

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

		ue Service	► Information ab	out Form 990 and its ins	tructions is at	t www.irs	.gov/form99	0	Inspect	ion
A	For the	2015 cale	ndar year, or tax year beginr			nd endin		ne 30	, 20 16	
		applicable	C Name of organization Durhan					D Employ	er identification nu	umber
	Address	change	Doing business as						56-1892432	
	Name ch	ange	Number and street (or P O box	if mail is not delivered to stre	et address)	Room/su	iite	E Telepho	ne number	
V	Initial reti	urn	1201 S. Briggs Avenue			İ	210		(919) 403-6960	
	Final retur	n/terminated	City or town, state or province,	country, and ZIP or foreign po	ostal code					
	Amended	d return	Durham, NC 27703					G Gross re	eceipts \$	
	Applicati	on pending	F Name and address of principal	officer			H(a) Is this a g	roup return for	subordinates? Yes	✓ No
									s included? 🗌 Yes	
ī_	Tax-exer	npt status	✓ 501(c)(3)	1(c) () ◀ (insert no)	4947(a)(1) or	527	If "N	lo," attach a	a list. (see instructio	ns)
J	Website	: ► wwv	v.dpfc.net		<u></u>		H(c) Group	exemption	number ▶	
K	Form of c	organization [✓ Corporation Trust Ass	sociation Other >	L Yea	ar of format	tion 1984	M State	of legal domicile.	NC
P	art i	Summ	ary							
	1	Briefly de	scribe the organization's n	nission or most significa	ant activities:	To ens	ure every ch	ıld in Dur	ham enters sch	ool
9	1		ucceed, we lead community	•				*		
ğ	1		ind enhance access to high							
Governance	2	Check th	is box ▶ 🗌 if the organizat	ion discontinued its op-	erations or di	sposed (of more than	1 25% of	its net assets.	
<u>ွ</u>	3	Number of	of voting members of the g	overning body (Part VI,	line 1a)			3		22
જ	4	Number of	of independent voting men	nbers of the governing t	body (Part VI	, line 1b)		4		22
ties	5	Total nun	nber of individuals employe	ed in calendar year 201	5 (Part V, line	e 2a) .		5		15
Activities &	6	Total nun	nber of volunteers (estimat	e if necessary)				6		433
ĄĊ	7a	Total unre	elated business revenue fro	om Part VIII, column (C)	, line 12 .			7a		0
	ь	Net unrel	ated business taxable inco	me from Form 990-T, I	ine 34			7b		0
							Prior Y	ear	Current Ye	ear
ø.	8	Contribut	ions and grants (Part VIII, I	3,068,493	10	0,344,651				
Š	9	Program	service revenue (Part VIII, I		0		0			
Revenue	10	Investme	nt income (Part VIII, colum	n (A), lines 3, 4, and 7d)	[866		864
~	11		enue (Part VIII, column (A),			[2,006		2,926
	12	Total reve	enue-add lines 8 through 1	1 (must equal Part VIII,	column (A), lii	ne 12)		9,071,365	10	0,348,441
	13	Grants ar	nd similar amounts paid (Pa	art IX, column (A), lines	1–3)			6,360,366		7,574,855
	14	Benefits	paid to or for members (Pa	rt IX, column (A), line 4)		[0		0
g	15	Salaries,	other compensation, employ	ee benefits (Part IX, colu	ımn (A), lines	5–10)		803,349		830,569
nse	16a	Professio	nal fundraising fees (Part I	X, column (A), line 11e)	[0		0
Expenses	b	Total fund	draising expenses (Part IX,	column (D), line 25) ▶						
ũ	17	Other exp	oenses (Part IX, column (A)	, lines 11a-11d, 11f-24	·e)			2,065,374		2,101,284
	18	Total exp	enses. Add lines 13-17 (m	ust equal Part IX, colur	nn (A), III e 25	FEIV	ED ol	9,229,089		0,506,708
	19	Revenue	less expenses. Subtract lir	ne 18 from line 12			180	-157,724		-158,267
ets or					& FF	9 3	Beginning of Co	irrent Year	End of Ye	ar
sets alant	20	Total ass	ets (Part X, line 16)		18/ FE	Ø. '. J	<u></u>	555,214		396,947
Net Asse Fund Bala	21	Total liab	ılıtıes (Part X, Ime 26)		181	355		0		0
훒	22	Net asset	ts or fund balances. Subtra	act line 21 from line 20	<u>. </u>	GDE		555,214		396,947
Pa	art II	Signat	ure Block							
			ry, I declare that I have examined ete. Declaration of preparer (other						my knowledge and	belief, it is
		 	Town Sullar	Place det.				1.1	3/17	
Sig	ın	Signa	ature of officer	your			Da	ite /	7'-	
He		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Laura J.S.	Benson	LY	Cecu		rec	tor	
	. •	Type	or print name and title	O CHOOP				,,. 00		
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	epare		ame ▶				E	n's EIN ▶		
Us	e Onl									
		rimn's a	ddress ►				Pho	one no.	 	

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.



