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### Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the	2013 cale	ndar year, or tax year	beginning	July 1	, 2013,	and ending	g Jui	ne 30	, 20 14	
В		applicable	C Name of organization			dren			D Employ	er identification n	umber
	Address	change	Doing Business As		•			Ī		56-1892432	
	Name ch	nange	Number and street (or F	O box if mail is	not delivered to st	reet address)	Room/sui	te	E Telepho	ne number	
$\checkmark$	Initial ret	•	1201 S. Briggs Avenu	ıe			1 :	210		(919) 403-6960	
	Terminat		City or town, state or pi		and ZIP or foreign	postal code	<u> </u>				
	Amende	d return	Durham, NC 27703	/					<b>G</b> Gross re	eceipts \$	
	Application pending F Name and address of principal officer H(a) is this a group re										✓ No
				•						s included? Tes	_
ī	Tax-exe	mpt status	▼ 501(c)(3)	501(c) (	) ◀ (insert no )	4947(a)(1) or	527			list (see instruction	
J	Website				, , , , , , , , , , , , , , , , , , , ,		. <del></del>	H(c) Group	exemption	number ▶	
K	Form of	organization	✓ Corporation ☐ Trust	Association	Other ▶	L Ye	ear of formati			of legal domicile	NC
Р	art I	Summ							<u> </u>		
	1		escribe the organizat	ion's mission	or most signifi	cant activities	: To ens	ure every ch	ild in Dur	ham enters sch	ool
ф	'		succeed, we lead com								
anc	1		and enhance access to			Ditti to o dita	Wich Idini	ics that pro			
Ę	2		is box ▶☐ if the org			perations or d	lisposed o	of more than	25% of	its net assets.	•••••
Š	3		of voting members o						3		29
<b>50%</b>	4		of independent votin	-			 [[15] [15]		4		29
S .	5		nber of individuals e	•	•			\	5		17
<u>_</u>	6		nber of volunteers (e			ECEIVE	- J	<b>\</b> ```	6		217
0 4 2015 Activities & Governance	7a		elated business reve			1-100 12	/8		7a		0
	b		lated business taxab			line-341 Q 7	015	b)	7b		
MAR	-	THOU WITH C	ated business taxab	io income ne	129	FED 1 "		Prior Y		Current Y	
	8	Contribu	tions and grants (Par	t VIII. line 1h)		77.0	1117	\	,199, 916		8,659,988
3CARINED	9		service revenue (Par		( · · · · · · · ·	OGDEN	استسيدا		0		0
<b>25</b> 8	10	_	ent income (Part VIII,		ines 3. 4. and 7				1,254		923
	11		venue (Part VIII, colur						1,705		2,240
Q	12		enue—add lines 8 thr				_		9,202,875		8,663,151
(( <u>g</u> )3	13		nd similar amounts p						6,273,452		6,131,158
	14		paid to or for member	-		•			0		
vo.	15		other compensation,	•	• •	•	5–10)		748,546 842,		
Expenses	16a		onal fundraising fees		· ·		· · · · /	0			0
ğ	b		draising expenses (F	•				<b>2</b> 5 27 15 1			
Ä	17		penses (Part IX, colu						2,163,584		2,011,121
	18		penses. Add lines 13-			•	5)		9,185,582		8,984,813
	19		less expenses. Subt				``.		17,293		-321,662
= S			TOUC CAPCILICO, CUS.					Beginning of C		End of Ye	
Assets or Balances	20	Total ass	sets (Part X, line 16)				[		1,034,600		712,938
Ass	21		pilities (Part X, line 26	)					0		0
E SE	22		ts or fund balances.	•	21 from line 20	)			1,034,600		712,938
P	art II		ture Block						<u> </u>		
_		<del>-</del>	ırv. I declare that I have ex	amined this retui	m, including accom	panying schedule	es and state	ments, and to	the best of	my knowledge and	belief, it is
tru	e, correc	t, and compl	lete Declaration of prepare	er (other than offi	icer) is based on all	information of wh	nich preparer	has any know	ledge.		
			Jausa 1	Y May	son				2/1	0   15	
Sig	gn	Sign	ature of officer	<del>/ -// -</del>				D	ate		
He	re		Laura :	I.5. 136	2450H	Executi	ue Di	rector			
		Туре	e or print name and title		,						
Pa	id.	Print/Ty	pe preparer's name	Pre	eparer's signature		Da	ite	Check	☐ if PTIN	
		<u>,                                    </u>							self-em	_	
	epare se Onl	1	name ►					Fire	n's EIN ▶		
US		у — —	address ▶			•		Ph	one no		
Ma	y the IF		s this return with the	preparer sho	wn above? (se	e instructions	)			🗌 Ye	s 🗌 No
For	Paperv	vork Redu	ction Act Notice, see	the separate i	instructions.		Cat. N	o 11282Y		Form	<b>990</b> (2013)

	•		
Form	990	(2013)	ì

Page 2

Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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.
4a	(Code: QECE ) (Expenses \$ 7,220,109 including grants of \$ 7,019,388) (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 \$ 831,619 including grants of \$ 831,619) (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 \$ 481,379 including grants of \$ 12,571 ) (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, 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 ▶ 8,533,107

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>✓</b>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 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
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<b>√</b>
С	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		<b>√</b>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	· · · · · · · · · · · · · · · · · · ·	14a		<b>✓</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<b>√</b>
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<b>√</b>
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<b>✓</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<b>✓</b>
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<b>√</b>
00	If "Yes," complete Schedule G, Part III	19 20a	-	1
20 a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<b>✓</b>	
22	Did the organization report more than \$5,000 of grants or 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	<b>✓</b>	
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		✓
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 25a	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		<b>√</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	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	25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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		<b>√</b>
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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a	✓	_
	Schedule L, Part IV	28b		<b>✓</b>
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 conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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	33		1
34	Was 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
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		<b>✓</b>
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	37		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	_
	13. Hotel. 7 ii. 1 o iii. 1 o o iii. 1 o o o iii. 1 o o o o o o o o o o o o o o o o o o	130	_ ▼	<u></u>

