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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2012

Open to Public

Department of the Treasury Internal Revenue Service

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

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

\overline{A}	For the	2012 cale	ndar year, or tax year beg	inning	July 1	2012 :	and ending	lue	ne 30	, 20 13		
В		applicable	C Name of organization Durh				and ending	Jui		er identification n	umber	
				iaiii 5 Paruii	ership for Childre							
Η	Address	•	Doing Business As Number and street (or P O	hav if mail is n	est delivered to etroe	at addrace)	Room/suite		E Tolopho	56-1892432 ne number		
	Name ch	•	·	DUX II IIIaii iS II	ot denvered to stree	address)			E reseptio			
\square	Initial retu		1201 S Briggs Avenue			4,44	21	0	(919) 403-6960			
님	Terminate		City, town or post office, sta	ite, and ZIP co	xge					_		
\sqcup	Amended	d return	Durham, NC 27703		·			,	G Gross re		_	
LJ	Application	on pending	F Name and address of princip	pal officer						for affiliates? Yes		
			L		- -	, · · · · <u>· · · · · · · · · · · · · · ·</u>				ncluded? Yes		
<u></u>	Tax-exen	npt status	✓ 501(c)(3)	501(c) () 	4947(a)(1) or	527	If "N	o," attach a	a list (see instruction	ins)	
<u>J</u>	Website:	: ► ww	w.dpfc net			·		H(c) Group	exemption	number 🕨		
K			✓ Corporation Trust	Association	_ Other ►	L Ye	ar of formation	1984	M State	of legal domicile	NC	
P	art I	Summ										
	1	Briefly de	escribe the organization'	s mission c	or most significa	int activities:	To ensur	e every ch	ıld in Dur	ham enters sch	ool	
•		ready to	succeed, we lead commur	nity stratego	es for children b	rth to 5 and	their familie	s that pro	note heal	thy developme	nt and	
Š		learning a	and enhance access to hig	gh quality c	are.							
Ĕ												
Activities & Governance	2	Check th	is box 🕨 🗌 if the organiz	zation disco	ontinued its ope	rations or d	sposed of	more than	25% of	its net assets.		
ري مح	3	Number	of voting members of the	e governing	body (Part VI,	line 1a) . .			3		29	
Se	4	Number	of independent voting m	embers of	the governing b	ody (Part VI	, line 1b)		4		29	
ξ	5	Total nur	nber of individuals empl	oyed in cal	endar year 2012	(Part V, line	e 2a) .		5		15	
Ċţ	6	Total nur	nber of volunteers (estim	nate if nece	ssary)				6		126	
•	7a	Total unr	elated business revenue	from Part	VIII, column (C)	, line 12 .			7a		0	
	b	Net unre	lated business taxable in	come from	i Form 990-T, lii	ne 34 🛌 .		<u> </u>	7b		0	
						1		Prior Ye	ear	Current Y	ear	
Revenue	8	Contribu	tions and grants (Part VI	II, line 1h) .		. / . /	PEC.	- E	,202,352		9,199,915	
	9	Program	service revenue (Part VI	II, line 2g)		12/		1/2	~~ 0		0	
ě	10	Investme	ent income (Part VIII, colu	ımn (A), line	es 3, 4, and 7d)		IA's		1,386		1,254	
Œ	11	Other rev	venue (Part VIII, column ((A), lines 5,	6d, 8c, 9c, 10c	, and 11e) .	~!\		2,329ء ۾		1,705	
	12	Total reve	enue-add lines 8 throug	h 11 (must	equal Part VIII, o	olumn (A), li	ne 12)	114 /9	,206,067		9,202,874	
	13	Grants a	nd similar amounts paid	(Part IX, co	olumn (A), lines	1-3)	1000	1/6	5,595,030		6,273,452	
	14	Benefits paid to or for members (Part IX, column (A), line 4)							. 0			
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 78									748,546	
Jse	16a	Profession	onal fundraising fees (Pa	rt IX, colum	n (A), line 11e)		[0		0	
Expenses	Ь	Total fun	draising expenses (Part	IX, column	(D), line 25) ▶		<u> </u>			#####\$\$\\$\?	3,040	
ũ	1		penses (Part IX, column			e)		1	,915,933		2,163,584	
	1		penses. Add lines 13-17			-	5) .		,300,521		9,185,582	
	1		less expenses. Subtrac-	•			· [-94,454		17,292	
200	1		· · · · · · · · · · · · · · · · · · ·				Be	ginning of Cu	rrent Year	End of Ye	ar	
anc	20	Total ass	ets (Part X, line 16) .				$ abla$	1	,017,308		1,034,601	
Net Assets Fund Balan	21		ilities (Part X, line 26) .				🗀		0		0	
25	22		ts or fund balances. Sub	tract line 2	1 from line 20		$ abla$	1	,017,308		1,034,601	
	art II	Signa	ture Block									
			ry, I declare that I have examin	ed this return.	including accompa	nying schedule	s and stateme	ents, and to t	he best of r	my knowledge and	belief, it is	
			ete Declaration of preparer (ot									
			Mush	111 12	euson				1/7	114		
Sig	gn	Sign	ature of officer	7				Da	-	, , , , , , , , , , , , , , , , , , , ,		
He	re	A	Laura J. S	. Ben	son	Exec	u five	Dire	ctor			
		Туре	or print name and title									
		Print/Ty	pe preparer's name	Prep	arer's signature		Date		Check	T If PTIN		
Pa		_							self-em			
	eparei		ame ►					Firn	n's EIN ▶	· · · · · · · · · · · · · · · · · · ·		
US	e Only	y	ddress ►						ne no	-		
Ma	v the IR		s this return with the pre	parer show	n above? (see	nstructions)	.			Ye	s 🗌 No	
											200 (2012)	