Cat No 11282Y

Yes No

Form **990** (2015)

Check if Schedule O contains a response or note to any line in this Part III		90 (2015) Page
1 Briefly describe the organization's mission: To ensure every child in Durham enters school ready to succeed, we fead community strategies for children birth to 5, and their families that promote healthy development and learning and inhance access to high quality care. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	anu	
To ensure every child in Durham enters school ready to succeed, we lead community strategies for children burth to 5, and their families that promote healthy development and learning and enhance access to high quality care. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 in the second through the prior Form 990 or 990-E27 in the second through the prior Form 990 or 990-E27 in the prior Form 990 or 990-E27 in the second through the prior Form 990 or 990-E27 in the second through the prior Form 990 or 990-E27 in the prior Form	1	
Post Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?		·
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization program service accomplishments for each of its three largest program services, as measured it expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported. Id (Code: QECE) (Expenses \$ 8,775,666 including grants of \$ 6,691,417) (Revenue \$). Quality Early Care and Education - Sesed on research showing the long-term impact of early education and allocations to other the total expenses that improve the guality of child care, increase access to child care for low income families and support early childhood teacher education. The Partnership also offers NC Pre-N, a quality pre-undergarten classroom progrim for 480 at risk four year olds. The Partnership manages two federal grants to provide full comprehensive Early Head Start services to 172 infants at toddlers (0-3) we two program models. Center-based and Home-based services. In response to this need, Durham's Partnership for Children invests in a variety of programs that offer support for parents, and child health and developmental interventions. The Partnership funds a continuum of Family Support programming in Jurham Countiniculuding linking families to community resources, hospital visits to new parents, curriculum-based parent education and Intrancy series, consultation and training on children with challenging behaviors, and an intensive home visiting program conditions and Education and Program Coordination and Evaluation, which focus on Community Development and Capacity Building. The Partnership funds two strategies, Community Awareness and Educat		
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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	√	
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		,
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			V
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		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		,8\$ 7 38 [°]	
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	: J\	1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 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

	V Checklist of Required Schedules (continued)		Yes	П
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		۲,
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		t
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	-	ľ
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	<u>·</u>	
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		<u> </u>	ļ
24a	employees? If "Yes," complete Schedule J	23		
	\$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		
	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? If "Yes," complete Schedule L, Part 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		Ì
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		
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):	7109 V Lili, e	3 (°) 35 2	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 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		
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
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		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1		-

Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a b c	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			-
2a	reportable gaming (gambling) winnings to prize winners?	1c		
b	Statements, filed for the calendar year ending with or within the year covered by this return [2a] 15 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
3a b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b	# Y 2	√
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		✓
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a b c 6a	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? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5a 5b 5c	· **	<u> </u>
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		✓
7 a	gifts were not tax deductible?	6b 7a		**************************************
c b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b 7c		✓
d e f g h	If "Yes," indicate the number of Forms 8282 filed during the year	7e 7f 7g 7h		✓ ✓
9	sponsoring organization have excess business holdings at any time during the year?	8	. 1 855	- V(C)
a b 10	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	z c	
a b 11	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			r ii Lili
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	j '%s^	7 3 T
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	8 8 7	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c 14a	Enter the amount of reserves on hand	14a 14b	* \$ '\$	Cin
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .		n 99 0	(2015)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ons.
Secti	on A. Governing Body and Management		Yes	Ma
10	Enter the number of voting members of the governing body at the end of the tax year 1a 22	N 2 W	708	No
Ia	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
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		✓
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, stockholders, or persons other than the governing body?	7b		√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	<u>√</u>	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	√	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	/- \	✓_
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	√
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?	10a		_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	13:	122	185 4
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b	√	N. 8 64 7 1
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	√	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓.	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	Ĺ
b	Other officers or key employees of the organization	15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	igh.	9.3	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	ì:j	V
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
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	990	(201)	5)

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Form **990** (2015)

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

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

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

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

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

Check this box if neither the organization noi	any relate	d orga	anız		on co	ompe	กรอ	ted any currer	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	erage box, unless				is both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Laura J. S. Benson, Executive Director	40							102,643		10,922
(2) Sandra Roberts, Finance Director	40							61,608		10,950
(3) Bob Ashley, Board Member		✓						0		
(4) Michael Becketts, Board Member		1						0		
(5) Diamond Bethea, Board Member		1						0		
(6) Deric Boston, Board Memver		1						0		
(7) Ilene Britt, Secretary				✓				0		
(8) Danielle Caldwell, Board Member		1						0		
(9) Linda Chappel, Board Member		✓						0		
(10) Cathy Collie-Robinson, Vice-Chair		· · · · ·		1				0		·
(11) Drew Cummings, Board Member		1						0		
(12) Phillip Harris, Jr., Board Member		·						0		
(13) Ashley Taylor Jacobs, Board Member		*		i				0		·
(14) Jason Jones, Board Member		*				i		0		

