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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

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4	For the 2	014 cale	ndar year, or tax year	beginning	July 1,	, 2014, a	nd ending	Jun	e 30,	, 20 15			
В	Check if ap	pplicable	C Name of organization	Ourham's Partr	nership for Childre	n			D Employ	er identification n	umber		
	Address ch	hange	Doing business as						56-1892432				
	Name char	nge	Number and street (or F	O box if mail is	not delivered to street	address)	Room/suit	e	E Telephone number				
7	Initial retur	n	1201 S. Briggs Avenu	ie			2	10		(919) 403-6960			
	Final return/	terminated	City or town, state or pr	ovince, country,	and ZIP or foreign pos	tal code							
	Amended i	return	Durham, NC 27703						G Gross re	ceipts \$			
	Application	,	F Name and address of pi	rıncıpal officer				H(a) Is this a gi	oup return for	subordinates? Yes	3 V No		
	••									s included? 🔲 Yes			
	Tax-exemp	ot status	✓ 501(c)(3)	501(c) () ◀ (insert no)	4947(a)(1) or	527	-	"No," attach a list (see instructions)				
,	Website:		w.dpfc net	22 00 1(0) (, (, C	10 17 (0)(1) 01	<u></u>	H(c) Group	up exemption number ▶				
<u>. </u>			Corporation Trust	Association	Other ▶	L Yea	r of formation		- ·	of legal domicile	NC		
_	art I	Summ				12.00		1304	1 0	or regar derinant			
			escribe the organizati	on's mission	or most significar	at activities:	To oncu	ro ovory ch	ild in Durl	ham ontore sch			
0	1	-	-		-								
Activities & Governance		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.											
Ë									050/ -6				
Š			is box ▶☐ if the org		•		sposea o	r more than		its net assets.			
Ğ			of voting members of	_		-			3		25		
୬୪ ଓ			of independent voting						4		25		
ij	1		nber of individuals er		•	(Part V, line	2a) .		5		15		
Ę	í		nber of volunteers (e:		• •				6		433		
ĕ	1		elated business reve						7a		0		
	b N	let unrel	lated business taxabl	le income froi	n Form 990-T, lin	e.34		· · · ·	7b		0		
				Pnor Ye	ar	Current Y	ear						
Revenue	8 0	Contribu	tions and grants (Par	t VIII, line 1h)		اي استثنا	1 L	8	,659,988		9,068,493		
			service revenue (Par			2016 - O	۱ [-	0		0		
ě	10 Ir	nvestme	nt income (Part VIII,		923		866						
Œ	11 0	Other rev	enue (Part VIII, colur	nn (A), lınes 5	:M 🗆	2,240			2,006				
			enue-add lines 8 thro						,663,151		9,071,365		
	+		nd similar amounts p	<u> </u>	6,131,158			6,360,366					
	1		paid to or for membe				🗀	0			0		
co.			other compensation, e			nn (A). lines (5–10)		842,534		803,349		
Expenses	1		onal fundraising fees		·		·		0 .2,007		000,010		
ber	1		draising expenses (P	-			· .		av "Z. 1		<u> </u>		
ŭ	1		penses (Part IX, colu		•	- 			2,011,121		2,065,374		
	1		penses. Add lines 13-				" ⊢		3,984,813		9,229,089		
	1	•	less expenses. Subt				"		-321,662		-157,724		
_ 97		tevenue	less expenses. Oubt	ractime to ii	O/11 till 0 12	· · · ·		eginning of Cu		End of Ye			
ssets or Balances	20 T	otal aco	ets (Part X, line 16)				-	J J = 1	712,938		555,214		
ga se	20 I		ulities (Part X, line 16)	٠			· ·						
Net A:	21 I 22 N		ts or fund balances.				· ·		712 020	<u> </u>	555 214		
	art II		ture Block	Subtract line	2 1 110111 IIIIE 2U				712,938		555,214		
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			iry, I declare that I have ex- lete. Declaration of prepage							ny knowledge and	J Dellet, It IS		
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ei.		Supp	abute of officer	feus	%			l_ Da	, 	11 16 <u> </u>			
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Pa	id	PRINTE	pe preparer's name	Pre	parer's signature		Dat	ਚ	Check {				
Pr	eparer						l		self-emp	Dioyed			
	e Only	Firm's r	ame >					Firm	n's EIN 🕨				
Firm's address ▶ Phone no.													
Ma	y the IRS	discus	s this return with the	preparer sho	wn above? (see ir	nstructions)				<u> </u> Ye	s 🗌 No		
For	Paperwo	rk Redu	ction Act Notice, see	the separate i	astructions.		Cat No	. 11282Y		Form	990 (2014)		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 99		Page 2
Part		
	Check if Schedule O contains a response or note to any line in this Part III	<u>. L</u>
11	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.	
	ianines that promote readily development and learning and emiliance access to high quanty 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?] No
_	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?	-
] No
4	If "Yes," describe these changes on Schedule O.	rad by
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code. QECE) (Expenses \$ 7,497,556 including grants of \$ 5,501,480) (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, a quality pre-kindergarten classroom program for 464 at risk	
	four year olds. The Partnership manages a federal grant to provide full comprehensive Early Head Start services to 108 infants a	and
	toddlers (0-3) via two program models Center-based and Home-based services.	
4b	(Code HIFS) (Expenses \$ 835,759 including grants of \$ 835,759) (Revenue \$)	
	Health, Early Intervention and Family Support - Physical and developmental health is critical to a child being in the best condition	
	learn. In response to this need, Durham's Partnership for Children invests in a variety of programs that offer support for parents	
	child health and developmental interventions. The Partnership funds a continuum of Family Support programming in Durham C	
	including linking families to community resources, hospital visits to new parents, curriculum-based parent education and literac series, consultation and training on children with challenging behaviors, and an intensive home visiting program.	Y
	series, consultation and training on children with trianenging behaviors, and an intensive nome visiting program.	
	(Code) CDCD \(\text{Code}\) \(\text{Code}\) \(\text{ACE 905 including graphs of \$\Partial \text{23.137}\)\(\text{Poyonus \$\Partial \text{Code}\) \(\text{Code}\)	
4c	(Code: CDCB) (Expenses \$ 465,895 including grants of \$ 23,127) (Revenue \$)	nd
	Community Development and Capacity Building - The Partnership funds two strategies, Community Awareness and Education a Program Coordination and Evaluation, which focus on Community Development and Capacity Building. The Community Awaren	
	and Education program creates educational materials; develops, manages, and supports public relations activities, and coordinate	
	events in order to build awareness of issues affecting young children and their families. The Program Coordination and Evaluati	
	program conducts technical assistance, monitoring, evaluation, program development, data collection and analysis, and needs	
	assessments in order to achieve program excellence and effectiveness. Two community based initiatives also fall under Program	m
	Coordination. Durham Touchpoints Collaborative and Transition to Kindergarten.	
	Other program services (Describe in Schedule O.)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
	Variable 1	