	- (
Part	•
-	Check if Schedule O contains a response to any question in this Part III
1	To ensure every child in Durham enters school ready to succeed, we lead community strategies for children birth to 5 and their
	families that promote healthy development and learning and enhance access to high quality care.
	Tallines that promote readily development and learning and enhance access to high quarry care.
2	Did the organization undertake any significant program services during the year which were not listed on the
	pnor 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, it any, for each program estimate repetited.
4a	(Code: QECE) (Expenses \$ 7,417,726 including grants of \$ 5,408,443) (Revenue \$)
	Quality Early Care and Education - Based on research showing the long-term impact of early education, the Partnership focuses
	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 also offers NC Pre-K (formerly More at Four), a quality pre-kindergarten classroom
	program for 420 at risk four year old. The Partnership manages a federal grant to provide full comprehensive Early Head Start
	services to 100 infants and toddlers (0-3) via two modalities: Center-based and Home-based services.
4b	(Code: HEIFS) (Expenses \$ 850,699 including grants of \$ 850,699) (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 intensive home visiting program.
	••••••
4c	(Code: CDCB) (Expenses \$ 465,188 including grants of \$ 14,310) (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 pubic relations activities; delivers
	workshops; 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 Three community based initiatives also fall under Program Coordination. Durham
	Touchpoints Collaborative (new - see Part III 2 above), Transition to Kindergarten, and the Faith Initiative.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses > 8 733 613

Part	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	✓					
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) election in effect during the tax year? If "Yes," complete Schedule C, Part II							
5		4		✓				
3	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		✓				
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>						
•	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		✓				
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		✓				
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a							
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			,				
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	ļ	✓				
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	40		,				
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	7 Y W .	▼				
• • •	VII, 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,"	438.5	కేసా గిం	Si				
a	complete Schedule D, Part VI	11a		1				
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			<u> </u>				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1				
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							
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		V				
	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	11e		-				
•	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	1 11		_				
	Schedule D, Parts XI and XII	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 and XII 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		✓				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,							
	fundraising, business, investment, and program service activities outside the United States, or aggregate			,				
45	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		1				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		-				
	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	. "	-	<u> </u>				
	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		✓				
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		√				
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		✓_				
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	- 000	(2012)				
		rorr	n yyU	(2012)				

22 [23 [24a [Checklist of Required Schedules (continued) 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 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	21 22 23	Yes ✓	No
22 [23 [24a [In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	22		✓
23 [6 24a [on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	23	✓	1
24a [organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			1
	\$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	242		
1	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	270		1
C	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
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		√
Y	s 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? f "Yes," complete Schedule L, Part I	25b		1
	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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
5	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
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
b /	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	✓	✓
	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
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	30		✓
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
\$	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	33		1
(Nas the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
b 1	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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	(2012)

Form **990** (2012)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			П
	Officer in Schedule O contains a response to any question in this rail v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	3.50	533	23.8
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1000		270
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	200		
	reportable gaming (gambling) winnings to prize winners?	1c	✓	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			25.0
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 15	لنست		
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)	3 .22	TOTAL	3, 4
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
_	account)?	4a	. 202	3.0.5
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.	5/11		مَا مِنْ اللهِ مِنْ ال
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30	-	
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		Ė
-	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	W.C.	X. 3.	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		Eli	LLi
е	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? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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			123
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	Han	934	
_	organization, have excess business holdings at any time during the year?	8	1/8/ 3:	
9	Sponsoring organizations maintaining donor advised funds.	المشاعلين	نقشمه	
a	Did the organization make any taxable distributions under section 4966?	9a 9b		
_ b	Did the organization make a distribution to a donor, donor advisor, or related person?	90	165 .2	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:	1,7	72	
a	Gross income from members or shareholders		ľŠ	
b	Gross income from other sources (Do not net amounts due or paid to other sources	168		
	against amounts due or received from them.)	#\$S		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	***************************************	1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	245 # 600	***	39 km
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	Ľ	1528/-	Ľ.,
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.	382		
b	Enter the amount of reserves the organization is required to maintain by the states in which	PM.		
	the organization is licensed to issue qualified health plans		1729°	1 }
C	Enter the amount of reserves on hand	(Z)a)(2		15.
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b	1	1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedul Check if Schedule O contains a response to any question in this Part VI	e O. See ins	tructi	ions.
Secti	ion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	29	Yes	No
ь 2	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship any other officer, director, trustee, or key employee?	29 with 2		
3	Did the organization delegate control over management duties customarily performed by or under the d supervision of officers, directors, or trustees, or key employees to a management company or other person?		*	1
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		√
6 7a	Did the organization have members or stockholders?	. 6 point 7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?	pers, 7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken due the year by the following: The governing body?	ıring 8a	1	
а b 9	Each committee with authority to act on behalf of the governing body?	. 8b	₹	
Secti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ion B. Policies (This Section B requests information about policies not required by the Internal F	9 Revenue Ci	ode l	\
00011	ion b. I dicies (This decilor b requests information about policies not required by the internal r	10101140 0	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?			✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the fo		1	
b 12a b	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	. 12a	√	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "I describe in Schedule O how this was done	12c	1	
13 14 15	Did the organization have a written whistleblower policy?	ıl by	✓	
a b 16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	. 15a	1	
b	with a taxable entity during the year?	e its	ić.	7
Secti	ion 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 (Savailable for public inspection. Indicate how you made these available. Check all that apply.	ection 501	(c)(3)s	only)
19	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, cor and financial statements available to the public during the tax year.			oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and re	cords of the	•	