Part	VII Section A. Officers, Directors, Trus	ees, Key E	mplo	yees	s, ar	nd F	lighe	st C	ompensated E	mployees (contını	ued)		
					•	C)				l				
	(A)	(B)	(do n	ot ch		ition more	e than c	one	(D)	(E)	l	(F)		
	Name and title	Average	Average box, unless person in hours per officer and a director						Reportable compensation	Reportable compensation from		Estima amoun		
		week (list any						,	from	related		othe		
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	emp High	Former	the	organizatio		compens		
		related organizations	eg à	tutio	≌	em	loye	₫	organization (W-2/1099-MISC)	(W-2/1099-N	AISC)	from to		
		below dotted	학	onal		용	# S		(** 27 1033 ****000)	\	1	and rela		
		line)	ust	tru		ě	l be					organiza	ations	
			ď	stee			Highest compensated employee							
			ļ				8	<u> </u>	ļ					
(15) M	ke Lee, Board Member				[ļ	ļ	ļ		ļ	1			
(4.0)		ļ	✓		ļ	_	<u> </u>		0	ļ	\longrightarrow			0
(16) Te	rricka Lunsford, Board Member	ļ	,			İ				1				
(4=)			/	ļ	_		<u> </u>	_	0		\longrightarrow			0
(11) 10	hn McCain, Board Member		,				1							
(4.0)			1		_	<u> </u>		-	0	ļ	\longrightarrow			0
(18) Ka	eren O-Mansky, Board Chair	ļ	-		,						1		,	
(40)		 		-	✓			_	0	 				0
(19) M	chael Page, Board Member		,						_					_
(20)	Diagram Branch and Bra		✓			ļ			0		-+			0
(20) 10	anne Pierce, Board Member	 	,											_
(21) 0	Design De		✓						0	 			-	0
(21) Da	avid Reese, Board Member	 	/			ŀ			_		l			_
(22) D	Jakin Callera Dandatankan		-					-	0		\rightarrow			0
(22) 00	elphine Sellars, Board Member		1											_
(22) 1-	Catalana Basal Mambas				<u> </u>		├		0	 -				0
(23) 10	y Sotolongo, Board Member		/											_
(24) 1-	man Canana Band Manha	 					-	 	0					0
(24) Ja	mes Spencer, Board Member	 	1				1							_
(25)		 -	-					-	0	 				0
(20)			1			ļ								
1b	Sub-total	<u> </u>	L		L	!		_	164,251	 			21,8	72
c	Total from continuation sheets to Part		 n Δ	•	•		•		104,231				21,0	
d				•	•	•	•	•	164,251				21,8	72
2	Total number of individuals (including but						ahove	سر د) of	21,0	
_	reportable compensation from the organi		וו טו נו	1036	iliot	.eu	above	<i>5)</i> VV	no received in	Ole man wi	00,000	J 01		
													es No	_
3	Did the organization list any former of	ficer, direc	tor, c	r tr	uste	ee.	kev e	emp	olovee, or high	est compe	ensated	d 🔯	1	
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch.	ındi	vidu	ual					3 6	~~^^ \	
4	For any individual listed on line 1a, is the	sum of re	portal	ble d	com	noer	nsatio	n a	and other comp	ensation fr	om the	e 🔚	N. C.	77
	organization and related organizations													Ę -
	individual	·										4		٠.
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsat	tion	fror	m any	un un	related organiz	zation or inc	subivit	al 🔚	33.	
	for services rendered to the organization											5	1	< a.
Section	on B. Independent Contractors													
1	Complete this table for your five highest	compensat	ed ind	depe	end	ent	contr	acto	ors that receive	ed more tha	.n \$100	0,000 of		
	compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ne c	alend	ar y	ear ending wit	h or within	the or	ganization	's tax	
	year.													
	(A)								(B)			(C)		
	Name and business add	ress					_		Description of s	ervices		Compensati	on	
														_
														_
														_
2	Total number of independent contractor							th	ose listed ab	ove) who	J. W.	kala 7	wid	á
	received more than \$100,000 of compens	ation from t	the or	gan	ızatı	ion l	>				ecmi			ş

Par	t VIII	Chack if Schodule C			l Ab	- D+ \ //III		
		Check if Schedule C	Contains a re	sponse or note t	O any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Gifts, Grants ilar Amounts	1a b c d	Federated campaigns Membership dues . Fundraising events . Related organizations	1b 1c s 1d	****				
Contributions, Giff and Other Similar	e f g	Government grants (cor All other contributions, g and similar amounts not inc Noncash contributions include	lifts, grants, cluded above 1f ded in lines 1a-1f \$	202,840				
	h 2a	Total. Add lines 1a-1	<u>f.</u>	Business Code	10,344,651			
Program Service Revenue	b c d							
Program	e f g	All other program ser Total. Add lines 2a-2				- 7. 12 12.5. (1)		
	3	Investment income and other similar amount income from investmen	(including dividuals)	dends, interest,	864			<u> </u>
	5 6a	Royalties	(i) Real	(II) Personal				
	b c	Less rental expenses Rental income or (loss) Net rental income or or	(loss)					
	7a	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(II) Other				
	С	and sales expenses . Gain or (loss)						
venue	d 8a	Net gain or (loss) . Gross income from fuevents (not including \$	ındraısıng	▶				
Other Rev		of contributions reporte See Part IV, line 18 .	ed on line 1c).					
Oth	С	Less. direct expenses Net income or (loss) fi Gross income from ga See Part IV, line 19	rom fundraising	events . ▶				
	С	Less: direct expenses Net income or (loss) fi Gross sales of in returns and allowance	s b rom gaming act ventory, less	ivities ►				
	b c	Less. cost of goods s Net income or (loss) fr Miscellaneous R	old b					
	b c	Sales Tax Revenue			2,926			
	d e 12	All other revenue . Total. Add lines 11a— Total revenue. See in			2,926			