8,799,210

4e Total program service expenses ▶

Part	V Checklist of Required Schedules			Page 3
٠.	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1 (complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	•	1
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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? <i>If "Yes," complete Schedule D, Part IV</i>	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		✓
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		1
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		1
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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? 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		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	✓
D	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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a		20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b) (2014

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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	√	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
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		✓
	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		✓
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		√
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		✓
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 "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	2		, , , ,
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	✓	√
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		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		√
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		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 35b		<u>√</u> ✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			,
38	Part VI	37	✓	✓

art	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check it schedule o contains a response of note to any line in this Part V	÷÷	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4	33	70	- ,
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			1 11 1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	12/3 25.00	24	, ,
	reportable gaming (gambling) winnings to prize winners?	1c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		4	*
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 15	1/2		لكث
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	√ . "₩,	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	مميِّم	ر شد شمار	1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	,	✓
þ	If "Yes," enter the name of the foreign country.	1775	v 222 241 - 13	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	. ·	. ~	12° , 30
5a	·	5a		<u></u>
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	 			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	<i>?</i> ^ ^		1.5
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		,
_		7c		-
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		ئىشىئ م
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	4 V	ŵ,	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9ь		
10	Section 501(c)(7) organizations. Enter:	-	š n	
a	Initiation fees and capital contributions included on Part VIII, line 12	· ; 1	^ .	
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] Section 501(c)(12) organizations. Enter:			1
' ' a	Gross income from members or shareholders			Į.
b	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?	12a	1	
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	Ш		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			ı
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			1
_	100			
C	Enter the amount of reserves on hand	140		<u> </u>
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
U	in res, has it lieu a form report these payments: if No, provide an explanation in schedule O.	<u> </u>	1990	(2014)
		1 7117		

	90 (2014)			Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Secti	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	·	<u>. L</u>
Jeck	on A. doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25	2 4	22 100	2
-	If there are material differences in voting rights among members of the governing body, or	16.5	. /~.	17.11
	If the governing body delegated broad authority to an executive committee or similar	2 %		J
	committee, explain in Schedule O.	2.5	' dir	
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 25		, š	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<u>₹</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		√
6	Did the organization have members or stockholders?	6	<u> </u>	↓ ✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
•	stockholders, or persons other than the governing body?	7b	ļ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	<u>"</u> ^	, **	
_	the year by the following:		-3-	L
a	The governing body?	8a 8b	/	
ь 9	Each committee with authority to act on behalf of the governing body?	00	V	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.) -
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ĕ	22	1.3
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by	3 %	"	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IUa	with a taxable entity during the year?	16a		-
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	4.00	Ę,	1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		<u> </u>
Secti	on C. Disclosure	,	`	
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	
	Sandra Roberts, 1201 S. Briggs Ave., Suite 210, Durham, NC 27703 (919) 403-6960			

Form	agn	(2014)	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ted any curren	it officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						an Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Laura, J. S. Benson, Executive Director	40							103,040		13,653
(2) Sandra Roberts, Finance Direcor	40							61,802		11,034
(3) LaDonna Allison, Board Member		1						0		0
(4) Bob Ashley, Board Member		<i>'</i>						0		0
(5) Linzie Atkins III, Board Chair				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) Leigh Bordley, Board Member		1						0		0
(10) Ilene Britt, Secretary				1				0		0
(11) Danielle Caldwell, Board Member		1						0		0
(12) Linda Chappel, Ed.D Board Member		/						0		0
(13) Cathy Collie, Board Member		1						0		
(14) David Covington, Board Member	ļ	,					-	0		

Part	VI Section A. Officers, Directors, Trust	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (d	continu	ied)		
	(C) Position									ĺ		_		
`	(A) Name and title	(B)			neck	more	e than o					''		
	Name and title	Average hours per					is both or/trust		Reportable compensation	Reportabl compensation			mated ount of	
		week (list any	ı			_		<u> </u>	from	related organizatio			ther	_
		hours for related	d d v	stitu	Officer	ey e	nplo	Former	the organization	(W-2/1099-M			ensatior m the	1
		organizations below dotted	ço	ξ		를	st cc	*	(W-2/1099-MISC)				nization	
		line)	Individual trustee or director	al tr		Key employee	ğ						related iizations	3
			8	Institutional trustee		•	Highest compensated employee							
				ů			<u>g</u>							
(15) Di	ew Cummings, Board Member													
			✓						0					0
(16) Te	rry David, Board Member		,				1							_
(17)	was Davis Oh D. David Mambar		✓					⊢	0		\dashv			0
77.17.18	resa Daye, Ph.D., Board Member	 	1				1		0					0
(18) p:	trick Hannah, J.D., Board Member		Ť					 	<u> </u>					
37.517.5	and Haman, J.D., Boord Member	†	1						0					0
(19) G	ayle Harris, Board Member								_					
			/						0					0
(20) K	eva Kase, Board Member													
			/			<u> </u>		<u> </u>	0		\perp			0
(21) M	ke Lee, Board Member	ļ	١,											
(00)			✓					_	0		-+			0
(22) Ka	(22) Karen O'Mansky, Treasurer				_				0		İ			0
(23) 10				Ť			-							
7-21.30	hn McCain, Board Member		1						0					0
(24) M	chael Page, Board Member	······································										_		
	******	✓						0					0	
(25) Di	nah Parker, Board Member													
		l	✓		L			Ļ	0					0
1b	Sub-total		٠.	٠	٠				164,842		-+		2	4,687
C	Total from continuation sheets to Part			•	•				101.01		-+			
d	Total (add lines 1b and 1c)							· · · · ·	164,842) of		4,687
_	reportable compensation from the organi		J 10 11	1056	1151	ieu i	auove	3) VV	no received in	ore man pro	50,000	, 01		
													Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	ust	ee,	key 6	emp	oloyee, or high	est compe	nsated	d [
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ıvid	ual					3		✓
4	For any individual listed on line 1a, is the													i
	organization and related organizations	-												· ·
_	Individual											4	\vdash	✓
5	for services rendered to the organization											5		····
Section	on B. Independent Contractors	700, 0	, σρ.		-					· · · · ·	•			<u> </u>
1	Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	act	ors that receive	ed more tha	n \$100	0.000 of		
-	compensation from the organization. Rep													ìх
	year.													
	(A)								(B)			(C)		
	Name and business add	Iress						L.	Description of s	ervices		Compens	ation	
								_						
						_		<u> </u>						
								\vdash						
	Total number of independent contractor	ors (includir	ng bi	ut n	ot	lımıt	ed to	th	nose listed ab	ove) who				
_	received more than \$100,000 of compens									, -				