_	7
Page	•

Form 990 (2012)

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 noi	any related	d orga	anız	atıo	n c	omper	ารล	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos eck s pe d a d	rson	than on the thick the thic	an e)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Laura J S Benson, Executive Director	40			1				104,028		13,320
(2) Sandra Roberts, Finance Director	40			1				62,674		10,550
(3) Bob Ashley, Board Member		~						0		0
(4) Linzie, Atkins, III, Vice Chair		√		1				0		0
(5) Tammy Baggett, Board Member		√						o		0
(6) Michael Becketts, Board Member		✓						0		0
(7) Brenda Berlin, J D Board Member		1						0		0
(8) Leigh Bordley, Board Member		*					•	0		0
(9) Illene Britt, Secretary		1		1				0		0
(10) Bill Bryant, Board Chair		*		1				0		0
(11) Danielle Caldwell, Board Member		1						0		0
(12) Linda Chappel, Ed.D., Board Member		1						0		0
(13) David Covington, Board Member		1						0		0
(14) Stephanie Crosland, Board Member		1						0		0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
					•	C)						
	(A)	(B)	(do n		Pos eck		than c	one	(D)	(E)		(F)
	Name and title	Average	box,	unles	s pe	rson	ıs both	an	Reportable	Reportable		Estimated
		hours per week (list any			_	_	or/trust	<u> </u>	compensation from	compensation frelated	rom	amount of other
		hours for	Individual trustee or director	Institutional trustee	Officer	Ş Ş	불률	Former	the	organization		compensation
		related organizations	夏호	≩	cer	9	o est	Tier I	organization (W-2/1099-MISC)	(W-2/1099-MI	· 1	from the organization
		below dotted	학	22		employee	କ୍ଲୁସ		(**-2/1033****130)		ļ	and related
		line)	rst	盲		8	-				'	organizations
			8	stee			Highest compensated employee					
			ļ				8					
(15) Dr	ew Cummings, Board Member								_			_
(46) =		<u> </u>	✓						0			0
(16) Te	rry David, Board Member	 	,						_			_
470 -			✓	\vdash		<u> </u>		-	0			0
(17) Re	becca Freeman, Board Member		,						1 _		!	_
(40) =			✓				ļ	-	0			0
(10) Pa	trick Hannah, J.D., Board Member		1									
(40) =		-	-			├		-	0		-	0
(19) [a	mara Loza, Board Member	 	1					ĺ			ŀ	•
(20) 14			-						0			0
(20) Ka	ren O'Mansky, Treasurer	 	1		1							0
(21) 4.	on Oakal Daard Marshan	-		\vdash	•	-			0			0
(2 1) AI	n Oshel, Board Member	 	1			ļ			0	1		0
(22) 14	about Dans Dans Marshan		-	-	-	\vdash		⊢	<u>U</u>			
122/ 1911	chael Page, Board Member	 	1						0	1		0
(22) p:		<u> </u>						<u>U</u>				
(23) Dinah Parker, Board Member		 	1					1				•
(24) 01			-		_				0			0
(24) KI	nonda Parker, Board Member	 	1		1							0
(25) p.	harab Ditura DH D. Doord Months		•	-		-			0		+	<u>v</u>
(23) 00	borah Pitman, PH.D., Board Member	 	1				·					
1b	Sub-total	<u> </u>	•		<u> </u>				166,702			23,870
c	Total from continuation sheets to Part	 VII Sectio	n A	•	•	•	•	•	0			20,070
d	Total (add lines 1b and 1c)			•	•	•	•	•	166,702	 		23,870
	Total number of individuals (including but						ahove				0.000 of	20,010
_	reportable compensation from the organi			1000	, 1101		above	٠, ٠٠	110 10001100 111	oro triair φro	0,000 0.	
	<u> </u>	<u>-</u>										Yes No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	ust	ee,	key e	emp	oloyee, or high	est compen	sated	
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ıvıdı	ual					3 🗸
4	For any individual listed on line 1a, is the	sum of re	portal	ble (con	npe	nsatio	n a	nd other comp	ensation fro	m the	
	organization and related organizations	greater th	an \$	150,	000	1 9	f "Ye	s, "	complete Sch	nedule J for	such	
	ındıvıdual										[4
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsat	tion	fro	m any	un/	related organiz	zation or indi	vidual	
	for services rendered to the organization	? If "Yes," c	compl	lete	Sch	nedi	ıle J f	or s	such person		[5 ✓
Section	on B. Independent Contractors											
1	Complete this table for your five highest	compensat	ed inc	depe	end	ent	contr	act	ors that receive	ed more than	\$100,00	0 of
	compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ne c	alend	lar y	ear ending wit	h or within th	ne organi	zation's tax
	year.											
	(A)								(B)			(C)
	Name and business add	lress							Description of s	ervices	Corr	pensation
N/A												
												<u> </u>
												<u>.</u>
2	Total number of independent contractor							o th	nose listed ab	ove) who		
	received more than \$100,000 of compens	sation from	the o	rgar	niza	tion	•		0			