Check if Schedule C contains a response or note to any line in this Part V  The late of the third of the second of	Part				_
The Enter the number of Forms W-2G included in line 1s. Enter-0-1 in ot applicable  Enter the number of Forms W-2G included in line 1s. Enter-0-1 in ot applicable  Del the organization comply with backup withholding rules for reportable gamins to vendors and proposed on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending within the year covered by this return  2a		Check if Schedule O contains a response or note to any line in this Part V	• •	Ves	No.
b Enter the number of Forms W-2G included in line 1a. Enter -0- If not applicable.  Did the organization comply with backup withholding rules for reportable payments to vendors and resportable gaming (gambling) winnings to prize winners?  2a Enter the number of emptyees 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  3 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  1 If Yes, Thas it filed a Form 990-Tip of this year?  1 If Yes, Thas it filed a Form 990-Tip of this year?  2 If Yes, Thas it filed a Form 990-Tip of the year?  3 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; less as a bank account, securities account, or other financial account in a foreign country; less as a bank account, securities account, or other financial account in a foreign country; less as a bank account, securities account, or other financial accounts in a foreign country; less as a bank account, securities account, or other financial accounts in a foreign country; less as a bank account, securities account, or other financial accounts of the organization file form 886-17.  By If Yes, and the transaction of the transaction at any time during the tax year?  By If Yes, and the organization include that sheller transaction at any time during the tax year?  Cale Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit are organization infered that shell contributions?  By If Yes, did the organization include where not tax deductible as charitable contributions?  Cale Types, indicate the number of Forms 8282 filed during the year  Did the organization self. exchange, or otherwise dispose of tangible perso	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	75.0050	103 1680 (A)	<b>43</b> 0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing winnings to praze winners?)  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  2 b If at least one is reported on line 2a, did the organization life all required federal employment tax returns?  3b Did the organization lines 1a and 2s is greater than 250, you may be required to e-file (see instructions)  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  3c 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. See instructions for filing requirements for Form TD F 90-22-1, Report of Foreign Bank and Financial Accounts.  3c Was the organization a party to a prohibited tax shetter transaction at any time during the tax year?  3d Did the organization aparty to a prohibited tax shetter transaction at any time during the tax year?  5d Was the organization aparty to a prohibited tax shetter transaction at any time during the tax year?  5d Does the organization property the organization that it was or is a party to a prohibited tax shetter transaction?  6d P'Yes," did the organization that it was or is a party to a prohibited tax shetter transaction?  6d Drives to line 5a or 5b, did the organization file Form 8886-T?  6d Does the organization sevent and the sevent of the sevent	_	· · · · · · · · · · · · · · · · · · ·			
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  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  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?  b If "Yes," has it filed a Form 990-T for this year? If "No" to fire 3b, provide an explanation in Schedule O.  At any time during the calendar year, did the organization was an interest in, or a signature or other authority over, a financial account in a foreign country. Be See instructions for filing requirements for Form TD F 90-22-1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," enter the name of the foreign country. Be See instructions for filing requirements for Foreign 8866-T?  6 Does the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  6 If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6 Does the organization solid the organization file Form 8886-T?  6 Does the organization solid any contributions that were not tax deductible on the solid the organization solid any contributions of the solid the organization solid the organization foliation and express statement that such contributions or gifts were not tax deductible?  7 If "Yes," indicate the number of Forms 8282 filed during the year  6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7 If the organization sell, exchange, or otherwise dispose of tangible personal benefit contract?  7 If the organization sell, exchange is property in directly, to pay premiums on a personal benefit contract?  7 If the	-	, i			
Statements, filed for the calendar year ending with or within the year covered by this return 2 17		reportable gaming (gambling) winnings to prize winners?	1c	✓	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines Is and 2a is greater than 260, 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?  3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  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)?  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.  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  b If "Yes," to line 5a or 5b, did the organization flat it was or is a party to a prohibited tax shelter transaction?  c If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  c Did the organization aparty to a prohibited tax shelter transaction?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  c Did the organizations that may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization service a payment in excess of 57 made partly as a contribution of contract?  b If "Yes," findicate the number of Forms 8282 filed during the year  b If "Yes," findicate the number of Forms 8282 filed during the year  c Did the organization received a contribution of qualified intellectual property, did the organization file Form 105 files for the grant part of the grant part of	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rile (see instructions).  3					الكنك
3a	b			✓	o stood to 1
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  4 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)?  b If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for Form 1D F 90-22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes," time 5 or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  b If "Yes," did the organization nation that were not tax deductible as charitable contributions or grifts were not tax deductible?  c Organization stat deductible?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  b If "Yes," indicate the number of Forms 882 filed during the year  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 882 filed during the year  Did the organization neceive any funds, directly or indirectly, or a personal benefit contract?  If the organization every any premiums, directly or indirectly, or a personal benefit contract?  If the organization neceive any funds, directly or indirectly, or a personal benefit contract?  If the organization included on form 90, Part VIII, line 12, for public use of club facilities  10b   Sponsoring organizations maintaining d	2-				
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d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources 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?  It is gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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 in more than one state?  Note. See the instructions for additional infor	Ç		70		./
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Tobal Gross income from members or shareholders  Gross income from members or shareholders  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves on hand  C Enter the amount of reserves on hand  Ida bid the organization receive any payments for indoor tanning services during the tax year?  14a bif "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b			420000000F		***************************************
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organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources 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?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves on hand  Ighable Tible Tib	8		3.34		. Y , ¥
Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?					kIJ
a Did the organization make any taxable distributions under section 4966?	۵			e e e	7,457.4
b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12					
Initiation fees and capital contributions included on Part VIII, line 12			<del></del>		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b					78.7
Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders	а	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
a Gross income from members or shareholders					
Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		· · · · · · · · · · · · · · · · · · ·			
against amounts due or received from them.)	_				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	U				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	▼ · · · · · · · · · · · · · · · · · · ·	12a	8264	sseem3
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?	_		TANK	4000	4/3
a Is the organization licensed to issue qualified health plans in more than one state?					
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		Is the organization licensed to issue qualified health plans in more than one state?	13a	100 000	
the organization is licensed to issue qualified health plans					12/4
c Enter the amount of reserves on hand	b				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b		<del>                                     </del>	1/12	1600000	*235/490)
	_		-		_
,	D	ii 165, has it lifet a form 720 to report these payments: ii 140, provide an explanation in Goriedale G.		1 <b>990</b>	(2013)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	Schedule O. Se	e instru	ictions.
Secti	Check if Schedule O contains a response or note to any line in this Part VI ion A. Governing Body and Management		<u>· · ·</u>	<u>.                                     </u>
			Ye	s No
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 committee, explain in Schedule O.	29		
ь 2	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 relat any other officer, director, trustee, or key employee?	ionship with	2	<b>1</b>
3	Did the organization delegate control over management duties customarily performed by or undesupervision of officers, directors, or trustees, or key employees to a management company or other performed by or undesupervision of officers, directors, or trustees, or key employees to a management company or other performed by or underuged by the company or other performed by or underuged by the company or other performed by or underuged by the company or other performed by or underuged by the company or other performed by or underuged by the company or other performed by or underuged by the company or other performed by the company or other performance by the company of the company or other performance by the company of the company or other performance by the company of the com		3	<b>✓</b>
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 w Did the organization become aware during the year of a significant diversion of the organization's Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect one or more members of the governing body?	assets? t or appoint	4 5 6	\frac{1}{4}
b	Are any governance decisions of the organization reserved to (or subject to approval by stockholders, or persons other than the governing body?		7b	1
8	Did the organization contemporaneously document the meetings held or written actions under the year by the following:	- 8		
a b 9	The governing body?		8a ✓ 8b ✓ 9	<i>*</i>
Secti	ion B. Policies (This Section B requests information about policies not required by the In	ternal Revenu		
10a b	Did the organization have local chapters, branches, or affiliates?	ch chapters,	10a 10b	S No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before file	·	11a ✓	<u> </u>
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  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12a ✓ 12b ✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the police describe in Schedule O how this was done	<u> </u>	12c ✓	
13 14 15	Did the organization have a written whistleblower policy?	approval by	13 √ 14 √	
a b 16a	The organization's CEO, Executive Director, or top management official		15a	
	with a taxable entity during the year?		16a	1
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa organization's exempt status with respect to such arrangements?	afeguard the	16b	
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9 available for public inspection. Indicate how you made these available. Check all that apply.		501(c)(	3)s only)
19	Own website Another's website Upon request Other (explain in Schedule Describe in Schedule O whether (and if so, how) the organization made its governing documents, financial statements available to the public during the tax year.	conflict of inter		licy, and
20	State the name, physical address, and telephone number of the person who possesses the books	and records o	of the	