Par	t VIII	Check if Schedule O		nonse or noto t	n any line in this	Part VIII		Ш
		Check if Schedule O	contains a res	Jonse or note to	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants nounts	1a b	Federated campaigns Membership dues .		31.1. R. 1.1.1.		revenue		512-514
ons, Gifts, Grants Similar Amounts	C d	Fundraising events . Related organizations	1c	16,913				
ions, G r Simila	e	Government grants (cont All other contributions, gif	ributions) 1e	8,839,000				
Contributions, and Other Simil	g	and similar amounts not include Noncash contributions include	ed in lines 1a-1f \$	212,580	Kana.			
<u>8 0</u>	h	Total. Add lines 1a-1f		<u> </u>	9,068,493	Alasian Maria		
Program Service Revenue	2a b c			Business Code				in manifest of the second of t
am Sen	d e							
ogu	f	All other program serv	ice revenue .					
<u> </u>	g	Total. Add lines 2a-2f						', ', ' \\ , ', ', ', \\ \\ , \\ , \\ ,
	4	Investment income (and other similar amou Income from investment	unts) of tax-exempt be		866			
	5	Royalties	(i) Real	(ii) Personal	7 2 mm	. 3. 2. 2	~ · · · · · · · · · · · · · · · · · · ·	3 · · · · · · · · · · · · · · · · · · ·
	6a	Gross rents	.,				ji 🏟 seg u	
	b	Less: rental expenses						
	С	Rental income or (loss)			lika ala			
	d	Net rental income or (oss)	>				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses .						
	С	Gain or (loss)						
o	d	Net gain or (loss) .		<u> ▶</u>				
Revenue	8a	Gross income from fur events (not including \$ of contributions reporte	_					
Other Re		·	· · · · a					, , ,
Ò	b c	Less. direct expenses Net income or (loss) fr			***************************************	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
		Gross income from gain			^* % * \$^	- · · · · · · · · · · · · · · · · · · ·		
		Less: direct expenses						
		Net income or (loss) fr		vities ▶			· · · · · · · · · · · · · · · · · · ·	
	10a	Gross sales of invertures and allowance						
	Ь	Less, cost of goods so	- · · · · ·			i		
		Net income or (loss) fr						-
		Miscellaneous Re		Business Code			_	
	11a	Sales Tax Revenue			2,006			
	Ь					 		
	С			ļ				
	d							<u> </u>
	12	Total revenue See in		💍	2,006			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)									
	Check if Schedule O contains a respon-	se or note to any lir	ne in this Part IX .	<u> </u>					
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations			188 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	and domestic governments. See Part IV, line 21	6,343,274	6,343,274		14.3 ×				
2	Grants and other assistance to domestic	·		11.00	7 % Y ~ Y ~ Y				
	ındıvıduals. See Part IV, line 22	17,092	17,092	" " " " " " " " " " " " " " " " " " "	where is the state of				
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members				11/1				
5	Compensation of current officers, directors,								
	trustees, and key employees	172,365	15,968	156,397					
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	488,910	370,399	118,511					
8	Pension plan accruals and contributions (include		j						
	section 401(k) and 403(b) employer contributions)	48,667	28,224	20,443					
9	Other employee benefits	48,170	31,302	16,868					
10	Payroll taxes	45,237	29,867	15,370					
11	Fees for services (non-employees):								
а	Management								
b	Legal								
C.	Accounting								
d	Lobbying								
e	Professional fundraising services. See Part IV, line 17		**************************************	, <u>, , , , , , , , , , , , , , , , , , </u>					
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column								
9	(A) amount, list line 11g expenses on Schedule O.) .								
12	Advertising and promotion	7,709	5,425	2,284					
13	Office expenses	69,975	28,545	41,430					
14	Information technology	00,070	20,010	41,100					
15	Royalties								
16	Occupancy	41,377	21,219	20,158					
17	Travel	36,225	34,570	1,655					
18	Payments of travel or entertainment expenses		·						
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .	12,532	11,217	1,315					
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .								
23	Insurance	4,319		4,319					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	* `							
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
а	Contracted Services	1,870,685	1,843,775	26,910					
b	Employee Training	19,025	18,287	738					
c	Sales tax Expense	3,122		3,122					
d	Bank Service Charge	405	_46	359					
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	9,229,089	8,799,210	429,879					
26	Joint costs. Complete this line only if the								
	organization reported in column (B) joint costs from a combined educational campaign and								
	fundraising solicitation. Check here ▶ ☐ if	ı							
	following SOP 98-2 (ASC 958-720)			L	5 000 :== :				
					Form 990 (2014)				

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	600,895	1	466,802
	2	Savings and temporary cash investments	112,043	2	88,412
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		/%:	40 2 336 36
		trustees, key employees, and highest compensated employees.		Ž	
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section	(4.44 - 7.00 TM - 7		37,0
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	Pise kar a Carri	^/سرر - ش	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	e kan la	7	18
S		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or		18	
		other basis. Complete Part VI of Schedule D 10a		77. 27.	16 . And 1
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	712,398	16	555,214
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
es	22	Loans and other payables to current and former officers, directors,		E.	
Ħ		trustees, key employees, highest compensated employees, and		33	
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
				25	
	26	Total liabilities. Add lines 17 through 25	0	26	(
S		complete lines 27 through 29, and lines 33 and 34.		· · , ·	
ပို	27	Unrestricted net assets		27	540,23
ala	28	Temporarily restricted net assets	671,648 41,290		14,979
8	29	Permanently restricted net assets	41,230	29	14,575
Ĕ	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
or Fund Balances		complete lines 30 through 34.			
Ö	30	Capital stock or trust principal, or current funds	<u> </u>	30	-
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds.		32	
<u>6</u>	33	Total net assets or fund balances	712,938		555,214
Z	34	Total liabilities and net assets/fund balances	712,938	_	555,214
$\overline{}$					***