Form **990** (2012)

Part	VIII	Check if Schedule O		respo	onse to anv ques	tion in this Part \	VIII		🗆
					Paraga.	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns		1a					
ts, Grants Amounts	ь	Membership dues .		1b					
š, Ą	С	Fundraising events .		1c					
ons, Gifts, Similar Ar	d	Related organizations		1d					
ns, Sim	e	Government grants (con		1e	8,971,450				
rtio er (f	and similar amounts not included above							
Ę Ę					228,465	Salary Syralia Salara			
Contributions, and Other Sim	g	Noncash contributions include			12,789				
<u>S</u>	h	Total. Add lines 1a-1	T		Business Code	9,199,915			
Program Service Revenue	20				Dusiness Code				
ě	2a b					<u> </u>		· · · -	
8							<u></u>		
ΘŽ	ď								
S	e								
E E	f	All other program ser	vice reveni	ле .					
ę.	g	Total. Add lines 2a-2			>		4750;7443		
	3	Investment income and other similar amo	(ıncludıng			1,254			
	4	Income from investmen	t of tax-exe	mpt b	ond proceeds ►				
	5	Royalties	<u> </u>		▶				
			(ı) Rea	l	(II) Personal				
	6a	Gross rents							
	b	Less: rental expenses					100		
	C	Rental income or (loss)			l				
	_ d	Net rental income or	` 		<u> ▶</u>	N. 18 T. V. 18 T.		L 11 (8 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	7a	Gross amount from sales of	(i) Securi	ies	(II) Other				
		assets other than inventory							
	b	Less: cost or other basis and sales expenses .						Carlotting and	
	_	· ·							
	d	Gain or (loss) Net gain or (loss) .			•			36. X 38. X 38.	
Ф									
enne	8a	Gross income from fu	undraising						
>		events (not including \$		-7-			100		
Other Re		of contributions reported See Part IV, line 18	ea on line i	-					
Ę.	١.							7.7.5	// 17 // 17
δ	b	Less: direct expenses Net income or (loss) f							
	9a	Gross income from ga			events .			6/36-38.40	
	34	See Part IV, line 19 .					G. Carlotte		12.5
	b	Less: direct expenses					32.00		
	c	Net income or (loss) f						\$ 5 % Will red Willer amount for the	A 1955 To a distribute distribute distribute di
	10a	Gross sales of in	_	_	<u></u>		4774B87538V	8727/274194	
		returns and allowance		· a	1				
	ь	Less: cost of goods s	sold	. b			10000000		
	c _	Net income or (loss) f		of inv	entory ►				
		Miscellaneous F	Revenue		Business Code				
	11a	Sales Tax Refunds				1,705			
	b	***************************************							
	С							ļ	
	d	All other revenue .						1 A 200 A	. 1977 : 1. 197 (A.) Malakani (A.)
	e	Total. Add lines 11a-							7.48.22.00.000000000000000000000000000000
	12	Total revenue. See in	nstructions	i	உ	9,202,874			<u> </u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX . Do not include amounts reported on lines 6b, 7b, Program service expenses Management and general expenses Fundraising expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 6,264,382 6,264,382 2 Grants and other assistance to individuals in the United States, See Part IV, line 22 . . . 9,070 9,070 3 Grants and other assistance to governments, organizations, and individuals outside the United States, See Part IV, lines 15 and 16 . . . Benefits paid to or for members 4 Compensation of current officers, directors, trustees, and key employees 173,866 2,314 171,552 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 450,475 303,323 147,152 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 44,437 20,996 23,441 9 Other employee benefits 40,415 24,213 16,202 10 Payroll taxes 39,353 24,868 14,485 Fees for services (non-employees): 11 Management Legal Accounting С Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . . 12 Advertising and promotion 5,977 4,705 1,272 13 Office expenses 47,884 <u>19,3</u>49 28,535 Information technology 14 15 16 Occupancy 39,003 20,375 18,628 17 <u>7,5</u>88 1,939 9,527 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 14,434 5,990 8,444 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 4,578 Other expenses. Itemize expenses not covered 24 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.) Contracted Services 12,902 2,032,659 2.019.757 Employee Training b 6,686 4,229 2,457 Sales Tax Expense 2.158 2,158 Bank Service Charges 678 678 All other expenses Total functional expenses. Add lines 1 through 24e 25 9,185,582 8,733,613 451,969 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)

P	art X				
		Check if Schedule O contains a response to any question in this Part			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	817,618	1	730,856
	2	Savings and temporary cash investments	199,690	2	303,745
	3	Pledges and grants receivable, net		3_	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		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	1
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,017,308	16	1,034,601
	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	
es	22	Loans and other payables to current and former officers, directors,		4	
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Li	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		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	400.5 202 - A	13	
nc	27	Unrestricted net assets	945,448	27	842,765
lals	28	Temporarily restricted net assets	71,860		191,836
d B	29	Permanently restricted net assets	7 1,000	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds	paragraphics (State Collection Co	30	o wymigania mawainia da
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ĕ	33	Total net assets or fund balances	1,017,308	33	1,034,601
	34	Total liabilities and net assets/fund balances	1,017,308	34	1,034,601
					Form 990 (2012)

If the organization changed either its oversight process or selection process during the tax year, explain in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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Form 990 (2012)

Schedule O.