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must cor	mplete all columns. A	All other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respor	se or note to any li	ne in this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	7,553,111	7,553,111		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	21,744	21,744		
3	Grants and other assistance to foreign			25.00 x 27	
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				\$. * J. A. C. C. C.
5	Compensation of current officers, directors, trustees, and key employees	470.004	27.000		
6	Compensation not included above, to disqualified	176,324	27,286	149,038	
•	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	512,233	386,158	126,075	
8	Pension plan accruals and contributions (include	312,233	300,136	120,073	
•	section 401(k) and 403(b) employer contributions)	48,777	28,620	20,157	
9	Other employee benefits	46,660			
10	Payroll taxes	46,575			
11	Fees for services (non-employees):	10,0.70	20,010	10,720	
а	Management				
b	Legal				-
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			(Jana Barkelada, Ka	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	6,268	5,210	1,058	
13	Office expenses	87,906	48,892	39,014	
14	Information technology				
15	Royalties				
16	Occupancy	42,618			
17	Travel	17,355	15,602	1,753	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	24,963	23,296	1,667	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	4,064	F-1367(4.180-1368) 6883	4,064	3.88
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				la en la la la la la la la la la la la la la
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Contracted Services	1,907,941	1,894,714	13,227	# X 1
b	Employee Training	5,530	3,815	1,715	-
c	Sales Tax Expense	3,780		3,780	
d	Bank Service Charge	859	16	843	
e	All other expenses	330		2,0	
25	Total functional expenses. Add lines 1 through 24e	10,506,708	10,092,897	413,811	
26	Joint costs. Complete this line only if the	12,000,100			
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	1	I	I	l

Ľ	art X	<u> </u>			····
		Check if Schedule O contains a response or note to any line in this Pa		<u></u>	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	466,802	1	333,792
	2	Savings and temporary cash investments	88,412	2	63,155
S	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	-	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5 5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	*
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D			
	Ь	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)	555,214	16	396,947
	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	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and		Ž.	Sinin
iab		disqualified persons. Complete Part II of Schedule L		22	<u> </u>
_	23	Secured mortgages and notes payable to unrelated third parties	· · · · · · · · · · · · · · · · · · ·	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	011. W/2018 1977 W	2 1 2	
Σ̈́	27	Unrestricted net assets	540,235		380,523
ala	28	Temporarily restricted net assets	14,979	_	16,424
B 0	29	Permanently restricted net assets	14,0,0	29	10,121
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	555,214		396,947
_	34	Total liabilities and net assets/fund balances	555,214	34	396,947
					Form 990 (2015)

	Pa	ge 12
*4	10,34	8,441
		6,708
•	-15	8,267
	55	5,214
	39	6,947
	Yes	No
2a		*
		84.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00

Form 990 (2015)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total expenses (must equal Part IX, column (A), line 25) 2 3 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 5 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Consolidated basis ☐ Both consolidated and separate basis Separate basis **b** Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in За If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b

Form 990 (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

	am's Partnership for Chil				·		56-189	
Par		ublic Charity Statu						ns.
	organization is not a pri		-			-	•	
1 2	☐ A church, convention ☐ A school described							
3	A hospital or a coo	-						
4	A medical research							iii). Enter the
•	hospital's name, ci	- ,						•
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6 7	=							
8	☐ A community trust	,	•	•	art II.)			
9	An organization that					rom con	tributions, members	hip fees, and gross
	receipts from activ	ities related to its ex	empt fur	nctions—subject to	certain	exception	ns, and (2) no more	than 331/3% of its
		s investment income						k) from businesses
	• •	janization after June 3						
10	An organization org							
11		anized and operated e y supported organizat						
		through 11d that desc						
а	Type I. A support	ting organization oper ganization(s) the powe	ated, sup er to regu	pervised, or control ilarly appoint or ele	led by its	supporte	ed organization(s), ty	pically by giving
_	-	ı must complete Par	-					
b	control or manag	ting organization sup ement of the supporti ou must complete P	ng organ	iization vested in th				
С		ally integrated. A sup anization(s) (see instri						y integrated with,
d	that is not function	ctionally integrated. onally integrated. The instructions). You mu	organizat	tion generally must	satisfy a	distrıbutı	on requirement and	
е	☐ Check this box if	the organization rece rated, or Type III non-	ived a wr	ritten determination	from the	IRS that	ıt is a Type I, Type I	I, Type III
f	• •	supported organization						
9		information about th		ted organization(s).				
	(i) Name of supported organ	nization (ii) Ell	(0	ii) Type of organization described on lines 1-9 bove (see instructions))		rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	ļ	
(A)	· · · · · · · · · · · · · · · · · · ·							
(B)								
(C)				· <u>-</u>				
(D)								
(E)								
			3032 7 7	\$\frac{1}{2}	70.0			
Tota	1							