	90 (2014)		Page 12
Par	XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>
1.	Total revenue (must equal Part VIII, column (A), line 12)	1	9,071,365
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,229,089
3	Revenue less expenses. Subtract line 2 from line 1	3	-157,724
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	712,938
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	555,214
Part	·		
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>
			Yes No
1	Accounting method used to prepare the Form 990. 🗸 Cash 🔲 Accrual 🔲 Other		, , , , , , , , , , , ,
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	
	Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a ✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or	123
	reviewed on a separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?		2b 🗸
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	
	separate basis, consolidated basis, or both		
	Separate basis Consolidated basis Both consolidated and separate basis		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		
	of the audit, review, or compilation of its financial statements and selection of an independent according		2c ✓
	If the organization changed either its oversight process or selection process during the tax year, e.	kplain in	
_	Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth in	
_	the Single Audit Act and OMB Circular A-133?		3a ✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ludits.	3b ✓
			Form 990 (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name	of the organization					Employer identification	n number
Durh	am's Partnership for Children						92432
Pai				-			ons.
	organization is not a private founda						
1	A church, convention of church			ibed in s e	ection 17	'0(b)(1)(A)(i).	
2	A school described in section				4==#114	41.4 4 1.4000	
3 4	☐ A hospital or a cooperative ho☐ A medical research organization	•	•				(iii) Enter the
-	hospital's name, city, and stat	-	orijunction with a nos	pitai desc	iibed iii s	section Trotal(1)(A)	(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6	☐ A federal, state, or local gover		mental unit described	in sectio	on 170(b))(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup				n the general public
8	A community trust described in	n section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt int income and	functions—subject to unrelated business	o certain taxable ii	exceptio ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	An organization organized and	l operated exclu	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations of	described in section 5	09(a)(1) o	r section	509(a)(2). See secti	i on 509(a)(3). Check
а	☐ Type I. A supporting organize the supported organization(sorganization. You must contact the support of the) the power to re	egularly appoint or ele			•	
b	☐ Type II. A supporting organic control or management of the organization(s). You must control	zation supervise e supporting or	d or controlled in con ganization vested in th				
С	☐ Type III functionally integrants supported organization(s)	ited. A supporti	ng organization opera				y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organ	zation generally must	satisfy a	dıstrıbutı	on requirement and	
е	Check this box if the organize functionally integrated, or Ty	ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III
f	Enter the number of supported of						—
g			oorted organization(s).	•			<u> </u>
	(i) Name of supported organization	(ii) EiN	(iii) Type of organization (described on lines 1–9 above or IRC section		rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(see instructions))	Yes	No		
(A)							
(B)							
(C)				-			-
(D)							
(E)							
Total					-		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support				757		
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,615,846	9,202,352	9,199,915	8,659,988	9,068,493	46,746,594
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	10,615,846	9,202,352	9,199,915	8,659,988	9,068,493	46,746,594
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)	<u> </u>				,	
6	Public support. Subtract line 5 from line 4.	.4°. 1102 X	* / ** .		ž		46,746,594
	on B. Total Support	(-) 0010	(h) 0011	(-) 0010	(-1) 0010	(-) 0014	/O T-+-I
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
8	Gross income from interest, dividends.	10,615,846	9,202,352	9,199,915	8,659,988	9,068,493	46,746,594
•	payments received on securities loans, rents, royalties and income from similar sources	1,366	1,386	1,254	923	866	5,795
9 (Net income from unrelated business activities, whether or not the business is regularly carried on	,,,,,,		.,==-		:	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,985	2,329	1,705	2,240	2,006	16,265
11	Total support. Add lines 7 through 10	in 164 () € .) 1 V V 4 4 5	ೌ) ಫ್ರ ^ಕ ್ಕ್	٧	46,768,654
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						n 501(c)(3)
	organization, check this box and stop he				<u> </u>		. ▶ 🗆
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2014 (line					14	99,95 %
15	Public support percentage from 2013 Sci					15	99.95 %
16a	331/3% support test—2014. If the organi box and stop here. The organization qua						_
_	33 ¹ /3% support test—2013. If the organ			-			
D	check this box and stop here. The organ					13 15 33 73 70	or more, . ► □
170	· · · · · · · · · · · · · · · · · · ·	•				or 16h and	_
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "I organization	ets the "facts- acts-and-circu	and-circumsta	nces" test, che st. The organiza	ck this box ar	id stop here. E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part VI how the organization in	tion meets the neets the "facts	facts-and-ci s-and-circumst	rcumstances" tances" test. T	test, check th he organizatio	is box and st	op here.
12	supported organization					k this hov and	· - 🗆
18	instructions						

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

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

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

•	if the organization falls to quality	under the te	sts listed beit	ow, piease co	Jilipiele Fait	<u> </u>	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees				E		
2	received. (Do not include any "unusual grants") Gross receipts from admissions, merchandise		ļ				
2	sold or services performed, or facilities						
	furnished in any activity that is related to the					1	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		<u> </u>				
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					1	
	furnished by a governmental unit to the organization without charge						
_	-						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
/a	received from disqualified persons .					[
	·		 				
b	Amounts included on lines 2 and 3 received from other than disqualified						
	received from other than disqualified persons that exceed the greater of \$5,000	ŀ				ļ	
	or 1% of the amount on line 13 for the year]	
С	Add lines 7a and 7b			· ·		1	
8	Public support (Subtract line 7c from		· · · · · · · · · · · · · · · · · · ·	77 ° 38 77 ° 38	100000	, 3 (5)	
	line 6.)					1 12 15 1	
Secti	on B. Total Support	<u> </u>			4		
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			ļ			
	royalties and income from similar sources .						
b	Unrelated business taxable income (less					ļ	
	section 511 taxes) from businesses						
	acquired after June 30, 1975		<u> </u>			ļ	
	Add lines 10a and 10b						
11	Net income from unrelated business					1	
	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						
	loss from the sale of capital assets (Explain in Part VI.)		1				
13	Total support. (Add lines 9, 10c, 11,		1				
	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	n, or fifth tax v	ear as a section	n 501(c)(3)
	organization, check this box and stop he	_					
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2014 (line	8, column (f) d	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2013 Sc				<u></u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2014						<u>%</u>
18	Investment income percentage from 201					18	<u>%</u>
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests – 2013. If the organization 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						_