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Page 7

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	or any relate	d org	aniz			ompe	nsa	ted any currer	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per	box,	unles er and	Pos neck	erson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	ndividua or directo			Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Laura, J. S. Benson, Executive Director	40							103,830		13,628
(2) Sandra Roberts, Finance Director	40							62,794		10,974
(3) LaDonna Allison, Board Member		1						0		0
(4) Bob Ashley, Board Member		1						0		0
(5) Linzie Atkins, III Board Chair		1		1				0		0
(6) Tammy Baggett, Board Member		1						0		0
(7) Michael Becketts, Board Member		1						0		0
(8) Brenda Berlin, J.D., Board Member		1						0		0
(9) Ilene Britt, Secretary		✓		1				o		0
(10) Leigh Bordley, Board Member		1						0		0
(11) Danielle Caldwell, Board Member		✓						0		0
(12) Linda Chappel, Ed.D. Board Member		1						0		0
(13) David Covington, Board Member		<b>✓</b>						0		0
(14) Drew Cummings, Board Member	1	<b>√</b>						0		0

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (	continu	red)
			j		•	C)						
	(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)		(F)
	Name and title	Average hours per	box,	unles	s pe	rson	ıs both or/trusi	n an	Reportable compensation	Reportab compensation		Estimated amount of
		week (list any		T			_	_	from	related		other
		hours for related	d ≤	nstiti	Officer	Key employee		Former	the organization	organization (W-2/1099-N		compensation from the
		organizations	ed fr	utio	4	쁄	oyer c	₫.	(W-2/1099-MISC)		,,,,,,,	organization
		below dotted	9 🕏	nal		oy	m m			ļ		and related
		line)	Individual trustee or director	Institutional trustee		¥	Pens					organizations
				8			Highest compensated employee					
(15) To	erry David, Board Member	-										··
			✓_						o			O
(16) To	eresa Daye, Ph.D., Board Member											
			✓		ļ				0			0
(17) R	ebecca Freeman, Board Member	<u> </u>	,									
/40\ D			✓					├	0			
(19) P	atrick Hannah, J.D., Board Member	<del> </del>	1									
(19) T	amara Loza, Board Member		<b>V</b>			-		-	0		-	0
7::51-13	amara Loza, Dourd Weinbei	<b>†</b>	1						0			0
(20) K	aren O'Mansky, Treasurer								1			
			1	✓					0			0
(21) A	nn Oshel, Board Member											
			✓						0			0
(22) M	ichael Page, Board Member							ł				
/00\ n			✓						0		_	0
(23) D	nah Parker, Board Member		/									
(24) DI	honda Parker, Board Member							<b> </b>	0			0
35-77-N	nonua Parker, Board Member		1						0			0
(25) B.	David Reese, Board Member							<del>                                     </del>	l			<u>_</u>
			✓						0			0
1b	Sub-total							▶				
С	Total from continuation sheets to Part	VII, Sectio	n A					<b>&gt;</b>				<u></u>
<u>d</u>		· · · ·			•	<u></u>		<u> </u>		L		
2	Total number of individuals (including but		l to th	ose	list	ed a	above	e) w	ho received m	ore than \$1	00,000	of
	reportable compensation from the organi	zauon 🖊									<del></del>	Yes No
3	Did the organization list any former of	ficer, direct	tor. o	r tr	uste	e.	kev e	mn	olovee, or high	est compe	nsated	
_	employee on line 1a? If "Yes," complete S											3
4	For any individual listed on line 1a, is the							n a	nd other comp	ensation fr	om the	272/37 - 28
	organization and related organizations											
	indıvidual											4 1
5	Did any person listed on line 1a receive o									ation or inc	lividual	
	for services rendered to the organization?	? If "Yes," c	ompl	ete :	Sch	edu	ile J f	or s	such person		<u> </u>	5 ✓
	on B. Independent Contractors		<u></u>								4.00	
1	Complete this table for your five highest of compensation from the organization. Rep											
	year.	ort comper	isalic	<i>///</i> 10	л (г	ie C	alenu	aı y	real eliding wit	ii or willini	ine org	anization 5 tax
	(A)								(B)			(C)
	Name and business add	ress							Description of s	ervices	1	Compensation
			<del></del>									
	Total number of independent contracto	rs (includin	a hu	t no	nt li	imit	ed to	th	nse listed ahr	ove) who	SS 97 / 20	
_	received more than \$100,000 of compens							1	ooc noted abo	, will		

Form **990** (2013)

Par	t VIII	Statement of Reve					D 11/11		
		Check if Schedule C	) contains a	resp	onse or note to	O any line in this  (A)  Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a	Federated campaigns		1a				75.76	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b					
A A	С	Fundraising events .		1c					
Gifts, ilar Aı	d	Related organizations		1d					
iE.	е	Government grants (con		1e	8,589,458				
er S	f	All other contributions, g		- 1					
혈축		and similar amounts not inc	ᆫ	1f	70,530				
Contributions, and Other Sim	g	Noncash contributions include			4,938				
	h	Total. Add lines 1a-1	<u>f</u>	· -	Desciones Code	8,659,988			
Program Service Revenue				-	Business Code				
eve	2a			-					
8	b			-					
Ž	d			├-					
Š	u						<del></del>		
grar	f	All other program ser		<u></u>					
P	g	Total. Add lines 2a-2		-	•				
	3 4 5	Investment income and other similar amo	(including counts)	divide 	nds, interest,	923			
		noyanies	(i) Real		(II) Personal				
	6a	Gross rents							
	Ь	Less: rental expenses		+					
	C	Rental income or (loss)							
	d	Net rental income or			•			<u></u>	
	7a	Gross amount from sales of	(i) Securitie	s	(II) Other	0/2000/01/05	5 ( Frij. 94)		
		assets other than inventory							
	b	Less: cost or other basis							
		and sales expenses .							
	С	Gain or (loss)				68 (ilian 19			
	d	Net gain or (loss) .		· _	>				
/enne	8a	Gross income from fuevents (not including \$	undraising						
Other Revenue		of contributions reported See Part IV, line 18 .							
돭	b	Less: direct expenses	s	b				3/2/2/2/2/2	
	С	Net income or (loss) f			vents . 🕨				
	9a	Gross income from ga							
		See Part IV, line 19 .		a					
	b	Less: direct expenses						5 (7 / 2 / 5 / 5 / 5 / 5	
	С	Net income or (loss) f		_	ities ▶	**************************************			77.338.1430.13847.35.25887.88
	10a	Gross sales of in							
		returns and allowance		⊢					
	b	Less: cost of goods s							
	<u> </u>	Net income or (loss) f		INVE			[8, 2, 39] yr 4532356623 W.A	18 (18 m) (18 m) (18 m) (18 m) (18 m)	1/09/2/2/2020 Anno 1889
	44	Miscellaneous F			Business Code				
	11a	Sales Tax Refunds		l l		2,240			<del> </del>
	b			-					
	C	All other revenue .		-					
	d	Total. Add lines 11a-		L	<b>.</b>	2 240			(10) / (10) * (1
	12	Total revenue. See in		•		2,240	<u> </u>		300 - 100 - 100 July 27 01 65 7 10 10