Schedu	le A (Form 990 or 990-EZ) 2015						Page 2
Part	II Support Schedule for Organiza	ations Descr	bed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio:	n failed to qua	lify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	lease comple	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	j				1	
	include any "unusual grants.")	9,202,352	9,199,915	8,659,988	9,068,493	10,344,651	46,475,399
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	j]	
	organization without charge						
4	Total. Add lines 1 through 3	9,202,352	9,199,915	8,659,988	9,068,493	10,344,651	46,475,399
5	The portion of total contributions by						
	each person (other than a					ry new d	
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount		1				
_	shown on line 11, column (f)					**************************************	
6	Public support. Subtract line 5 from line 4.				ht x 14/		46,475,399
	on B. Total Support	4-1-0044	#-\ 0040	(-) 0040	(-1) 004.4	(-) 0045	(0 T-1-1
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	9,202,352	9,199,915	8,659,988	9,068,493	10,344,651	46,475,399
8	Gross income from interest, dividends,	ł		!		{	
	payments received on securities loans,	,]	
	rents, royalties and income from similar sources			'			
_		1,386	1,254	923	866	864	5,293
9	Net income from unrelated business activities, whether or not the business	Į .					
	is regularly carried on				·		
40		-		·	ļ		
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	2 220	1 705	2 240	2 006	2 026	11 206
11	Total support. Add lines 7 through 10	2,329	1,705	2,240		2,926	11,206 46,491,898
12	Gross receipts from related activities, etc.		<u> </u>	<u> </u>	19 25 20	12	40,431,030
13	First five years. If the Form 990 is for the	•	•		or fifth tax ve	<u> </u>	501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2015 (line	<u>_</u>		1, column (f))		14	99.96 %
15	Public support percentage from 2014 Sc					15	99.95 %
16a	331/3% support test-2015. If the organi	zation did not	check the box	on line 13, and	d line 14 is 331	/3% or more, ch	
	box and stop here. The organization qua						
b	331/3% support test-2014. If the orga	nization did no	t check a box	on line 13 or	r 16a, and line	15 is 331/3%	or more,
	check this box and stop here. The organ						
17a	10%-facts-and-circumstances test—2	015. If the oras	inization did no	ot check a box	on line 13, 16	a, or 16b. and l	ine 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization						. ▶ 🗀
b	10%-facts-and-circumstances test-2	014. If the ora	nization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organiza						

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked	the box on line 9 of Part I c	or if the organization failed	o qualify under Part II.
If the organization fails to qualit	y under the tests listed bel	ow, please complete Part i	1.)

Secti	on A. Public Support			,			
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	Ì			}	ł	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	L					
4	Tax revenues levied for the						
	organization's benefit and either paid	ĺ					
	to or expended on its behalf						
5	The value of services or facilities		[
	furnished by a governmental unit to the	}]		J]	
	organization without charge		ļ				
6	Total. Add lines 1 through 5				<u> </u>		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .					1	
_	·			<u> </u>			
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000	1				-	
	or 1% of the amount on line 13 for the year	1					
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	J. J. J. 31	1/4,1 9 14 20		7.60 8.5-	
	line 6.)				J 7 7 9 4 5 5		
Secti	on B. Total Support		<u>f</u>	<u> </u>	<u> </u>	3	
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	1	Ì		1	1	
	royalties and income from similar sources .						
b	Unrelated business taxable income (less					ĺ	
	section 511 taxes) from businesses		ļ				
	acquired after June 30, 1975						
	Add lines 10a and 10b				 	 	
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on	ļ	}]	
40							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	[\		
13	Total support. (Add lines 9, 10c, 11,		 				
-	and 12.)						
14	First five years. If the Form 990 is for the	he organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	ere	<u> </u>	<u></u>	· · · · ·	<u> </u>	· · > 🗀
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2015 (line						%
16	Public support percentage from 2014 Sc			<u> </u>	· · · · ·	16	%
	on D. Computation of Investment In			1 - 40 - 1	(0)	13-1	
17	Investment income percentage for 2015					17	<u>%</u>
18	Investment income percentage from 201-					18	% and line
19a	331/3% support tests—2015. If the organ 17 is not more than 331/3%, check this box						
	33 ¹ / ₃ % support tests—2014. If the organization						
b	line 18 is not more than 331/3%, check this	hox and stop h	ere The organ	mie 14 01 ilile ization dualifies	as a number of	unnorted organ	nization \blacktriangleright
20	Private foundation. If the organization d						

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

Section A. All Supporting Organiza	ations
------------------------------------	--------

CCII	on A. All Supporting Organizations		
			es 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.	1	
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)	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.	3a	ř jij
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	
¢	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	
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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 or 990-EZ).	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	46
b	Did one or more disqualified persons (as defined in line 9a) 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 9a) 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	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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.)	10b	

Part	Supporting Organizations (continued)			
44	Lies the even water asserted a settle was exactly then for a very of the following sevens?	\$ 56°	Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
•	below, the governing body of a supported organization?	11a		. wand
b	A family member of a person described in (a) above?	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		
Secti	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 tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or) , , , , , , , , , , , , , , , , , , ,		.,*
	controlled the organization's activities. If the organization had more than one supported organization,		3 /	2.75
	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		
2	Did the organization operate for the benefit of any supported organization other than the supported 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		
Secti	on C. Type II Supporting Organizations			
			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			
4		[*Z.8*]	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Coit Coit Coit	
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 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 significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 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	instru	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.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ıns	structi	ons).
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	* 9 5	7	33.20
	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			
-	that these activities constituted substantially all of its activities.	2a	13 SEC	- Quan
b	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 activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		[,	
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		<u>.</u> 23.
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	.5 %	. * },