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations	ait v	· <u>/</u>	
0001	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	्र इ.स.	20. 20.	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	/ ಪ್ರಿಪ್ರಿ 3a	in in	22
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	. "	* ;
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	1 2	كفنس م
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	* · · }	* *** * *** * ***
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	designated in the organization's organizing document?	ئے ۔ 5b		î . 2
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c	* * * * * * * * * * * * * * * * * * * *	\$ ³ ,
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		<u></u>
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	5.3	12.5	· /
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ź		
L	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	-	
	on B. Type I Supporting Organizations	,		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		,	,
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	, '		٠ '
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	^,		٤
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		~	
_		1	<u> </u>	
2	Did the organization operate for the benefit of any supported organization other than the supported	1		1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	* ^ ^	}	,
	supervised, or controlled the supporting organization.	2	İ	
Secti	on C. Type II Supporting Organizations			—
<u> </u>	on or 13ko n outporting organizationo		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	^ .,		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			(
	or management of the supporting organization was vested in the same persons that controlled or managed		,	
	the supported organization(s).	1_		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-	-	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	١.		}
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	7, "		
	significant voice in the organization's investment policies and in directing the use of the organization's			١,
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		3	
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in:	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		ļ	
	that these activities constituted substantially all of its activities.	2a	 	
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	25	1	
_	•	2b	-	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Pid the experience have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	1	
L	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1	 	1
b	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this repard.	3ь	1	1

		~~~			0044
Schedule /	a (Form	99U C	r yyu	-EZI	ZU 14

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	, tru	st on Nov 20, 1970 See in	structions. All
other Type III non-functionally integrated supporting organizations must con	mpl	ete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		3	
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1	· · · · · · · · · · · · · · · · · · ·	
factors (explain in detail in <b>Part VI</b> )	ľ	,	٧
2 Acquisition indebtedness applicable to non-exempt-use assets	2		,
3 Subtract line 2 from line 1d	3		<del></del>
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	.,. ,^ 8' " " "	
Section C - Distributable Amount	T		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	· · · · · · · · · · · · · · · · · · ·	
2 Enter 85% of line 1	2	: " ·	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	(3):( 1. g ( ) *9: ( ) 1.	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	N-in	<u></u>	organization (see
instructions).	,	O Max	, 5 =

Part		s) Supporting Organ	zations (continued)	
Secti	on D - Distributions			Current Year
<u>1</u>	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	inizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
_		(i)	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2014	Amount for 2014
_1_	Distributable amount for 2014 from Section C, line 6	77 \$ 27 3 2 3 2 3 2 3 2 3		
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			325 35 4 2 2 2 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3
3	Excess distributions carryover, if any, to 2014	1 1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1		* * " # • · · · . · . · . · . · . · . · · . · · . · · . · · · · · · · · · · · · · · · · · · · ·
a				
<u> </u>				
c				
d				\$ 12 may 11 11
e	From 2013	8.8 1 1 T. F. F.		
<u>f</u>	Total of lines 3a through e		, ,	
g	Applied to underdistributions of prior years		* ** * * * * * * * * * * * * * * * * * *	1818
<u>h</u>	Applied to 2014 distributable amount	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		, , , , , , , , , , , , , , , , , , , ,
<u>i</u> _	Carryover from 2009 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		33 "
4	Distributions for 2014 from Section			
	D, line 7 ⁻ \$			
<u>a</u>	Applied to underdistributions of prior years	5 F4 F 7 F 8 8 8		
<u> </u>	Applied to 2014 distributable amount	50 7 25 25 25 7 25 T	/ · / · · · · · · · · · · · · · · · · ·	* * * * * *
<u>c</u> _	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
		27727 *** (\$ 1,7422) ** # 1,		1.786 1.11
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see			
	instructions).	Contract to the state		
7	Excess distributions carryover to 2015. Add lines 3	** ** * * * **** * * *		,
•	and 4c.			, , ,
8	Breakdown of line 7:	* .	,	`
	Breakdown of line 7.			
<u>a</u> b				
<u>c</u>	Excess from 2013			
e	Excess from 2014			
	EXCESS HUIT 2014	L	I	I

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No 1545-0047 2014

Open to Public Inspection

Employer identification number

	n's Partnership for Children		56-1892432
Par			ds or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year	L	
5	Did the organization inform all donors and donor	<del>-</del>	
	funds are the organization's property, subject to the	•	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · · · · · L Yes L No
Part		/// " . F	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	·	
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization his	eld a qualified conservation contribution	Held at the End of the Tax Year
_	easement on the last day of the tax year.		<u> </u>
a			
b	Total acreage restricted by conservation easemen		
٦ 0	Number of conservation easements on a certified Number of conservation easements included in	• • • • • • • • • • • • • • • • • • • •	
d	historic structure listed in the National Register .	• • •	2d
3	Number of conservation easements modified, tran		L. I
•	tax year ►	siorrod, rolodood, extinguished, or terr	Timated by the organization during the
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re		pection, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, ii	nspecting, and enforcing conservation	easements during the year
	<b>&gt;</b>	, ,	,
7	Amount of expenses incurred in monitoring, insper	cting, and enforcing conservation ease	ements during the year
	▶\$	-	
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ii)?		· · · · · · Tes 🗌 No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		nancial statements that describes the
	organization's accounting for conservation easem		
Part			
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		ducation, or research in furtherance of
	public service, provide the following amounts relat	~	