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	m's Partnership fo						41-1-	.+\O:		392432		
Par			rity Status (All orga						nstructio	ons.		
1 2	☐ A church, cor☐ A school desc☐ A hospital or ☐ A medical res	ivention of churc cribed in section a cooperative ho	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjun- e:	churche ch Sched ation des	s describ ule E.) cribed in	ed in sec section	tion 170 170(b)(1)((b)(1)(A)(i (A)(iii).)(iii). Ente	er the	
5		on operated for b)(1)(A)(iv). (Com	the benefit of a colle- plete Part II.)	ge or un	iversity o	wned or	operated	l by a go	vernmen	tal unit o	lescri	ced in
	An organization	on that normally	nment or government receives a substantia (A)(vi). (Complete Pai	al part of					nit or from	n the ge	neral	public
	An organization receipts from support from	on that normally activities related gross investme	n section 170(b)(1)(A receives: (1) more that d to its exempt funct ent income and unre lifter June 30, 1975. So	an 33¹/₃% ions—su lated bu	6 of its si bject to i siness ta	upport fro certain e xable inc	xceptions come (les	s, and (2) ss sectio	no mor	e than 3	31/3%	of its
11	☐ An organizati purposes of 6 509(a)(3). Che a ☐ Type I☐ By checking t	on organized arone or more public the box that b Type this box, I certify undation manage	d operated exclusively not operated exclusive objects the type of that the organization ers and other than one	ely for the supporting the support the sup	ne benefi describe ng organi onally inte ontrolled o	t of, to d in sect zation an grated directly o	perform in the perform of the performance of the pe	the funct a)(1) or se ete lines 1 Type III–N y by one	tions of, ection 50 1e throu Non-func or more	9(a)(2). S gh 11h. tionally ii disqualif	See sentegra	ection ited ersons
f g	If the organization, Since August	ration received a check this box 17, 2006, has t	a written determination							pe III su	pporti · ·	ng · 🗀
		who directly or i	ndirectly controls, eith						d in (ii) a	nd	Yes	No
			ody of the supported	_						11g(<u> </u>
		•	on described in (i) abo							11g(i	+	<u> </u>
h	• •	•	a person described in ion about the support							11g(ıı	1)	
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the one in col (i) In governing	organization sted in your document?	(v) Did y the orga col (i) sup	ou notify nization in of your port?	organizat (i) organi U	Is the tion in col zed in the S?	(vii) Amou	ant of m upport	onetary
(A)				Yes	No	Yes	No	Yes	No			
										-		
(B)					-	ļ		-		ļ .		
(C)												
(D)												
(E)												
Total									19.95 10.77			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,573,894	9,129,930	10,615,846	9,202,352	9,199,915	43,721,937
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	5,573,894	9,129,930	10,615,846	9,202,352	9,199,915	43,721,937
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)						
6	Public support. Subtract line 5 from line 4.	\$69, Fe4240		. \$~~\/J/\$@4\$/\$			43,721,937
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	5,573,894	9,129,930	10,615,846	9,202,352	9,199,915	43,721,937
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,935	1,652	1,366	1,386	1,254	8,593
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.)	5,677					19,286
11							43,749,816
12	Gross receipts from related activities, etc					12	504()(0)
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			· · · · ·			· · · ·
	on C. Computation of Public Suppor			4 1 (0)			
14	Public support percentage for 2012 (line					14	99 94 %
15	Public support percentage from 2011 Sci 331/3% support test—2012. If the organi					15 mg/s or more o	99.91 %
16a	box and stop here. The organization qua						
h	331/3% support test—2011. If the organ	•		_			
-	check this box and stop here . The organ						
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "torganization	012. If the orga	anization did no and-circumsta imstances" tes	ot check a box nces" test, che	on line 13, 16 eck this box ar ation qualifies	nd stop here. E	line 14 is Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization m supported organization	tion meets the neets the "facts	facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check the The organization	nis box and st	op here.
18	Private foundation. If the organization di					k this box and	see
	instructions						

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.)

	ii tilo organization lallo to quality	dilati tilo to	oto notoa bon	ow, picaco oc	inplote i ait	··· <i>/</i>	
	on A. Public Support						
_	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities		1				
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the					:	
	organization's benefit and either paid to or expended on its behalf						
_							
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3		 				
	received from disqualified persons .						
ь	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from				3 18 18 18 18 18 18 18 18 18 18 18 18 18		
	line 6.)	<u> </u>					
	on B. Total Support			·			
	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						
L	·			<u></u>			
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	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	1					
	(Explain in Part IV.)	ĺ					
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re		<u> </u>	<u></u>		▶ □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line 8		•	3, column (f))		15	%
16	Public support percentage from 2011 Sch			<u> </u>	· · · · ·	16	%
	on D. Computation of Investment In					7.2.1	
17	Investment income percentage for 2012 (• •	•		17	<u>%</u>
18	Investment income percentage from 2011					18	% and line
19a	331/3% support tests—2012. If the organ 17 is not more than 331/3%, check this box						
1-							
b	331/3% support tests—2011. If the organiz line 18 is not more than 331/3%, check this is						
20	Private foundation If the organization di		_	•			

Schedule A (F	Form 990 or 990-EZ) 2012	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	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 Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year 4 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 conferring impermissible private benefit? ☐ Yes ☐ No Part II 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. a Total number of conservation easements 2a 2b 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 2d 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 ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 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