3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest complete Part II of Schedule L 6 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest complements of Schedule D 10 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(38), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions), Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepald expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1 Less: accumulated depreciation 1 Investments—publicly traded securities 1 Investments—publicly traded securities 1 Investments—publicly traded securities 1 Intangible assets 1 Intangible assets 1 Intangible assets. See Part IV, line 11 1 Intangible assets. See Part IV, line 11 1 Total assets. Add lines 1 through 15 (must equal line 34) 1 Counts payable and accrued expenses 1 Intangible assets 1 Intangible a	Р	art X	Balance Sheet			
1 Cash—non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)), persons described in section 4958(f)(3)(5), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations of section 501(c)(9) voluntary employers beneficiary organizations (see instructions), Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepald expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 Total assets. Add lines 1 through 15 (must equal line 34) 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Ecrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated thirid parties 23 Usecured notes and loans payable to unrelated thirid parties 24 Usecured notes and loans payable to unrelated thirid parties 25 Other liabilities (including federal income tax, payables to related thirid parties 26 Total liabilities and other liability of the part IV of Schedule D 27 Total liabilities (including federal income tax, payables to related thirid parties 30 Carpairat			Check if Schedule O contains a response or note to any line in this Pa	art X		
2 Savings and temporary cash investments 303,745 2 112,043 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(11), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 7 Notes and loans receivable, net 7 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 10a 10b 10c 11 Investments — publicly traded securities 11a 11a 11a 11a 11a 11a 11a 11a 11a 11						, , ,
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958()(7)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a b Less: accumulated depreciation 11 Investments — publicly traded securities 12 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees. and disqualified persons. Complete Part IV of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Toranizations that follow SFAS 117 (ASC 958), check here ▶ □ and		1	Cash—non-interest-bearing	730,855	1	600,895
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 1 Less: accumulated depreciation 11 Investments – publicly traded securities 12 Investments – program-related. See Part IV, line 11 13 Investments – program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees. 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Toranizations that follow SFAS 117 (ASC 959), check here ▶ □ and		2	Savings and temporary cash investments	303,745	2	112,043
5 Loans and other receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1 b Less: accumulated depreciation 11 Investments – publicity traded securities 12 Investments – other securities. See Part IV, line 11 13 Investments – program-related. See Part IV, line 11 14 Intangible assets 114 Intangible assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Other liabilities not included on lines 17-24). Complete Part		3	Pledges and grants receivable, net		3	
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  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  7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a		4	Accounts receivable, net		4	
Complete Part II of Schedule L  6 Loans and other receivables from other disqualified persons (as defined under section 4958(h(1)), persons described in section 4958(h(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  10 Investments—publicly traded securities  11 Investments—publicly traded securities  12 Investments—publicly traded securities  13 Investments—program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  17 Grants payable  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  22 Secured mortgages and notes payable to unrelated third parties  23 Unsecured notes and loans payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  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  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   10		5	Loans and other receivables from current and former officers, directors,		. Ø, 3	
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					5	
7 Notes and loans receivable, net 7		6	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			
9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  b Less: accumulated depreciation  11 Investments – publicly traded securities  12 Investments – other securities. See Part IV, line 11  13 Investments – program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  21 Secured mortgages and notes payable to unrelated third parties  22 Unsecured notes and loans payable to unrelated third parties  23 Unsecured notes and loans payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  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  26 Total liabilities. Add lines 17 through 25  27 Organizations that follow SFAS 117 (ASC 958), check here	ets	_ ا				_
9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  b Less: accumulated depreciation  11 Investments – publicly traded securities  12 Investments – other securities. See Part IV, line 11  13 Investments – program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  21 Secured mortgages and notes payable to unrelated third parties  22 Unsecured notes and loans payable to unrelated third parties  23 Unsecured notes and loans payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  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  26 Total liabilities. Add lines 17 through 25  27 Organizations that follow SFAS 117 (ASC 958), check here	SS	I -				
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  b Less: accumulated depreciation	⋖	] -				
b Less: accumulated depreciation . 10b . 10c . 11		_	Land, buildings, and equipment: cost or		9	
11 Investments – publicly traded securities			other basis. Complete Part VI of Schedule D 10a		M	
12 Investments – other securities. See Part IV, line 11		b	Less: accumulated depreciation 10b		10c	
13 Investments—program-related. See Part IV, line 11		11	Investments—publicly traded securities		11	
14 Intangible assets		12	Investments—other securities. See Part IV, line 11		12	
15 Other assets. See Part IV, line 11		13	Investments—program-related. See Part IV, line 11		13	
15 Other assets. See Part IV, line 11		14	Intangible assets		14	
17 Accounts payable and accrued expenses		15			15	
17 Accounts payable and accrued expenses		16	Total assets. Add lines 1 through 15 (must equal line 34)	1,034,600	16	712,938
Tax-exempt bond liabilities		17				
Tax-exempt bond liabilities		18	Grants payable		18	
Tax-exempt bond liabilities		19	· ·		19	
Escrow or custodial account liability. Complete Part IV of Schedule D.  Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		20			20	
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	·		21	
Unsecured notes and loans payable to unrelated third parties	ilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
Unsecured notes and loans payable to unrelated third parties	<u>.e</u>		·			
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	_		The state of the s			
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			· · · · · · · · · · · · · · · · · · ·		24	
26 Total liabilities. Add lines 17 through 25		25	parties, and other liabilities not included on lines 17-24). Complete Part X		05	
Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		26				
complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets		20	Organizations that follow SEAS 117 (ASC 958) check here	BORONO TO THE SECTION AND SECTION AND A SECTION ASSECTATION AND A SECTION AND A SECTION AND A SECTION AND A SECTIO	20	U 
Temporarily restricted net assets	ces		complete lines 27 through 29, and lines 33 and 34.			
28 Temporarily restricted net assets	lan	l .				
Permanently restricted net assets	Ва	l .	· · · · · · · · · · · · · · · · · · ·	191,836		41,290
30 Capital stock or trust principal, or current funds	r Fund	29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		29	
Paid-in or capital surplus, or land, building, or equipment fund	S	30		<u> </u>	30	daraina di
4 32 Retained earnings, endowment, accumulated income, or other funds . 32	šet	I				
-   ve   notained carriings, chaewinent, accumulated income, or other lands .   ve	Ass		· · · · · · · · · · · · · · · · · · ·			
33 Total net assets or fund balances	et			1 034 600		712 029
34 Total liabilities and net assets/fund balances	Z					

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,66	3,151
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,98	4,813
3	Revenue less expenses. Subtract line 2 from line 1	3		-32	1,662
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,03	4,600
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		71	2,938
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	·	
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other  Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain i	_ n	Yes	No
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:		. <b>2a</b> or		
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	 ed on	. <b>2b</b> a	<b>7</b>	· , · · ·
С	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	<b>✓</b>	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	•			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		. За	1	
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		e <b>3b</b>	<b>√</b>	
			Form	990	(2013

