intended uses							
Part	VI Land, Buildings, and Equip	ment. See For	m 990, F	art X, lin	e 10.			
	Description of property	(a) Cost or o		1 ' '	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land			1		14.2.2		
b	Buildings			1				
C	Leasehold improvements							
ď	Equipment							
e	Other			1				
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	990, Part	X, columi	n (B), line 10	O(c).)	•	

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) Method of valuation Cost or end-of-year market value
(1) Financial			
	neld equity interests		
(3) Other			
(A)		· · · · · · · · · · · · · · · · · · ·	
(B)			
(C) (D)			
(E)		· · · · · · · · · · · · · · · · · · ·	
(F)			
(G)			
(H)			
(i)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	.	* 1
Part VIII	Investments - Program Related	I. See Form 990, Part X,	line 13.
	a) Description of investment type	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)			
(3)			
<u>(4)</u> (5)		·	
(6)			
_(7)			
(8)			
(9)			
(10)			
	b) must equal Form 990, Part X, col. (B) line 13)		
Part IX	Other Assets. See Form 990, Pa		
	(a	Description	(b) Book value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)		·····	
(10)	A)	1 (5) (1 45)	
	mn (b) must equal Form 990, Part X, co		
Part X 1.	Other Liabilities. See Form 990, (a) Description of liability	(b) Book value	
	income taxes	(b) Book value	
(2)	moorrio taxos		
(3)			
(4)			
(5)		· · · · · · · · · · · · · · · · · · ·	
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
	p) must equal Form 990, Part X, col. (B) line 25.)		
2. FIN 48 (A	50 (40) Footnote. In Part XIV, provide	the text of the footnote to	the organization's financial statements that reports the

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

Part	Reconciliation of Change in Net Assets from Form 990 to A	udited Financial Stater	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	9,206,067
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	9,300,521
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	-94,454
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		10	-94,454
Part			r Return	
1	Total revenue, gains, and other support per audited financial statements		1	9,206,067
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1	, ^	
а	Net unrealized gains on investments	2a		
ь	Donated services and use of facilities	2b	_ [
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	9,206,067
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		ko 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b	امتما	
c	Add lines 4a and 4b		L	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			9,206,067
Part		•	` 	
1	Total expenses and losses per audited financial statements		1	9,300,521
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما	1	
a	Donated services and use of facilities	2a	,	
b	Prior year adjustments		- ;·	
G	Other losses		"	
d e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	9,300,521
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		 - - 	3,300,321
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1', 1	
b	Other (Describe in Part XIV.)	4b	-	
C	Add lines 4a and 4b		 -1	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			9,300,521
Part				5,500,521
Part V any ad	lete this part to provide the descriptions required for Part II, lines 3, 5, and line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, liditional information.	lines 2d and 4b. Also co	mplete this	s part to provide

Schedule D (Form 990) 2011

Page 4

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

20

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

▶ Attach to Form 990.

Open to Public Inspection

° □ (h) Purpose of grant or assistance Child Care Assistance Child Care Assistance Resource and Referral Child Care & Support Employer Identification number **Teacher Education** Child Care Quality Child Care Quality Early Intervention Pediatric Training to 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. Family Support Family Support Family Support ✓ Yes 56-1892432 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes 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. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2,500 67,547 2,000,842 11,629 340,033 (d) Amount of cash 314,955 108,632 264,193 2,829,060 212,520 153,222 289,897 grant Part II can be duplicated if additional space is needed Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501 (c)(3) 56-0532129 58-1446309 56-1514058 56-1514058 56-1514058 56-1514058 56-1514058 56-1514058 56-2011661 56-1978668 56-6000297 58-2046321 (B) EIN (3) CCSA - SS Quality Enhancement (6) CCSA - SS Scholarship Program (4) CCSA - SR Quality Maintenance 10) Exchange Club Child Abuse Pre (11) Durham Cty Coop Extension (7) CCSA - TEACH Early Childhood (8) CCSA - Choosing/Using Quality 1 (a) Name and address of organization 411 W. Chapel Hill St., Durham, NC (12) Duke University - Dots for Tots Durham's Partnership for Children (2) Child and Parent Support Svs. (9) El Centro Hispano, Inc. 600 East Main Street, Durham, NC 800 Eastowne Dr., Chapel Hill, NC 1829 E. Franklin St., Durham, NC (5) CCSA - Dual Subsidy Admin 3708 Lyckan Pkwy, Durham NC (1) CHTOP - Early Head Start PO Box 104998, Durham, NC 721 Foster St., Durham NC Name of the organization Partl Part N

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 duplicated if additional space is needed. Schedule I (Form 990) (2011)