_		
Pag	е	4

Part	III Organizations Maintaining	Collections o	f Art, His	torical 1	reasures,	or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and	other reco	rds, chec	k any of the	e follov	ving that are a s	significant use of its
а	☐ Public exhibition				or exchang			
þ	☐ Scholarly research		е	☐ Other	r			
С	☐ Preservation for future generations	3						
4	Provide a description of the organization	tion's collections	and expl	aın how t	hey further	the org	janization's exer	npt purpose in Part
	XIII.							
5	During the year, did the organization							
	assets to be sold to raise funds rather							
Part	V Escrow and Custodial Arra				anization a	answe	red "Yes" to Fe	orm 990, Part IV,
	line 9, or reported an amoun						e ather seeds a	
18	Is the organization an agent, trustee, included on Form 990, Part X?							
_	If "Yes," explain the arrangement in Pa					• •		☐ Yes ☐ No
b	in res, explain the arrangement in Pa	art Alli and comp	Diete trie it	ollowing to	able.		1	mount
С	Beginning balance					10		
d	Additions during the year					1d	+	
e	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount							☐ Yes ☐ No
	If "Yes," explain the arrangement in P							
Part								
		(a) Current year	(b) Pi	or year	(c) Two year	rs back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance							
b	Contributions							
C	Net investment earnings, gains, and	•						
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance				L.,			
2	Provide the estimated percentage of t	_		ce (line 1g	, column (a)) held	as:	
a	Board designated or quasi-endowmen		%					
b	Permanent endowment							
C	Temporarily restricted endowment ►							
20	The percentages in lines 2a, 2b, and 2 Are there endowment funds not in the			ization th	at are hold	and ad	minustered for t	20
Ja	organization by:	e possession or	ine organ	ization th	at are rietu	and ad	ministered for ti	Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations					•		3a(ii)
ь	If "Yes" to 3a(II), are the related organ			on Sched	ule R?			3b
4	Describe in Part XIII the intended uses							L
Part								
	Description of property	(a) Cost or	other basis tment)	(b) Cost	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land			1				<u> </u>
b	Buildings			 				
c	Leasehold improvements							
d	Equipment							
e	Other			-				
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form	990, Part	X, columi	n (B), line 10)(c).)	•	

(including (1) Financial derivative (2) Closely-held equity (3) Other (A) (B) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal			(c) Method of valuation Cost or end-of-year market value It X, line 13. (c) Method of valuation Cost or end-of-year market value
(A) (B) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal part VIII investr (a) Description (1) (2) (3) (4) (5)	Form 990, Part X, col. (B) line 12.) Inents—Program Relat	ed. See Form 990, Part	t X, line 13. (c) Method of valuation
(3) Other (A) (B) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equa. Part VIII investr (a) Descripti (1) (2) (3) (4) (5)	Form 990, Part X, col. (B) line 12.) Inents—Program Relat	ed. See Form 990, Part	t X, line 13. (c) Method of valuation
(A) (B) (C) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal part VIII investr (a) Descripti (1) (2) (3) (4)	nents-Program Relat	ed. See Form 990, Part	t X, line 13. (c) Method of valuation
(B) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equa. Part VIII Investr (a) Descripti (1) (2) (3) (4)	nents-Program Relat	ed. See Form 990, Part	t X, line 13. (c) Method of valuation
(C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal part VIII investr (a) Descripti (1) (2) (3) (4)	nents-Program Relat	ed. See Form 990, Part	t X, line 13. (c) Method of valuation
(D) (E) (F) (G) (H) (I) Total. (Column (b) must equa. Part VIII Investr (a) Descript (1) (2) (3) (4)	nents-Program Relat	ed. See Form 990, Part	t X, line 13. (c) Method of valuation
(E) (F) (G) (H) (I) Total. (Column (b) must equal part VIII investr (a) Descripti (1) (2) (3) (4)	nents-Program Relat	ed. See Form 990, Part	t X, line 13. (c) Method of valuation
(F) (G) (H) (I) Total. (Column (b) must equal Part VIII Investi (a) Descripti (1) (2) (3) (4)	nents-Program Relat	ed. See Form 990, Part	t X, line 13. (c) Method of valuation
(G) (H) (I) Total. (Column (b) must equal Part VIII Investr (a) Descripti (1) (2) (3) (4)	nents-Program Relat	ed. See Form 990, Part	t X, line 13. (c) Method of valuation
(H) (i) Total. (Column (b) must equal Part VIII Investre (a) Descripti (1) (2) (3) (4) (5)	nents-Program Relat	ed. See Form 990, Part	t X, line 13. (c) Method of valuation
(I) Total. (Column (b) must equa. Part VIII Investr (a) Descripti (1) (2) (3) (4) (5)	nents-Program Relat	ed. See Form 990, Part	t X, line 13. (c) Method of valuation
Total. (Column (b) must equal Part VIII Investr (a) Descripti (1) (2) (3) (4) (5)	nents-Program Relat	ed. See Form 990, Part	t X, line 13. (c) Method of valuation
(a) Description (a) Description (b) (c) (c) (d) (d) (d) (5)	nents-Program Relat	ed. See Form 990, Part	t X, line 13. (c) Method of valuation
(a) Description (1) (2) (3) (4) (5)			(c) Method of valuation
(1) (2) (3) (4) (5)	on or investment type	(b) Book value	
(2) (3) (4) (5)			
(2) (3) (4) (5)			
(3) (4) (5)			
(4) (5)			
(5)	 ,		
(0)			
(7)			
(8)			
(9)			
(10)			
	Form 990, Part X, col. (B) line 13.)		
Part IX Other	Assets. See Form 990,		
		(a) Description	(b) Book value
_(1)			
(2)			
_(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	st equal Form 990, Part X,	col (B) line 15.)	
	iabilities. See Form 99		
	scription of liability	(b) Book value	Mag Jakanaka Kabatasi dalah balan ba
(1) Federal income to	•		
(2)			
(3)	· · · · · · · · · · · · · · · · · · ·		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)		>	
(10) (11) Total. (Column (b) must equa	Form 990, Part X, col. (B) line 25.) \		 A. A. A. M. M.