	(i) Revenue included in Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art		
	following amounts required to be reported under S		
a	Revenue included in Form 990, Part VIII, line 1		<u>\$</u>

Part		ganizations Maintaining									
3		e organization's acquisition, items (check all that apply):		sion, and o	ther reco	rds, chec	k any of the	follow	ring that are a s	ignificant u	se of its
а	☐ Public	exhibition			d	☐ Loan	or exchange	progr	ams		
b	☐ Schol	arly research			е	Other	r				
С		rvation for future generations	ŝ								
4		description of the organizat		collections	and expla	ain how t	hey further th	e org	anızatıon's exen	npt purpose	ın Part
5		e year, did the organization									
	assets to	be sold to raise funds rather	than t	to be mainta	ained as p	part of the	e o <mark>rgan</mark> ızatıor	n's co	llection?	☐ Yes	☐ No
Part		scrow and Custodial Arra omplete if the organization 0, Part X, line 21.	answ	ered "Yes					•		orm
1a	ıncluded	ganization an agent, trustee, on Form 990, Part X?								ot 🗌 Yes	□ No
b	If "Yes,"	explain the arrangement in P	art XIII	and compl	ete the fo	llowing to	able		·		
									A	mount	
С		g balance						1c	<del></del>		
d		during the year						1d	<del></del>	<u></u>	
е		ons during the year						1e	<del></del>		
f		alance						1f			
2a		rganization include an amoui									☐ No
		explain the arrangement in P	art XIII	. Check her	e if the e	xplanatio	n has been pr	rovide	ed in Part XIII .		
Part		dowment Funds.						_			
	Co	omplete if the organization					·				
			(a) C	Current year	(b) Pri	or year	(c) Two years t	oack	(d) Three years back	(e) Four ye	ars back
1a	Beginning	g of year balance	L								
b	Contribut										
С		stment earnings, gains, and									
	losses .										
d	Grants or	scholarships									
е	-	penditures for facilities and					:				
f	Administi	rative expenses									
g	End of ye	ear balance									
2	Provide t	he estimated percentage of t	the cur	rent year ei	nd balanc	e (line 1g	, column (a))	held a	as.		
а	Board de	signated or quasi-endowme	nt 🕨		%						
b	Permane	nt endowment ▶	%								
С	Tempora	rily restricted endowment		%							
	The perce	entages in lines 2a, 2b, and 2	2c sho	uld equal 10	00%.						
За	Are there	endowment funds not in the	e poss	ession of t	he organi	zation the	at are held ar	nd ad	ministered for th	e	
	organizat	tion by:								Y	es No
	(i) unrela	ated organizations								3a(i)	
	(ii) relate	ed organizations								3a(ii)	
b	If "Yes" to	o 3a(II), are the related organ	ization	s listed as i	required o	on Sched	ule R?			3b	
4		in Part XIII the intended uses									
Part	VI La	ınd, Buildings, and Equip	men	l.	-				<del></del>		
		omplete if the organization			" to For	m 990, F	Part IV, line 1	1a. S	See Form 990,	Part X, line	e 10.
-		Description of property		(a) Cost or o			or other basis		Accumulated	(d) Book v	alue
				(investn	ientj	ļ ^{(c}	other)		epreciation		
1a			.								
Ь	•		.								
С	Leasehol	d improvements	. [								
d		nt	. [			<u> </u>					
e											
Total.	Add lines	1a through 1e. (Column (d) r	nust e	gual Form 9	90. Part	X. columi	n (B), line 10c.	.)	▶1		

Part VII	Investments—Other Securities. Complete if the organization answer	ered "Yes" to For	m 990 Part IV lir	ne 11h See Form	990 Part Y June 12
•	(a) Description of security or category (including name of security)	100 101	(b) Book value	(c) Me	thod of valuation d-of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)	*				
(E)					
(F)					·
(G)					
(H)					, , , , , , , , , , , , , , , , , , , ,
	b) must equal Form 990, Part X, col (B) line 12)			(a), '% * * * \$	
Part VIII	Investments—Program Related.		000 D-+N/ E-		000 B 1V 1 40
	Complete if the organization answer	ered Yes to Fori		1	**
	(a) Description of investment		(b) Book value		thod of valuation f-of-year market value
(4)					
(1)			<del></del>		
(2)					<del></del>
(3)					
<u>(4)</u>	W				
(5)					
<u>(6)</u> (7)					· · · · · · · · · · · · · · · · · · ·
(8)		, <u></u>			
(9)	40	<del>.</del>			
	b) must equal Form 990, Part X, col (B) line 13)		<del></del> .	7741 IN	
Part IX	Other Assets.			1*** *	20 3 0 % T.W.
	Complete if the organization answer	red "Yes" to For	n 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
		escription	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col.	(B) line 15 ) .		<u> ▶</u>	
Part X	Other Liabilities.				
	Complete if the organization answer	ered "Yes" to Form	n 990, Part IV, Iin	ie 11e or 11f. See	e Form 990, Part X,
	line 25.				<del></del>
1.	(a) Description of liability	(b) Book value			
(1) Federal in	icome taxes				
(2)			<del> </del>		
(3)					
(5)			<del> </del>		
			<del> </del>		
(6) (7)		· · · · · · · · · · · · · · · · · · ·			
(8)			<b></b>		
(9)			<del> </del>		
	b) must equal Form 990, Part X, col (B) line 25.)				
	r uncertain tax positions. In Part XIII, provide	the tout of the factor	ato to the e-periodic	n'e financial state—	note that range the
	s liability for uncertain tax positions under Fl				

Par	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	er Return.	
1.		. 1	0.071.265
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		9,071,365
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities	-  ·	
C	Recoveries of prior year grants	$\dashv$ $\dagger$	
d	Other (Describe in Part XIII.)	$\dashv$ , $\mid$	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	9,071,365
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	·   •	3,071,303
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4	
b	Other (Describe in Part XIII.)	-	
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0.071.265
Part			9,071,365
rait	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	per neturn.	
1	Total expenses and losses per audited financial statements	. 1	9,229,089
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		_
а	Donated services and use of facilities		
b	Prior year adjustments	7.	
c	Other losses		
d	Other (Describe in Part XIII.)	7	
е	Add lines 2a through 2d	. 2e	
3	Subtract line <b>2e</b> from line <b>1</b>	. 3	9,229,089
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	,	
b	Other (Describe in Part XIII.)	7	
С	Add lines <b>4a</b> and <b>4b</b>	. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,229,089
Provid	Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional		e 4; Part X, line
			····
<b>-</b>			
••••			

Schedule D (Fo	m 990) 2014	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
•		
		•••
	•••••••••••••••••••••••••••••••••••••••	
		·····

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal-Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ, line 6a.

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

OMB No 1545-0047

2014

Open to Public

Open to Public Inspection

Name o	of the organization				<del></del>	Employer identifi	cation number
Durha	m's Partnership for Children						1892432
Par	Fundraising Activities. Form 990-EZ filers are r				vered "Yes" to Fo	orm 990, Part IV,	line 17.
1	Indicate whether the organization	on raised funds	through any	of the follo	owing activities. Ch	neck all that apply.	
а	Mail solicitations		<b>e</b> [		ion of non-governr	•	
b	Internet and email solicitation	ns	f [	☐ Solicitat	ion of government	grants	
C	☐ Phone solicitations		g [	] Special	fundraising events		
đ	In-person solicitations						
2a	Did the organization have a writ						
	or key employees listed in Form						