Part III Grants an

		•			
(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 Community Children's Outreach	various		715	Book	Books for Community Outreach
2					
3					
4					
ro.					
9					
2					
Part IV Supplemental Information. Complete this	1	bart to provide the information required in Part I, line 2,	n required in Part I,		and any other additional information.
Monitoring: As the steward of \$9,074,643 in public funds, the Partnership is responsible for monitoring its funded programs to ensure accountability of funds and compliance with	s, the Partnership is	responsible for monito	oring its funded progra	ms to ensure accountability	of funds and compliance with
contact requirements. Both the Smart Start Inneed programs at	grams and NC Fre-	IG NC Fren Sites are monitored annually. Smart Start Monitoring:	nrualiy. Smart Start W	omoring: The Partnership i	The Farmership monitors each shart start united
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 Servi	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	ince with the Contract	Activity Description, docume	ntation of evaluation, compliance with
communication standards, compliance with grants management,		tatus reports, cash rec	eipts, cash disbursem	ents, competitive bidding, ca	financial status reports, cash receipts, cash disbursements, competitive bidding, cash and in-kind contributions and
property and equipment. Based on this review and completion of a monitoring tool, a report is completed and provided to the funded program. Follow-up, technical assistance and	pletion of a monitor	ing tool, a report is co	npleted and provided t	o the funded program. Follo	w-up, technical assistance and
development of a corrective action plan will occur if necessary.	:	dergarten Monitoring:	The Partnership cond	ucts monitoring as part of the	NC Pre-Kindergarten Monitoring: The Partnership conducts monitoring as part of the NC Pre-Kindergarten Program in
Durham County. Monitoring activities for participating NC Pre-Ki	VC Pre-Kindergarter	sites are conducted t	roughout the year to	indergarten sites are conducted throughout the year to ensure that program requirements are met.	ents are met. Pre-K sites are required
to complete an annual Site Monitoring Tool that is designed to address the components of the program to meet compliance areas at the site and classroom level.	ned to address the	components of the pro	gram to meet compliar	nce areas at the site and clas	sroom level. Sites submit the
completed tools to the local contractor's office. The Partnership'	tnership's NC Pre-	department reviews t	ne tools and conducts	a site visit to ensure that all i	's NC Pre-K 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 NC Pre-K department to ensure that sites are monitored (con't)	o's Finance departm	ent also works in colla	boration with the NC P	re-K department to ensure th	at sites are monitored (con't)
					Schedule I (Form 990) (2011)

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 duplicated if additional space is needed, Schedule I (Form 990) (2011)
Part III Grants ar

and in care be duplicated it additional space is needed	space is neede	Ö			
(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
-					
2					
8					
4					
5					
9					
L					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	e this part to pro	wide the information	required in Part I, I	ine 2, and any other addi	tional information.
(con't from page 2) fiscally on an annual basis. The fiscal monitori	I monitoring includ	les a review of all equip	ment/assets. Monitorie	ng tools developed by the NC	ng includes a review of all equipment/assets. Monitoring tools developed by the NC Division of Child Development must
also be used at the local level for self-review and verification of compliance with the operating requirements. The NC Division of Child Development conducts on-site monitoring annually	tion of compliance	with the operating requ	irements. The NC Divi	sion of Child Development co	nducts on-site monitoring annually
at the local contractor's site. Early Head Start Monitoring: The Partnership in compliance with Federal standards and administrative requirements provides ongoing monitoring of its	: The Partnership	in compliance with Fed	eral standards and adn	ninistrative requirements prov	rides ongoing monitoring of its
operations as well as those of its contracted delegate agency. It is the policy of the Grantee that all programmatic, fiscal, and management areas of the Early Head Start program are	ency. It is the polic	y of the Grantee that a	Il programmatic, fiscal,	and management areas of th	e Early Head Start program are
regularly reviewed and that appropriate and timely follow-up is provided to ensure correction of non compliance issues. A full monitoring review of the delegate agency is conducted by	-up is provided to e	ensure correction of no	n compliance issues. A	full 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 developed using the Office of Head	npliance with perfo	rmance standards and	contract requirements	A monitoring tool has been	developed using the Office of Head

Schedule I (Form 990) (2011)

expenditures, monthly program updates, Head Start Enterprise System (HSES) reports, ChildPlus reports, year-end report and Performance Information Review (PIR) information. A

monitoring report, including scope of testing, any issues noted, and recommendations will be provided to the delegate agency.

of Understanding (MOU), and compliance with the development and implementation of the financial management system. This will involve a detailed review of the financial reporting

Start Monitoring Protocol and Self-Assessment Booklets. Monitoring includes a review of compliance with Head Start Performance Standards, compliance with Memorandum

accounting records, internal controls, and budget controls. The Partnership staff reviews program and fiscal data including financial status reports, financial source documentation for

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

► See the Instructions for Form 990.