### **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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization							Employer id	lentification	n number	
	m's Partnership fo			-1			45:-	410		92432	
Par			rity Status (All orga			•		<del></del>	nstructio	ons.	
1 2 3 4	☐ A church, con ☐ A school desc ☐ A hospital or a ☐ A medical rese	vention of church ribed in <b>section</b> a cooperative hos earch organization	ntion because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches ch Sched ation des	s describeule E.) cribed in	ed in sec section 1	tion 170( 170(b)(1)(	(b)(1)(A)(i) (A)(iii).		(iii). Enter	the
5	☐ An organization	ne, city, and state on operated for to (1)(A)(iv). (Comp	the benefit of a colle	ge or uni	iversity o	wned or	operated	by a go	vernment	tal unit de	escribed in
6 7	An organization	n that normally	nment or government receives a substantia (A)(vi). (Complete Par	l part of					nt or fron	n the gen	eral public
8	☐ A community	trust described i	n <b>section 170(b)(1)(A</b> )	<b>(vi).</b> (Co	mplete Pa	art II.)					
9	receipts from support from	activities related gross investme	receives: (1) more that if to its exempt funct int income and unrel fter June 30, 1975. Se	ions-su lated bus	bject to o siness ta	certain ex xable inc	ceptions	s, and (2) ss section	no more	than 33	1/3% of its
11	An organization purposes of compurposes of compurposes of compurposes of compurposes of compurposes of compurposes of computer than four or section 509. If the organization, computer computer organization, computer computer following person (ii) A person (iii) below, (iii) A family multiple for computer comp	on organized and one or more publick the box that one by Type his box, I certify andation manage of (a)(2).  ation received a check this box and the check this box are the governing by the gove	operated exclusively of operated exclusively of operated exclusive of operated exclusive of the supported organization ers and other than one operated exclusive operation acceptance of the supported operation described in (i) about the supported on about the supported on about the supported on about the supported on about the supported of the supported on about the supported on about the supported of the supported on about the supported on about the supported of the supported on about the supported of the supported of the supported on about the supported of the	ely for the nizations supporting the function is not compared any the relations of the function of the relations of the relat	ne benefit describering organizationally interest introlled of the IRS of the	t of, to p d in section and grated directly or supporte that it is contribution her with	perform to the completion of t	the function (1) or set the lines 1 Type III—Note the lines 1 Type III—Note the lizations of the lizations o	ions of, ection 50: 1e throug Ion-funct or more of lescribed I, or Typ	9(a)(2). Segh 11h. ctionally introduced in section in s	ee section egrated ed persons n 509(a)(1) porting
	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 orgar col (i) supp	ou notify nization in of your port?	ÜÜ	ion in col zed in the S ?	l, ,	t of monetary
				Yes	No	Yes	No	Yes	No		
(A) ——											
(B)											
(C)											
(D)											
(E)											
Tota											

18

Part							
	(Complete only if you checked the						lify under
<del></del>	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
	on A. Public Support	T			<del></del>	<del></del>	
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	]					
	membership fees received. (Do not						
_	include any "unusual grants.")	9,129,930	10,615,846	9,202,352	9,199,915	8,659,988	46,808,031
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	9,129,930	10,615,846	9,202,352	9,199,915	8,659,988	46,808,031
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.					230 - 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1	40,000,024
	on B. Total Support	Biomination (				18''' XW ' . 1	46,808,031
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
7	Amounts from line 4	9,129,930	10,615,846	9,202,352	9,199,915		46,808,031
8	Gross income from interest, dividends,	0,123,330	10,010,040	3,202,332	3,100,010	0,033,300	40,000,031
Ū	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	1,652	1,366	1,386	1,254	923	6,581
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			i			
	(Explain in Part IV.)	1,590	7,985	2,329	1,705	2,240	15,849
11	Total support. Add lines 7 through 10			nā, grádent			46,830,461
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	-			-		
	organization, check this box and stop he			· · · ·	· · · · ·		· · <b>P</b> L
	on C. Computation of Public Suppor						
14	Public support percentage for 2013 (line		•			14	99.95 %
15	Public support percentage from 2012 Sci 33 <sup>1</sup> / <sub>3</sub> % support test—2013. If the organi					15	99.94 %
16a	box and <b>stop here</b> . The organization qua						
b	331/3% support test—2012. If the organ	· · · · · · · · · · · · · · · · · · ·	• • •	-			
	check this box and <b>stop here</b> . The organ						. <b>▶</b> □
170	10%-facts-and-circumstances test—2	·				a or 16b and i	ine 14 is
17a	10% or more, and if the organization me						
	Part IV how the organization meets the "I						
	organization			_	•		. <b>▶</b> □
b	10%-facts-and-circumstances test—2						
D	15 is 10% or more, and if the organiza						
	Explain in Part IV how the organization m						
	supported organization						

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sacti	on A. Public Support	under the te	solo lioted Deli	JW, piease co	Jinpiele Fait	··· <i>)</i>	
		(-) 2000	(h) 0010	(-) 0011	(4) 0010	(-) 0010	(6) Total
t 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 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						
с 8	Add lines 7a and 7b						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	_			<del>-</del>	ear as a section	
Secti	on C. Computation of Public Suppo	rt Percentag	je				
15	Public support percentage for 2013 (line		•				<u> </u>
16	Public support percentage from 2012 Sc			<u></u>	<u> </u>	16	%
	on D. Computation of Investment In				(0)	14-1	
17	Investment income percentage for 2013	•		-			<u>%</u>
18	Investment income percentage from 201: 331/3% support tests—2013. If the organ						% and line
19a	17 is not more than 331/3%, check this box						
b	33 <sup>1</sup> / <sub>3</sub> % support tests—2012. If the organization 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this	zation did not d	check a box on	line 14 or line	19a, and line 16	is more than 3	3 <sup>1</sup> /3%, and
20	Private foundation. If the organization d	-	_				

Schedule A (F	orm 990 or 990-EZ) 2013 Page 4
Part IV	<b>Supplemental Information.</b> 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

► 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.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

Inspection

OMB No 1545-0047

Durhan	's Partnership for Children		56-1892432
Part		or Advised Funds or Other Similar Fu	
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line 6	
	Table 1 - 1 - 1 - 1	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate contributions to (during year) .		
	Aggregate grants from (during 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, subje		
	Did the organization inform all grantees, do		
•	only for charitable purposes and not for the		
	• •		- · · · · ·
Part			
	Complete if the organization ansv	vered "Yes" to Form 990, Part IV, line 7	, •
1	Purpose(s) of conservation easements held		
	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		
2	Complete lines 2a through 2d if the organize	ation held a qualified conservation contribut	
	easement on the last day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		
	Total acreage restricted by conservation ea		
	Number of conservation easements on a ce Number of conservation easements included	, ,	
u	historic structure listed in the National Regis		· · 2d
3	Number of conservation easements modifie		
	tax year ►	a, transferred, released, extinguieried, er te	initiation by the organization during the
	Number of states where property subject to	conservation easement is located ▶	
5	Does the organization have a written po		nspection, handling of
	violations, and enforcement of the conserva	tion easements it holds?	· · · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monito	oring, inspecting, and enforcing conservation	on easements during the year
	<b>-</b>		
7	Amount of expenses incurred in monitoring,  ➤ \$	inspecting, and enforcing conservation eas	sements during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)
			· · · · · · · · · · · · Yes · No
9	In Part XIII, describe how the organization re	eports conservation easements in its revenu	
_	balance sheet, and include, if applicable, the		
	organization's accounting for conservation	easements.	
Part		ections of Art, Historical Treasures, o	
		vered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted un	• • • • • • • • • • • • • • • • • • • •	
	works of art, historical treasures, or other public service, provide, in Part XIII, the text		
	•		
b	If the organization elected, as permitted u works of art, historical treasures, or other		
	public service, provide the following amoun		education, or research in furtherance of
		-	<b>▶</b> \$
	<ul><li>(i) Revenues included in Form 990, Part VIII</li><li>(ii) Assets included in Form 990, Part X</li></ul>		• • • • • • • • • • • • • • • • • • •
2	If the organization received or held works		
	following amounts required to be reported u		
а	Revenues included in Form 990, Part VIII, lir	ne 1	<b>&gt;</b> \$
	Assets included in Form 990, Part X		