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	an	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the property of the containing organization of the containing organization of the containing of th			structions. All
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) 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):			
a Average monthly value of securities	1a		
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 factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
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		
Section C - Distributable Amount			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		
6 Distributable Amount. 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 instructions).	y-in	tegrated Type III supporting	g organization (see

Part) Supporting Organi	zations (continued)	
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.	 		
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	,		
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a	Excess distributions carryover, if any, to 2015.			8 2 2
<u>_</u>				
d	From 2013			
<u>~</u>	From 2014			
f	Total of lines 3a through e	<u> </u>		
g	Applied to underdistributions of prior years		<u> </u>	
h	Applied to 2015 distributable amount			**************************************
i	Carryover from 2010 not applied (see instructions)	A41.7-98 1.58 1.58 2.		
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f.		18 - 18 7 18 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4	Distributions for 2015 from Section D, line 7:			
	Applied to underdistributions of prior years		<u> </u>	
b_	Applied to 2015 distributable amount			
<u>_</u>	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h		17:38:43:4:18	- AV 2000 - AV - AV - AV - AV - AV - AV - AV -
·	and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Francis Commence of the Commen		J. Gr. 254 990 ; 51	
b		*** " " " \		
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Pail VI	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part II Line	10 - Sales Tax Refund

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on 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 2015

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	m's Partnership for Children			56-1892432
Par				Accounts.
	Complete if the organization answered		,	
_		(a) Donor advised funds	<u> </u>	(b).Funds and other accounts
1	Total number at end of year		ļ	n-1
2	Aggregate value of contributions to (during year)		<u> </u>	
3	Aggregate value of grants from (during year)		 	
4	Aggregate value at end of year		<u> </u>	
5	Did the organization inform all donors and donor funds are the organization's property subject to the			
	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?			
Par	Conservation Easements.		<u> </u>	Yes No
ı aı	Complete if the organization answered	"Yes" on Form 990 Part IV line 7		
1	Purpose(s) of conservation easements held by the			
•	Preservation of land for public use (e.g., recrea		f a hista	orically important land area
	Protection of natural habitat	· —		ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in th	e form of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easement			2b
С	Number of conservation easements on a certified I			2c
d	Number of conservation easements included in			
				2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	ninated	d by the organization during the
	tax year ▶			
4	Number of states where property subject to conse			
5	Does the organization have a written policy re-			
_	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	en bandina af vialationa and anfavora		unting annual to the con-
7	Amount of expenses incurred in monitoring, inspecting \$	ig, nandling of violations, and enforcing	conser	vation easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section	n 170/h)/4)/(R)/i)
Ü	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports			cctc
•	balance sheet, and include, if applicable, the text of			•
	organization's accounting for conservation easeme			
Part	III Organizations Maintaining Collection		Other	r Similar Assets.
	Complete if the organization answered '	· · · · · · · · · · · · · · · · · · ·		
1a	If the organization elected, as permitted under SF.	AS 116 (ASC 958), not to report in its	reveni	ue statement and balance sheet
	works of art, historical treasures, or other similar			
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements tha	t descr	bes these items.
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenu	e statement and balance sheet
	works of art, historical treasures, or other similar	•	lucatio	n, or research in furtherance of
	public service, provide the following amounts relati			
	(i) Revenue included on Form 990, Part VIII, line 1			. > \$
	(ii) Assets included in Form 990, Part X			. > \$
2	If the organization received or held works of art,			s for financial gain, provide the
	following amounts required to be reported under S			
а	Revenue included on Form 990, Part VIII, line 1 .			. > \$
h	Accete included in Form 000, Part V			• •