Page	4

Part	XI Reconciliation of Revenue per Audited Financial Statement	ents '	With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	9,202,874
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			3 0.7	
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	9,202,874
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	9,202,874
Part	XII Reconciliation of Expenses per Audited Financial Staten	nents	With Expenses pe	er Return	
1	Total expenses and losses per audited financial statements			1	9,185,582
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b	•] 🖟 📗	
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d]23	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	9,185,582
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			9 .	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		läj	
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	<u>.</u>	5	9,185,582
Part	XIII Supplemental Information				
•	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b ation.				
		- -	-		-
			•••••		
			•		

SCHEDULE (Form 990)

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

OMB No. 1545-0047 2012

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

Open to Public Inspection

Employer identification number

56-1892433

Durham's Partnership for Children Name of the organization

Department of the Treasury Internal Revenue Service

General Information on Grants and Assistance

% □ ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Part I

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Farriy, ille 21, 101 any recipient that received those than \$5,000. Farring an be duplicated if additional space is needed.	iy reciplerit tilat	received more u	iari \$5,000. Fari	i cari pe uupiic	ated II additionial S	pace is fleeded.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHTOP Early Head Start 800 Eastowne Dr., Chapel Hill NC	58-2046321		1,686,764				Child Care & Support
(2) Child and Parent Support Svs.							
411 W. Chapel Hill St., Durham NC	58-1446309	501 (c)(3)	340,033				Family Support
(3) CCSA - Quality Enhancement							
1829 E. Franklin St., Durham, NC	56-1514058	501 (c)(3)	314,955				Child Care Quality
(4) CCSA - Quality Maintenance							
1829 E. Franklin St., Durham, NC	56-1514058	501 (c)(3)	108,632				Child Care Quality
(5) CCSA - Dual Subsidy Admin.							
1829 E. Franklin St., Durham, NC	56-1514058	501 (c)(3)	264,193				Child Care Assistance
(6) CCSA - SS Scholarship Program							
1829 E. Franklin St., Durham, NC	56-1514058	501 (c)(3)	2,820,589				Child Care Assistance
(7) CCSA - Choosing/Using Quality							
1829 E. Franklin St., Durham, NC	56-1514058	501 (c)(3)	212,521				Resource and Referral
(8) El Centro Hispano, Inc							
600 East Main Street, Durham NC	56-2011661	501 (c)(3)	67,547				Family Suport
(9) Exchange Club Child Abuse Pre							
3708 Lyckan Pkwy, Durham NC	56-1978668	501 (c)(3)	153,222				Early Intervention
(10) Durham Cty Coop Extension							
721 Foster St., Durham NC	56-6000297		289,897				
(11)			-		-		
(12)							
2 Enter total number of section 501(c)(3) and government	1 501(c)(3) and gov	vernment organiza	organizations listed in the line 1 table	ne 1 table			4
3 Enter total number of other organizations listed in the line 1 table	organizations listed	I in the line 1 table					. •
For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instruction	s for Form 990.		Ö	Cat. No. 50055P		Schedule I (Form 990) (2012)

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. Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Partner	1 Partnership Workshop Participation	80		1,795	1,795 Book	Gift cards to participants
2 Commi	2 Community Children's Outreach	various		7,275	7,275 Book	Books & supplies to children
က						
4						
5						
9						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	te this part to pro	vide the informatio	n required in Part I,	line 2, Part III, column (b), and any other additional

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. The 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 development of a corrective action plan will occur if necessary. NC Pre-Kindergarten Monitoring: The Partnership conducts monitoring as part of the NC Pre-Kindergarten Program in completed tools to the local contractor's office. The Partnership's NC Pre-K department reviews the tools and conducts a site visit to ensure that all information is correct and accurate and requirements. Both the Smart Start funded programs and NC Pre-K sites are monitored annually. Smart Start Monitoring: The Partnership monitors each Smart Start funded program Durham County. Monitoring activities for participating NC Pre-Kindergarten sites are conducted throughout the year to ensure that program requirements are met. Pre-K sites are required communication standards, compliance with grants management, financial status reports, cash receipts, cash disbursements, competitive bidding, cash and in-kind contributions and 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. Sites submit the 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) Monitoring: As the steward of public funds, the Partnership is responsible for monitoring its funded programs to ensure accountability of funds and compliance with contract annual programmatic and fiscal monitoring site visit includes a review of the compliance with the Contract Activity Description, documentation of evaluation, compliance with

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. Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
က						
4						
ဌ						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	e this part to pro	vide the information	n required in Part I,	line 2, Part III, column (b)	, and any other additional

(con't from page 2) fiscally on an annual basis. The fiscal monitoring 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 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 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 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 Partnership staff reviews program and fiscal data including financial status reports, financial source documentation for expenditures, monthly program updates, Head Start Enterprise 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 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 Start Monitoring Protocol and Self-Assessment Booklets. Monitoring includes a review of compliance with Head Start Performance Standards and compliance with the development and implementation of the financial management system. This will involve a detailed review of the financial reporting accounting records, internal controls, and budget controls. The

recommendations will be provided to the delegate agency.