Par	Organizations Maintaining	Collect	ions of	Art, His	torical	<u> Freasures</u>	, or O	ther Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		n, and of	ther reco	rds, ched	ck any of th	ne follo	wing that are a	significant use of its
а	☐ Public exhibition			d	☐ Loan	or exchan	ge prog	rams	
b	☐ Scholarly research			е	☐ Othe	r			
C	☐ Preservation for future generation	s							
4	Provide a description of the organiza XIII.	tion's coll	lections	and expl	ain how t	hey further	the org	ganization's exe	empt purpose in Part
5	During the year, did the organization								
	assets to be sold to raise funds rather			ained as	part of th	e organizat	ion's co	ollection?	☐ Yes ☐ No
Part	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.	answer	ed "Yes						
1a	included on Form 990, Part X?								
b	If "Yes," explain the arrangement in P	art XIII an	d compl	ete the fo	ollowing t	able:		/	Amount
С	Beginning balance						10	;	
d	Additions during the year						10	i	
е	Distributions during the year						16	•	
f	Ending balance						11	•	
2a	Did the organization include an amou						. —		☐ Yes ☐ No
b	If "Yes," explain the arrangement in P								
	t V Endowment Funds.					····		<del></del>	
	Complete if the organization	answer	ed "Yes	" to For	m 990, F	Part IV, line	e 10.		
		(a) Curre	ent year	(b) Pr	or year	(c) Two yea	rs back	(d) Three years bad	ck (e) Four years back
1a	Beginning of year balance		-			1		,	
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships							-	
е	Other expenditures for facilities and					1			
	programs								
f	Administrative expenses								
g	End of year balance					<u> </u>			
2	Provide the estimated percentage of the	the curren	it year er	nd baland	ce (line 1g	j, column (a	a)) held	as:	
а	Board designated or quasi-endowme	nt ▶		%					
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment ▶		%						
	The percentages in lines 2a, 2b, and 2								
3a	Are there endowment funds not in the	e possess	sion of th	he organi	ization th	at are held	and ad	lministered for t	
	organization by:								Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
b	If "Yes" to 3a(ii), are the related organ								3b
4	Describe in Part XIII the intended uses		ganizatio	on's end	owment f	unds.			
Pari	Land, Buildings, and Equip Complete if the organization		ed "Yes	" to For	m 990, F	art IV, line	11a. S	See Form 990,	, Part X, line 10.
	Description of property	(a)	Cost or o		1 ' '	or other basis		Accumulated	(d) Book value
			(investm	nent)	(0	ther)	d	epreciation	
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other								
Total	Add lines 1a through 1e (Column (d) r	nuet eaus	I Form 0	On Part	Y column	(R) line 1	2/011	<b>•</b>	· <del></del>

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Description of security or descripty)  (b) Book value  (c) Good or end-of-year market value  (c) Closely-held equity interests  (d) Other (A)  (d)  (d)  (d)  (e)  (f)  (f)  (f)  (f)  (f)  (f)  (f	Part VII	Investments—Other Securit		m 000 Port IV lin	o 11h. Soo Form	2000 Part V June 12
(1) Financial derivatives (2) Closely-held equity interests (3) Other (4) (4) (5) Other (4) (6) (6) (7) (7) (8) (8) (9) Part X of (8) Ins (2) Part X of (8) Part X of (8) Ins (2) Part X of (8) Ins (2) Part X of (8) Part X of (8				r ·	T	
(2) Closely-held equity interests   (3) Other   (4)   (6)   (7)   (7)   (8)   (9)   (9)   (10)   (		(including name of security	)		Cost or end	d-of-year market value
(3) Other (A) (6) (7) (8) (8) (9) (9) (16) (17) (18) (18) (18) (19) (19) (10) (10) (10) (10) (10) (11) (10) (10	• •					
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 13.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 11d. See Form 990, Part X, line 11d. See Form 990, Part X, line 11d. See Form 990, Part						
(6) (7) (8) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(3) Other					
(C)						
(i) (ii) (iii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiiiiii					-	
(f) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H						<del> </del>
(G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)   Part VIII   Investments — Program Related. Complete if the organization answered "Yes" to Form 990, Part IV. line 11c. See Form 990, Part X, line 13.  (e) Description of investment   (b) Book value   (c) Method of valuation Cod or end-d-year matriet value   (c) Method of valuation Cod or end-d-year matriet value   (c) Method of valuation Cod or end-d-year matriet value   (c) Method of valuation Cod or end-d-year matriet value   (c) Method of valuation Cod or end-d-year matriet value   (c) Method of valuation Cod or end-d-year matriet value   (c) Method of valuation Cod or end-d-year matriet value   (c) Method of valuation Cod or end-d-year matriet value   (c) Method of valuation (c) Method	(E)					
Total (Column (b) must aqual Form 990, Part X, col. (B) line 12)   Part X   Investments - Program Related.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation Cost or end-of-year market value   (c) Cost or end-of-year market value   (c	(F)					
Total. Column (b) must equal Form 990, Part X, col. (B) line 12.) ►    Part X   Other Liabilities.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 15.						
Investments - Program Related.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.    (a) Description of Investment   (b) Book value   (c) Method of valuation   Cost or end-of-year market value						
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(a) Description of investment (b) Book value Cost or end-of-year market value (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (b) Book value (c) Bo	Part VIII			m 990 Part IV lin	a 11c. See Form	990 Part Y line 13
(1)   Cost or end-of-year market value   (1)   (2)   (3)   (4)   (4)   (5)   (6)   (7)   (8)   (9)   (1)   (2)   (1)   (2)   (2)   (3)   (4)   (4)   (4)   (4)   (5)   (6)   (6)   (7)   (7)   (8)   (8)   (9)   (		·				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (4) (5) (6) (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)		(=, ===================================	•	(2) 2001. 14.00	, ,	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (4) (5) (6) (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(1)					
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Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 12e or 11f. See Form 990, Part X, line 15e or 11e or 11f. See Form 990, Part X, line 15e or 11e or 11f. See Form 990, Part X, line 15e or 11e or 11f. See Form 990, Part X, line 15e or 11e or 11f. See Form 990, Part X, line 15e or 11e or 11f. See Form 990, Part X, line 15e or 11e or 11f. See Form 990, Part X, line 15e or 11e or 11f. See Form 990, Part X, line 15e or 11e or 11f. See Form 990, Part X, line 15e or 11e or 11f. See Form 990, Part X, line 15e or 11e or 11e or 11f. See Form 990, Part X, line 15e or 11e or 11e or 11f. See Form 990, Part X, line 15e or 11e or 1						<del></del>
B   9   10   10   10   10   10   10   10		····				
9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 2"  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		<del></del>				·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)						
Other Assets.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	Total. (Column (	b) must equal Form 990. Part X. col. (B) line 13.	1 🕨		a. V100-56-760	
(a) Description (b) Book value (c) (c) (c) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e			<u> </u>	<u>.</u>	<u> </u>	
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(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)			(a) Description	<del></del>		(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)						
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(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)						
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)				······		
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)						
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)						
Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(9)					
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    1.			X, col. (B) line 15.)			
Line 25.   1.   (a) Description of liability   (b) Book value   (1) Federal income taxes   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (1) Book value   (1) Book value   (2) Book value   (3) Book value   (4) Book value   (4) Book value   (5) Book value   (6) Book value   (7) Book value   (7) Book value   (8) Book val	Part X					
1.     (a) Description of liability     (b) Book value       (1) Federal income taxes     (2)       (3)     (4)       (5)     (6)       (7)     (8)       (9)		•	answered "Yes" to For	m 990, Part IV, lin	e 11e or 11f. See	e Form 990, Part X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	4	<del></del>	(h) Rook volue	5-21-A 115-118-15-40	(10772 Y 107 CH 106 CH 107 CH	44. (* '5.97;*/4887/87 (* 1.2° (3 8 / 4
(2) (3) (4) (5) (6) (7) (8) (9)		<del></del>	(b) Book value			
(3) (4) (5) (6) (7) (8) (9)		loomo taxos				
(4)       (5)       (6)       (7)       (8)       (9)						
(5) (6) (7) (8) (9)		· · · · · · · · · · · · · · · · · · ·				
(6) (7) (8) (9)						
(8) (9)						
(9)						
N 1/2 MARKA 1/2						
Lotal (Column In) must equal Form QUI) Part X col (HU)no 25 ( )		11				
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII						