	. •	
Page	2	

Part		Collections of	Art, Hist	orical T	reasures,	or Oth	ner Similar Ass	ets (co	ntinu	ied)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	her recor	ds, chec	k any of the	e follow	ing that are a sign	gnificant	use	of its
а	☐ Public exhibition		d [☐ Loan	or exchang	e progra	ams			
b	☐ Scholarly research		e [Other						
C	Preservation for future generations									_
4	Provide a description of the organizat XIII.								se in	Part
5	During the year, did the organization assets to be sold to raise funds rather							_] No
Part			mod do p		organizati	011 0 001		ا ا	; <u>3</u> _	110
	Complete if the organization 990, Part X, line 21.	answered "Yes"							For	m
1a	Is the organization an agent, trustee, included on Form 990, Part X?							_	es [] No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing ta	able:		An	nount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amour									
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the ex	planatio	n has been	provide	d on Part XIII .]
Part										
	Complete if the organization							T		
		(a) Current year	(b) Pro	or year	(c) Two year	rs back	(d) Three years back	(e) Four	years	back
1a	Beginning of year balance							ļ .		
b	Contributions							ļ		
С	Net investment earnings, gains, and losses									
d	Grants or scholarships							<u> </u>		
е	Other expenditures for facilities and					ļ				
	programs				_			<u> </u>		
f	Administrative expenses									
g	End of year balance			// 4		<u> </u>		<u></u>		
2	Provide the estimated percentage of t			e (line 1g	i, column (a	i)) neid a	ıs:			
a	Board designated or quasi-endowmer Permanent endowment ▶	0/	%							
b										
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and	% 2c should equal 10	00%							
3a	Are there endowment funds not in the	zo snoula equal n		zation th:	at are held	and adr	ninistered for the	<u>.</u>		
Ja	organization by:	2 possession of th	ic organii	Lation the	at are riold	u.,u uu.	THIN IS COLOUR TO THE	ا آ	Yes	No
	(i) unrelated organizations							3a(i)	100	
	(ii) related organizations					• • •		3a(ii)		
b	If "Yes" on line 3a(ii), are the related of							3b		
4	Describe in Part XIII the intended uses							المتتا		<u> </u>
Part					· · ·					
	Complete if the organization		" on For	m 990, f	Part IV, line	e 11a. S	See Form 990,	Part X,	line 1	10.
	Description of property	(a) Cost or ot (investment)	her basis	(b) Cost o	or other basis other)	(c) A	Accumulated preciation	(d) Boo		
1a	Land				-	257	9000 8 6 6			
b	Buildings									
c	Leasehold improvements									
d	Equipment									
е	Other									
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 9	90, Part)	K, columr	n (B), line 10	Oc.)	▶			

Part VII	Investments — Other Securities Complete if the organization ans		Form 990). Part IV. lır	ne 11b. See Form	n 990. Part X. line 12.
	(a) Description of security or category (including name of security)			Book value	(c) Met	thod of valuation
(1) Financial	derivatives		.			
• •	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)				•		
(F)						
(G)						
(H)						
Total. (Column (b	n) must equal Form 990, Part X, col (B) line 12) ▶					
Part VIII	Investments—Program Related					
	Complete if the organization ans	wered "Yes" on	Form 990), Part IV, Iir	ne 11c. See Form	n 990, Part X, line 13.
	(a) Description of investment		(b)	Book value		thod of valuation I-of-year market value
(1)						**************************************
(2)						
_(3)					<u> </u>	
(4)						
(5)					-	
_(6)						
_(7)					1	
(8)					-	
(9)	al annual served Server 2000 Flood V and /Fillians 10.1					<u> </u>
	o) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets. Complete if the organization ans	worod "Vos" on	Form 000	Dort IV lie	no 11d Soo Form	000 Part V line 15
		a) Description	rom 330	, raitiv, iii	le i iu. See i oili	(b) Book value
(4)		ay Bosonphon				(-,
(1)						-
(3)	······································					
(5) (6)						
(7)						
(8)					- 	<u>.</u>
(9)						
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.) .			.	
Part X	Other Liabilities.					
	Complete if the organization ans line 25.	wered "Yes" on	Form 990), Part IV, Iır	ne 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book val	lue	3425176		San San San San San San San San San San
(1) Federal in	come taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)	****					
(9)		-				
	b) must equal Form 990, Part X, col (B) line 25.)			wia w		
2. Liability for	uncertain tax positions. In Part XIII, prov	ide the text of the fo	ootnote to t	he organization	on's financial statem	ents that reports the
organization's	s liability for uncertain tax positions unde	r FIN 48 (ASC 740).	Check here	of the text of	the footnote has be	en provided in Part XIII

Complete if the organization answered "Yes" on Form 990 1 Total revenue, gains, and other support per audited financial statement		4	
	s		10,348,441
The state of the s	1 - 1		
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	. 2e	
Subtract line 2e from line 1		. 3	10,348,441
Amounts included on Form 990, Part VIII, line 12, but not on line 1.		(ē: N	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	M i	
b Other (Describe in Part XIII.)	4b	Tir i	
c Add lines 4a and 4b		. 4c	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 12.)	. 5	10,348,441
rt XII Reconciliation of Expenses per Audited Financial State	ments With Expense	s per Return.	
Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.	-	
Total expenses and losses per audited financial statements		. 1	10,506,708
Amounts included on line 1 but not on Form 990, Part IX, line 25:		7,72	10/000/100
Donated services and use of facilities	2a	* £ 7 d	
Prior year adjustments			
Other losses			
Other (Describe in Part XIII.)			
Add lines 2a through 2d		. 2e	
Subtract line 2e from line 1		3	10 505 705
Amounts included on Form 990, Part IX, line 25, but not on line 1:	i	. 3	10,506,708
a Investment expenses not included on Form 990, Part VIII, line 7b	4-	\$3.00 P	
	4D	F 97.41	
a Add lines 4a and 4b	1		
		. 4c	
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ine 18.)	. 4c 5	10,506,708 e 4; Part X, line
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	ine 18.)	. 4c 5	e 4; Part X, line
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	ine 18.)	. 4c . 5	e 4; Part X, line
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, It XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	ine 18.)	. 4c . 5	e 4; Part X, line
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, It XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	ine 18.)	. 4c . 5	e 4; Part X, line
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, It XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	ine 18.)	. 4c . 5	e 4; Part X, line
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, It XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	ine 18.)	. 4c . 5	e 4; Part X, line
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, It XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	ine 18.)	. 4c . 5	e 4; Part X, line
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	ine 18.)	. 4c . 5	e 4; Part X, line
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XII, lines 2d and 4b.	ine 18.)	. 4c . 5	e 4; Part X, line
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I art XIII Supplemental Information. Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	ine 18.)	. 4c . 5	e 4; Part X, line
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XII, lines 2d and 4b.	ine 18.)	. 4c . 5	e 4; Part X, line