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

OMB No 1545-0047

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

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** (B) (C) Name and title Average hours Position (check all that apply) Reportable Reportable Estimated per week Individual trustee or director compensation compensation amount of Institutional employee Highest compensated from from related other employee the organizations compensation organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization trustee and related organizations Ann Oshel, Board Member 0 0 Michael Palmer, Board Member 0 0 Dinah Parker, Board Member 0 0 Rhonda Parker, Board Member 0 0 Gail Perry, Board Member 0 0 Deborah Pitman, Ph.D., Board Member 0 0 Ellen Reckhow, Board Member 0 B. David Reese, Board Member 0 0 Rebecca Reyes, Board Member 0 0 Rob Robinson, Board Member 0 0 Diane Rupprecht, Board Member 0 0 Eunice Sanders, Board Member 0 0 Delphine Sellars, Board Member 0 0 Ashley Taylor, Board Member 0 0 Annie Vample, Board Member 0 0 Barbara VanDewoestine, Board Member 0 0 Angie Welsh, Board Member 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

Department of the Treasury Internal Revenue Service Name of the organization

(10)

Employer identification number

Durham'	s Partnership for Children							56 -1	18924	32		
Part I	Excess Benefit Transactions Complete if the organization ar	(section	501(c)(3 "Yes" o) and section 501(c)(n Form 990, Part IV,	4) organizatio line 25a or 25	ons only) b, or Fo	rm 99	0-EZ,	Part '	V, line	40b.	
1 (a) Name of disqualified person				(b) Description of transaction							(c) Con	rected?
- (a) Name of disquares porson										Yes	No	
<u>(1)</u>												
(2)									_			
_(3)	****											
(4)				·								
_(5)												
(6)	·											
u	nter the amount of tax imposed nder section 4958				·		ring t 	he ye ! !	ar ▶ \$ ▶ \$			
Part II	Loans to and/or From Interest Complete if the organization at			n Form 990, Part IV,	line 26, or Fo	rm 990-E	EZ, Pa	ırt V, lı	ine 38	За.		
(a) Name of interested person and purpose			to or from anization?	(c) Onginal principal amount	(d) Balance due		(e) in default?		(f) Approved by board or committee?		(g) Written agreement?	
		То	From				Yes	No	Yes	No	Yes	No
(1)												
(2)										<u> </u>		
(3)			1				†	1				
(4)												
(5)					1							
(6)												
(7)												
(8)				•								L
(9)												
(10)												
Total	 							37.2		,	-44	
Part III	Grants or Assistance Benefit Complete if the organization as				line 27.							
	(a) Name of interested person	(b) Relationship between interested person and the organization (c) Amount and type of assi					ssistan	ce				
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(0)		I										

Par	Business Transactions Involving Complete if the organization ans	ng Interested Persons. swered "Yes" on Form 990), Part IV, line 28a, 2	28b, or 28c.		age 2
-	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)		Brown's Day Care Ctr	74,464	Purchase of Service Contract		\
(2)		Child Care Svs. Assoc		Grant Agreement/Purchase of Svs.		✓
_(3)		Operation Breakthrough	213,312	Purchase of Service Contract		✓
(4)		Durham Public Schools		Purchase of Service Contract		✓
(5)	Delphine Sellars, Board Member	Durham Cty Coop Exten		Grant Agreement		✓
(6)	Annie Vample, Board Member	Triangle Day Care	67,086	Purchase of Service Contract		✓
<u>(7)</u>						
<u>(8)</u>						
(9)					<u> </u>	
(10)	t V Supplemental Information					
				ns on Schedule L (see instructions		
		-				

· SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

20**1**1 Complete to provide information for responses to specific questions on Open to Public Inspection

OMB No. 1545-0047

56-1892432

Durham's Partnership for Children

Form 990 or 990-EZ or to provide any additional information. Department of the Treasury ► Attach to Form 990 or 990-EZ. Internal Revenue Service Name of the organization Employer identification number

Background about the Partnership Since 1995, Durham's Partnership for Children (the Partnership) has created a comprehensive early childhood system that supports collaborative service delivery and planning for young children birth to five. Durham's Partnership for Children has formed strategic alliances with government, business, medical, faith, and education sectors to integrate services based on evidence-based practices and measurable results. Durham's Partnership for Children, one of 76 local Partnerships in North Carolina, is the community leader charged with implementing North Carolina's Smart Start Initiative and NC Pre-Kindergarten Program for Durham County Our mission is that every child in Durham will be healthy and ready for school. In FY 2011-12, 12 Smart Start funded programs, 29 NC Pre-K classroom, and Early Head Start with child care and home visiting components provided services to improve children's development in the five domains of school readiness. Durham's Early Childhood System Framework and the Partnership's Strategic Plan emphasize strengthening and building awareness for high quality early care and education, expanding the reach and impact of family support programming, supporting access to health services and early intervention, and ultimately promoting economic development in 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 when 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 in 2010 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 of the Personnel Manual and completed a salary comparison that provided comparative data to the Executive Committee

* Schedule O (Form 990 or 990-EZ) (2011) Page 2 Employer identification number Name of the organization **Durham's Partnership for Children** 56-1892432 and Board in setting the new salary scale for the Partnership for the Executive Director and all employees. In FY 11-12, key employee salaries were matched against objective standards set by the North Carolina Partnership for Children based on multiple measurable factors. Part VI - Section C. Disclosure #19 - Durham's Partnership for Children has its governing documents, conflicts of interest policy and financial statements available in multiple ways Many of the documents including policies and required forms are on the website at http://www.dpfc.net. In addition, the Partnership presents an Annual Report at its Annual Meeting that is open to the public, and 1,000 print copies are widely distributed.