Par				Return.	
	Complete if the organization answered "Yes" to Form 990, F	Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	8,663,151
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c		1/2/1	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	8,663,151
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			
_C	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	8,663,151
Part				er Return.	
	Complete if the organization answered "Yes" to Form 990, F			<del></del>	<del></del>
1	Total expenses and losses per audited financial statements			1	8,984,813
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		B:(3)	
a	Donated services and use of facilities	2a		40201	
b	Prior year adjustments	2b		4001	
C	Other losses	2c		4331	
d	Other (Describe in Part XIII.)	2d		4.24	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	· · ·		3	8,984,813
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40			
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a   4b		<b>-</b>	
b	Add lines <b>4a</b> and <b>4b</b>	$\overline{}$		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	0.004.012
	XIII Supplemental Information.	<del>0 .0.,</del> .	<del></del>	1 5	8,984,813
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b. Also complete this part				

Schedule D (For		Page 5
Part XIII	Supplemental Information (continued)	

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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** 

OMB No. 1545-0047 2013

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Jurham's Partnership for Children							56-1892433
Part I General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amou	in records to subs	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility fo	nt of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
the selection criteria used to award the grants or assistance?	award the grants	or assistance?					· · ☑Yes ☐ No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedur	es for monitoring	the use of grant fur	ds in the United	States.		
Part II Grants and Other Assistance to Governments and Part IV, line 21, for any recipient that received more the	sistance to Go	vernments and received more the	<b>Organizations i</b> nan \$5,000. Part I	<b>n the United S</b> I II can be duplica	Organizations in the United States. Complete if the organization as \$5,000. Part II can be duplicated if additional space is needed.	the organization answapace is needed.	<b>Organizations in the United States.</b> Complete if the organization answered "Yes" to Form 990, nan \$5,000. Part II can be duplicated if additional space is needed.
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	(e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisa, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Chapel Hill Training& Outeach P 800 Eastowne Dr., Chapel Hill, NC	58-2046321		1,609,898				Child Care & Support
(2) Child and Parent Support Svs.	58-1446309	501 (c)(3)	322,762				Family Support
(3) Child Care Services Association 1829 E. Franklin St. Durham, NC	56-1514058	501 (c)(3)	3,676,214				Child Care Quality & Asst.
(4) Communities in School Durham 3412 Westgate Dr, Suite 301 Durham,	56-1791366	501 (c)(3)	44,042				Family Support
(5) Durham Cty Cooperative Ext.	56-6000297		260,161				Family Support
(6) El Centro Hispano, Inc 600 East Main Street, Durham NC	56-2011661	501 (c)(3)	59,907				Family Support
(7) Exchange Club Child Abuse 3708 Lyckan Pkwy, Durham, NC	56-1978668	501 (c)(3)	144,747				Early Intervention
(8)							
(6)							
(10)							
(11)							
(12)							
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	501(c)(3) and govrganizations listec	ernment organiza in the line 1 table	tions listed in the li	ne 1 table			9 -
	rganizations listec	in the line 1 table					<b>A</b> .

Schedule I (Form 990) (2013)

Cat. No. 50055P

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

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 Community Children's Outeach	various		8,427	Book	Books & Supplies to Children
2					
က					
4					
r.					
9					
7 Part IV Supplemental Information. Provide the information		required in Part I, line 2, Part III,	e 2, Part III, column (b),	(b), and any other additional information.	onal information.
Monitoring: As the steward of public funds, the Partnership is responsible		or monitoring its funde	d programs to ensure	for monitoring its funded programs to ensure accountability of funds and compliance with contract	ompliance with contract
requirements. Both the Smart Start funded programs and NC Pre-K sites a		e monitored annually.	Smart Start Monitoring	. The Partnership monitors	re monitored annually. Smart Start Monitoring: The Partnership monitors each Smart Start funded program
on an annual basis through program observation, site visits, completion of		Direct Service Provide	r Monitoring Tool and	review of program and fisca	a Direct Service Provider Monitoring Tool and review of program and fiscal reporting through the year. The
annual programmatic and fiscal monitoring site visit includes a review of the compliance with the Contract Activity Description, documentation of evaluation, compliance with	udes a review of the	compliance with the C	ontract Activity Descr	ption, documentation of eva	luation, compliance with
communication standards, compliance with grants management, financial		tatus reports, cash rece	ipts, cash disburseme	nts, competitive bidding, cas	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	etion of a monitor	ing tool, a report is con	pleted and provided to	the funded program. Follow	v-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	ssary. NC Pre-Kin	dergarten Monitoring:	The Partnership condu	cts monitoring as part of the	NC Pre-Kindergarten Program in
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	C Pre-Kindergarten	sites are conducted th	roughout the year to e	nsure that program requirem	ents are met. Pre-K sites are required
to complete an annual Site Monitoring Tool that is designed to address the		components of the proc	ram to meet complian	ce areas at the site and class	components of the program to meet compliance areas at the site and classroom level. Sites submit the
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	nership's NC Pre-K	department reviews th	e tools and conducts a	site visit to ensure that all ir	formation 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) Schedule I (Fon	s Finance departme	ent also works in collab	oration with the NC Pr	e-K department to ensure tha	it sites are monitored (con't) Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

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	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		ופכוחופוורפ	casii grafii	HOII-CASH ASSISTANCE	riviv, appiaisai, ouier)	
•						
-						
6				;		
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4						i
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9						
7					-	
Part IV	Supplemental Information. Provide the information	the information r	equired in Part I, lir	ne 2, Part III, column	required in Part I, line 2, Part III, column (b), and any other additional information.	onal information.