b	If "Yes," list the ten highest paid compensated at least \$5,000 by			idraisers) p	ursuant to agreem	ents under which tr	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8						· <u> </u>	
9							
10						·	
Total		1		<u> </u>			
3	List all states in which the organic registration or licensing.	inization is regis	stered or lic	ensed to s	solicit contributions	or has been notifi	ed it is exempt from
North	Carolina						
						••••	
							•••••

P	art II	than \$15,000 of fundraising	ng event contributions			
		gross receipts greater tha	(a) Event #1  20th Anniversary	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	(event type) 28,146	(event type)	(total number)	C.
ď	2 3	Less Contributions Gross income (line 1 minus line 2)	28,146			
	4	Cash prizes	20,140			
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	4,135			
t Exp	7	Food and beverages	5,941			
Direc	8	Entertainment	500			
	9	Other direct expenses .	657			
	10 11	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c	olumn (d)		11,233 16,913
Fe	rt III	than \$15,000 on Form 99		ed tes to rollings	o, Fartiv, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
- Be	1	Gross revenue				
Ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
_	8	Net gaming income summan	y. Subtract line 7 from li	ne 1, column (d)		
ę	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	s in each of these state	s?	
10		/ere any of the organization's g				? .

cneau	Jie G (FORM 990 0) 990-EZ) 2014			Pag	re 3
11	Does the organization conduct gaming activities with nonmembers?		Yes		VО
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity				
	formed to administer charitable gaming?		Yes		٧o
13	Indicate the percentage of gaming activity conducted in:				
a	The organization's facility				<u>%</u>
_ b	An outside facility				<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ▶	•••••			
	Address►				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Vec	ſ [−] 1 •	No.
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		163	<u>'</u>	10
С	amount of gaming revenue retained by the third party ► \$  If "Yes," enter name and address of the third party:				
Ť					
	Name ►				
	Address ▶				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶		<b></b>		
	□ Director/officer □ Employee □ Independent contractor				
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	П	Yes	<b>□</b> •	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$				
Part		nd (v matı	v), an on (s	d ee	
				•	
				•••••	

# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part II

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

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

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

OMB No 1545-0047

Employer Identification number

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Dod IV 190 21 for any socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that socious that so **%** □ √ Yes 56-1892432 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Durham's Partnership for Children Part

	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	y recipient that	received more th	han \$5,000. Part I	l can be duplica	ated if additional s _l	pace 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
800 F	(1) Chapel Hill Training& Outreach P	58.2046321		2.013.321				Child Care & Support
(2)	(2) The Center for Child and Family B							
411 V	411 W. Chapel Hill St., Durham NC	58-1446309	501 (c)(3)	323,797				Family Support
(3)	(3) Child Care Services Association 1829 E. Franklin St., Durham, NC	56-1514058	501 (c)(3)	3,676,559				Child Care Ouality & Asst.
(4)	(4) Communities in School Durham 3412 Westgate Dr., Suite 310, Durham	56-1791366	501 (c)(3)	45,077				Family Support
(5)	(5) Durham Cty Cooperative Ext.	56-6000297		260,161				Family Support
(9)	(6) El Centro Hispano, Inc 600 East Main Street, Durham NC	56-2011661	501 (c)(3)	61,977				Family Support
3708	(7) Exchange Club Child Abuse 3708 Lyckan Pkwy, Durham NC	56-1978668	501 (c)(3)	144,747				Early Intervention
<b>®</b>								
<u>6</u>								
(10)								
E								
(12)								
9 8	Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the lin	501(c)(3) and gov ganizations listed	vernment organizat	organizations listed in the line 1 table ie 1 table	ne 1 table			9 -

Schedule I (Form 990) (2014)

Cat. No 50055P

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

Schedule I (Form 990) (2014)

Grants and Other Assistance to Domestic Individuals. 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 Commur	1 Community Children's Outreach	various		16,213 Book	Book	Books & Supplies to Children
2 Mini-Gra	2 Mini-Grants for Transition to K Activities	various	6,035			
3 Partners	3 Partnership Workshop Participation	various		879	879 Book	Gift card to Participants
4						
r.						
ဖ						
7						
Part IV	Supplemental Information. Provide the infor	the information re	equired in Part I, Im	e 2, Part III, column	mation required in Part I, line 2, Part III, column (b), and any other additional information.	ional information.

on an annual basis through program observation, site visits, completion of a Direct Service Provider Monitoring Tool and review of program and fiscal reporting through the year. The property and equipment. Based on this review and completion of a monitoring tool, a report is completed and provided to the funded program. Follow-up, technical assistance and 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 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 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... requirements. Both the Smart Start funded programs and NC Pre-K sites are monitored annually. Smart Start Monitoring: The Partnership monitors each Smart Start funded program communication standards, compliance with grants management, financial status reports, cash receipts, cash disbursements, competitive bidding, cash and in-kind contributions and to complete an annual Site Monitoring Tool that is designed to address the components of the program to meet compliance areas at the site and classroom level. Sites submit the in compliance with State requirements. Monitoring tools developed by the NC Division of Child Development must also be used at the local level for self-review and verification of Monitoring: As the steward of public funds, the Partnership is responsible for monitoring its funded programs to ensure accountability of funds and compliance with contract annual programmatic and fiscal monitoring site visit includes a review of the compliance with the Contract Activity Description, documentation of evaluation, compliance with

Schedule I (Form 990) (2014)

Grants and Other Assistance to Domestic Individuals. 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
-						
8						
က						
4						
z,						
မှ						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information re	equired in Part I, lin	e 2, Part III, column	(b), and any other addition	onal information.