SCHEDULE J-2 (Form 990)

Part I

Continuation Sheet for Form 990

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

OMB No 1545-0047

2012

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

Department of the Treasury Internal Revenue Service

See the Instructions for Form 990.

Open to Public Inspection

Name of the Organization Employer Identification number

Durham's Partnership for Children 56 1892432

(A) (C) (F) Name and title Average hours Position (check all that apply) Reportable Reportable Estimated compensation compensation amount of Officer Individual trustee or director Institutional trustee Key employee Highest compensated employee from from related other compensation from the organizations the organization (W-2/1099-MISC) (W-2/1099-MISC) organization and related organizations B. David Reese, Board Member 0 0_ Daniel Robinson, Board Member 0 0_ 0_ Delphine Sellars, Board Member 0 **Ashley Taylor, Board Member** 0 0 Kara Turner, Board Member 0 0 Barbara VanDewoestine, 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(10)

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

Name of the organization Employer identification number Durham's Partnership for Children 56-1892432 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2)(3) (4)(5) (6)2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (i) Written with organization from the principal amount by board or agreement? organization? committee? То From Yes Nο Yes Nο Yes No (1) (2)(3) (4)(5) (6)(7)(8)(9)(10)**Total** Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2) (3)(4)(5)(6)(7) (8)(9)

2) Lir 3) De 4) Ma 5) Te 6) Ka 7) De 8) An 9)	eryl Brown, Former Board Member ada Chappel, Board Member borah Pitman, Former Board Member rilyn Hedgpeth, Former Board rry David, Board Member ra Turner, Board Member lphine Sellars, Board Member nie Vample, Former Board Member Supplemental Information Complete this part to provide ac	Brown's Day Care Ctr. Child Care Svs. Assoc. Durham Public Schools First Presbyterian Day Operation Breakthrough Primary Colors Day Durham Cty Coop Exten. Triangle Day Care	3,720,890 327,184 70,200 199,200 433,303 289,897 15,075	Purchase of Service Contract Grant Agreement/Purchase Svs Purchase of Service Contract Purchase of Service Contract Purchase of Service Contract Purchase of Service Contract Grant Agreement Purchase of Service Contract on Schedule L (see instruction	Yes	✓ ✓ ✓ ✓
2) Lir 3) De 4) Ma 5) Te 6) Ka 7) De 8) An 9)	nda Chappel, Board Member borah Pitman, Former Board Member irilyn Hedgpeth, Former Board rry David, Board Member ra Turner, Board Member Iphine Sellars, Board Member nie Vample, Former Board Member Supplemental Information	Child Care Svs. Assoc. Durham Public Schools First Presbyterian Day Operation Breakthrough Primary Colors Day Durham Cty Coop Exten. Triangle Day Care	3,720,890 327,184 70,200 199,200 433,303 289,897 15,075	Grant Agreement/Purchase Svs Purchase of Service Contract Purchase of Service Contract Purchase of Service Contract Purchase of Service Contract Grant Agreement Purchase of Service Contract	s).	\frac{1}{4}
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Part V		dditional information for res	sponses to question	I son Schedule L (see instruction	s).	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

responses to specific questions on ide any additional information.

Department of the Treasury Internal Revenue Service Name of the organization 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.

2012
Open to Public Inspection

Employer identification number

OMB No 1545-0047

Durham's Partnership for Children	56-1892432				
Background about the Partnership					
Since 1995, Durham's Partnership for Children (the Partnership) has created a comprehensive early ch	uldhood system that				
oports 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 service	ces based on evidence-based				
practices and measurable results					
Durham's Partnership for Children, one of 76 local Partnerships in North Carolina, is the community le	ader charged with implementing				
North Carolina's Smart Start Initiative and NC Pre-Kindergarten Program for Durham County. Our miss	sion is that every child in Durham				
will be healthy and ready for school. In FY 2012-13, 11 Smart Start funded programs, 34 NC Pre-K class	srooms, and Early Head Start with child				
care and home visiting components provided services to improve children's development in the five d	omains of school readiness Durham's				
Early Childhood System Framework and the Partnership's Strategic Plan emphasize strengthening and	d 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 I of the completed form was made available to all Board members.	Finance and Audit Committee. A copy				
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	e 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 No	rth 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	ındependent HR review.				
Ms. Robinson worked with the Partnership and reviewed job descriptions to determine exempt/non exe	empt status, provided information				
for the undate of the Personnel Manual and completed a salary comparison that provided comparative	data to the Executive Committee				

Schedule O (Form 990 or 990-EZ) (2012)	Page 2	
Name of the organization	Employer identification number	
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 12-13, key employee	
salaries were matched against objective standards set by the North Carolina Partnership for Children base	ed on multiple measurable	
factors. The Executive Director's salary has not been increased since hire date of February 2011.		
Part VI - Section C. Disclosure #19 - Durham's Partnership for Children has its governing documents, con	flicts of interest policy and	
financial statements available in multiple ways. Many of the documents including policies and required for	rms are on the website at	
http://www.dpfc.net. In addition, the Partnership presents an Annual Report at its Annual Meeting that is c	pen to the public, and 1,000	
print copies are widely distributed.		
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