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 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 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 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 (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 Start Monitoring Protocol and Self-Assessment Booklets. Monitoring includes a review of compliance with Head Start Performance Standards and compliance with the development 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 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 recommendations will be provided to the delegate agency.

## SCHEDULE J-2 (Form 990)

### **Continuation Sheet for Form 990**

OMB No 1545-0047
2013

Department of the Treasury Internal Revenue Service Open to Public Inspection

Name of the Organization

Employer identification number

Durham's Partnership for Children 56 1892432

Part 1 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

(A)	(B)	i		(	C)			(D)	(E)	<b>(F)</b>
Name and title	Average hours per week	দি Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
26) Daniel Robinson, Board Member										· · · · · · · · · · · · · · · · · · ·
27) Delphine Sellars, Board Member		.√		_	_	<del> </del>	H	0		<del></del>
21) Delprine Senars, Board Member		1						0		
28) Joy Sotolongo, Board Member		-								,
		✓				<u> </u>		0		
29) Ashley Taylor, Board Member		1						o		
30) Kara Turner, Board Member		. •					H			
		✓_						0		
31) Barbara VanDewoestine, Board Member		1						o		
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### **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,

OMB No 1545-0047

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

<b>Durh</b> a	am's Partnership for Cl	hildren								56-	18924	32			
Par								anizations only) 5a or 25b, or Fo		0-EZ,	Part '	V, line	40b.		
1	(a) Name of disqualified	person	(b) Relationship be			person and	(c) Description of transaction				(d) Corrected?				
				organiza	ation		<u> </u>						Yes	No	
<u>(1)</u> (2)		-										-		-	
(3)	<del> </del>			-					-						
(4)															
(5)	· · · ·														
(6)															
3	Enter the amount under section 4958 Enter the amount o	3							-						
3	Litter the amount o	ir tax, ir ariy, Or	i lilie 2, above,	Tentib	ui seu by	tile organ	izatioi				V				
Par	Complete if the	lor From Intente organization eported an am	answered "Ye	s" on l				9 38a or Form 9	90, Pa	art IV,	line 2	6; or i	f the		
(a) N	Name of interested person	(b) Relationship with organization			oan to or om the nization?	(e) Origir principal an			(g) In (	(g) In default?				(i) Written agreement?	
				То	From				Yes	No	Yes	No	Yes	No	
(1)															
(2)					ļ			.,	ļ	ļ	ļ				
_(3)_	····		ļ	L	_				1	<u> </u>					
(4)									↓	<u> </u>					
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(10)			<u> </u>				. ▶	<u>                                     </u>	g-sa		State :		30000	† . *@	
Total Pari	Grants or Ass	sistance Bene ne organization	efiting Interest answered "Ye	ed Pe	rsons.		••	·	N-UNT	335,78	8813 (~~)	<u> </u>		12 3	
(a	) Name of interested person		ship between inter and the organization		(c) Amount	of assistance	(	(d) Type of assistance	ce	(e)	) Purpo	se of a	ssistan	ce	
_(1)_							<u> </u>								
(2)									.,	<u> </u>					
(3)							ļ			Ļ					
(4)										<u> </u>					
(5)	<u> </u>						<u> </u>			<u> </u>					
(6)							<u> </u>			<u> </u>					
(7)							ļ			ļ					
(8)										<u> </u>					
(9)							<b> </b>								
(10)									_	<u> </u>					

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
					Yes	No
	Linda Chappel, Board Member	Child Care Svs.		Grant/Purchase of Svs		1
	Terry David, Board Member	Operation Breakth		Purchase of Services	_	✓
(3)	Teresa Daye, Board Member	Durham Public Sch	282,880	Purchase of Services		✓
(4)	Delphine Sellars, Board Mem	Durham Cty Coop.	260,161	Grant Agreement		✓
(5)	Kara Turner, Board Member	Primary Colors	368,300	Purchase of Services		✓
(6)						
(7)						
(8)						
(9)						ļ
(10)	rt V Supplemental Information					
	Provide additional information	on for responses to questions	on Schedule L (see	Instructions).		

### **SCHEDULE 0** (Form 990 or 990-EZ)

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

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

OMB No 1545-0047 2013

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

▶ Attach to Form 990 or 990-EZ. Inspection **Employer identification number** 

Durham's Partnership for Children	56-1892432
Background about the Partnership	
Since 1995, Durham's Partnership for Children (DPfC) has created a comprehensive early childhood sy	stem that supports collaborative
service delivery and planning. DPfC's mission is: "To ensure every child in Durham enters school read	dy 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."
The Partnership has formed strategic alliances within various sectors including government, business	, medical, faith and education, to
integrate evidence based practices and measurable results.	
DPfC is one of 76 local Partnerships in North Carolina. It is the leader charged with implementing Nort	h Carolina's Smart Start Initiative,
NC Pre-Kindergarten Program for Durham County, and Durham Early Head Start. In FY 13-14, DPfC fur	nded 11 Smart Start programs,
38 NC Pre-K classrooms, and Early Head Start programs with both center based and home based com	ponents.
Additionally, DPfC provides three other programs: Touchpoints, Transition to Kindergarten, and the F	aith Initiative. Touchpoints trains
providers from across disciplines to provide a strengths-based common language for working with far	milies during time of vulnerability.
Transition to Kindergarten engages a variety of community stakeholders to plan and implement transit	tion activities throughout Durham.
The Faith Initiative educates people in faith communities about brain development and recruits volunte	eers from congregations to initiate
early childhood programs.	
Part VI - Section B. Policies #11b Form 990 was completed by Partnership staff and reviewed by the I	Board Treasurer on behalf of the
Finance and Audit Committee. A copy of the completed form was made available to all Board member	S
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.	

Schedule O (Form 990 or 990-EZ) (2013)	Page <b>2</b>
Name of the organization	Employer identification number
Durham's Partnership for Children	56-1892432
Ms. Robinson worked with the Partnership and reviewed job descriptions to determine exempt/no	n exempt status, provided information
for the update of the Personnel Manual and completed a salary comparison that provided compara	ative data to the Executive Committee
and Board in setting the new salary scale for the Partnership for the Executive Director and all em	ployees. In FY 12-13, key employee
salaries were matched against objective standards set by the North Carolina Partnership for Child	ren based on multiple measurable
factors. The Executive Director's salary has not been increased since hire date of February 2011.	In 2015, an independent HR consultant,
Mike Womble of Carolina Human Resources, is under contract to perform a similiar review.	
Part VI - Section C. Disclosure #19 - Durham's Partnership for Children has its governing docume	nts, conflicts of interest policy and
financial statements available in multiple ways. Many of the documents including policies and rec	
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.	
<u></u>	