timely follow-up is provided to ensure correction of non compliance issues. A full monitoring review of the delegate agency is conducted by program and fiscal staff on an annual basis fiscal data including financial status reports, financial source documentation for expenditures, monthly program updates, Head Start Enterprise System (HSES) reports, ChildPlus reports, con't from page 2) compliance with operating requirements. The NC Division of Child Development and Early Education conducts on-site or desk review monitoring annually. Early Head Assessment Booklets. Monitoring includes a review of compliance with Head Start Performance Standards and compliance with the development and implementation of the financial 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 regularly reviewed and that appropriate and management system. This will include a detailed review of the financial reporting accounting records, internal controls, and budget controls. The Partnership staff reviews program and year-end report and Performance Information Review (PIR) information. A monitoring report, including scope of testing, any issues noted, and recommendation will be provided to the to assess compliance with performance standards and contract requirements. A monitoring tool has been developed using the Office of Head Start Monitoring Protocol and Selfdelegate agency.

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

## **Transactions With Interested Persons**

OMB No 1545-0047

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

➤ Attach to Form 990 or Form 990-EZ.

➤ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Department of the Treasury Internal Revenue Service

Name o	of the organization		,			,		Emplo	yer ide	ntıficat	ion nu	mber		
Durha	m's Partnership for Cl	hildren								56-	18924	32		
Par	Excess Bene Complete if the	fit Transaction ne organization	ns (section 501 answered "Ye	(c)(3), s" on	section Form 99	501(c)(4), a 0, Part IV, I	nd 50 ine 25	1(c)(29) organız a or 25b, or Fo	ations rm 99	only) 0-EZ,	Part	V, line	e 40b.	
1	(a) Name of disqualified	norman	(b) Relationship be			person and		(c) Description	o of trai	neactio			(d) Cor	rected?
•	(a) Name of disqualitied	person		organiz	ation			(c) Description	ni Oi trai	isaction	•		Yes	No
(1)														
(2)														
(3)														
(4)	· · · · · · · · · · · · · · · · · · ·													
(5)														
(6)														
2	Enter the amount under section 4958 Enter the amount of	3							ırıng t 	he ye 	ar ▶ \$ ▶ \$			
Part (a) N	Complete if the	l/or From Interne organization eported an ame	answered "Ye ount on Form 9 (c) Purpose of	s" on 990, P	oan to or	e 5, 6, or 22 (e) Origin	2.	38a or Form 9	1	urt IV,	(h) Ap	proved	(ı) W	fritten
		with organization	loan		om the nization?	principal am	nount					nittee?	agree	ment?
				То	From				Yes	No	Yes	No	Yes	No
(1)														ļ
(2)														
(3)										<u> </u>			<u> </u>	
(4)														
(5)										<u> </u>	ļ	<u> </u>	<u> </u>	ļ
(6)				ļ	<u> </u>							,		
(7)												L	<u> </u>	
(8)													<u> </u>	
(9)										L	<u></u>	L		
(10)												<u> </u>	<u> </u>	
Total				· .			.▶	\$	7 ,40 %	ره ۱۳۵۰ پاهن امر	Ø (F.)	Ze ; ~	έ.,	inice i
Part (a)	Grants or Ass Complete if the	sistance Bene ne organization n (b) Relation		s" on	Form 99	0, Part IV, I	T	d) Type of assistan		(e	) Purpo	ose of a	assistar	
-/4\	· · · · · · · · · · · · · · · · · · ·	person a	and the organization	on				· · · ·						
(1)							-			<del> </del> -		-		
(2)										<del> </del>	<del></del>			
(3)							-	<del></del>	<del>.</del>	-				
(4)								<del></del>		<del> </del>				
(5)														
(6)							-			-				
_(7)							<del> </del>	<del></del>		-				
(8)														
(9)							<u> </u>			<del> </del>				

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organi rever	
					Yes	No
(1)	Linda Chappel, Board Member	Child Care Services	3,676,559	Grant /Purchase of Services		✓
(2)	Terry David, Board Member	Chapel Hill Training & Out	188,400	Purchase of Services		✓
(3)	Teresa Daye, Board Member	Durham Public Schools	283,200	Purchase of Services		✓
(4)	Dinah Parker (Deceased), Board Member	Beautiful Beginnings	110,175	Purchase of Services		1
	Delphine Sellars, Board Member	Durham County Coop.		Grant Agreement		1
	Kara Turner, Board Member	Primary Colors	369,850	Purchase of Services		1
(7)						ļ
(8)						ļ
(9)	·					
(10	rt V Supplemental Information				_!	<u> </u>
			<del></del>			
••••						
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#### SCHEDULE O (Form 990 or 990-EZ)

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

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

20**14** 

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

**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 system that supports collaborative service delivery and planning. DPfC's mission is "To ensure every child in Durham enters school ready to succeed, we lead community stategies 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 North Carolina's Smart Start Initiative, NC Pre-Kindergarten Program for Durham County, and Durham Early Head Start. In FY 14-15, DPfC funded 11 Smart Start programs, 36 NC Pre-Kindergarten classrooms, and Early Head Start programs with both center based and home based components. Additionally, DPfC leads the Durham Touchpoints Collaborative and the Transition to Kindergarten Initiative. Touchpoints trains providers from across disciplines to provide a strengths-based common language for working with families during times of vulnerability. Transition to Kindergarten engages a variety of community stakeholders to plan and implement transition activities for rising kindergarteners and families throughout Durham Part VI - Section B. Policies #11b Form 990 was completed by Partnership staff and reviewed by the Finance and Audit Committee. A copy of the completed form was made available to all Board members.

Pat VI - Section B. Policies #12c - Durham's Partnership for Children has a written conflict of interest policy that was approved by the

Board of Directors. In an effort to regularly and consistently monitor and enforce compliance with the policy, all conflicts are recorded and shared with the Board in chart form. The chart is updated when new information is provided. The chart is then used to monitor discussions and voting by members who may have a conflict of interest. All conflicts and abstentions are recorded in the minutes of the meeting. In addition, the minutes are reviewed for compliance during the monitoring visit by North Carolina Partnership for Children and/or the auditor during the audit process.

Part VI - Section B. Policies #15b -The Board of Directors hired RSM McGladry in 2010 to complete an independent HR review.

Schedule O (Form 990 or 990-EZ) (2014)	Page Z
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/non exemp	t status, provided information
for the update of the Personnel Manual and completed a salary comparison that provided comparative data to the Executive Committee and Board in setting the new salary scale for the Partnership for the Executive Director and all employees. In FY 12-13, key employee	
factors. The Executive Director's salary has not been increased since hire date in 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 documents, conf	flicts of interest policy and financial
statements available in multiple ways. Many of the documents including policies and required forms are on the website at	
http.//www.dpfc.net. In addition, the Partnership presents an Annual Report at its Annual Meeting that is open to the public, and 1,000	
print copies are widely distributed	
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