Schedule D (Fo	m 990) 2015	Page 3
Part XIII	Supplemental Information (continued)	

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

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

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OMB No 1545-0047

Inspection

Employer identification number

Durham's Partnership for Children						_	56-1892432
Part I General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ain records to subs	stantiate the amou or assistance?	int of the grants or	assistance, the g	rantees' eligibility fo	or the grants or assistance	e, and
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedur	es for monitoring	the use of grant fur	nds in the United	States.		
Part II Grants and Other Assistance to Domes 990, Part IV, line 21, for any recipient that	ssistance to Do for any recipient	mestic Organiz that received m	ations and Domore than \$5,000.	estic Governm Part II can be d	ents. Complete if uplicated if additic	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	rered "Yes" on Form
1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Chapel Hill Training & Outreach 800 Eastowne Dr. Ste 105 Chapel Hill	58-2046321		3,030,315				Child Care & Support
(2) The Center for Child and Family 1121 W. Chapel Hill St., Durham NC	58-1446309	501 (c)(3)	324.787				Family Support
(3) Child Care Services Association 1829 E. Franklin St., Durham NC	56-1514058	501 (c)(3)	3,659,437				Child Care Quality & Ass
(4) Communities in School Durham 3412 Westgate Dr., Suite 301 Durham	56-1791366	501 (c)(3)	45,184				Family Support
(5) Durham Cty Cooperative Ext. 721 Foster St., Durham NC	56-6049304		245,047				Family Support
(6) El Centro Hispano, Inc. 2000 Chapel Hill Rd Ste 26A , Durham	56-2011661	501 (c)(3)	62,125				Family Support
(7) Exchange Club Child Abuse 3708 Lyckan Pkwy, Durham, NC	56-1978668	501 (c)(3)	186,216				Early Intervention
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	1501(c)(3) and gov	ernment organiza	tions listed in the li	ne 1 table			9
)					

Schedule I (Form 990) (2015)

Cat No 50055P

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2015)

Part III Grants an

art III carl be duplicated II additional space	space is liceded.				
(a) Type or grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Community Children's Outreach	various		19,399	Book	Books & Supplies to Children
2 Mini-Grants for Transition to K Activities	various	-300			
3 Partnership Workshop Participation	various		2,645	2,645 Book	Gift card to Participants
4					
S					
9					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information r	equired in Part I, lin	e 2, Part III, column	(b), and any other additi	ional information.
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	hip is responsible f	or monitoring its funde	d programs to ensure	accountability of funds and c	compliance with contract
requirements. Both the Smart Start funded programs and NC Pre-	d NC Pre-K sites an	e monitored annually.	Smart Start Monitoring	The Partnership monitors e	K sites are monitored annually. Smart Start Monitoring. The Partnership monitors each Smart Start funded program
on an annual basis through program observation, site visits, completion of a Direct Service Provider Monitoring Tool and review of program and fiscal reporting throughout the year. The	sits, completion of	a Direct Service Provid	er Monitoring Tool and	review of program and fisca	I reporting throughout the year. The
annual programmatic and fiscal monitoring site visit includes a review of the compliance with the Contract Activity Description, documentation of evaluation, compliance with	udes a review of the	compliance with the C	ontract Activity Descri	ption, documentation of eval	luation, compliance with
communication standards, compliance with grants management, financial status reports, cash receipts, cash disbursements, competitive bidding, cash and in-kind contributions and	gement, financial s	tatus reports, cash reco	eipts, cash disburseme	nts, competitive bidding, cas	sh and in-kind contributions and
property and equipment. Based on this review and completion of		ing tool, a report is con	npleted and provided to	the funded program. Follow	a monitoring tool, a report is completed and provided to the funded program. Follow-up technical assistance and
development of a corrective action plan will occur if necessary. N	essary. NC Pre-Kind	dergarten Monitoring:	The Partnership condu	cts monitoring as part of the	C Pre-Kindergarten Monitoring: The Partnership conducts monitoring as part of the NC Pre-Kindergarten Program in
Durham County. Monitoring activities for participating NC Pre-Kindergarten sites are conducted throughout the year to ensure that program requirements are met. Pre-K sites are required	IC Pre-Kındergarten	sites are conducted th	roughout the year to e	sure that program requirem	ents are met. Pre-K sites are required
to complete an annual Site Monitoring Tool that is designed to add	ned to address the c	componenets of the pro	gram to meet complia	ice areas at the site and clas	ress the componenets of the program to meet compliance areas at the site and classroom level. Sites submit the
completed tools to the local contractor's office. The Partnership's		department reviews th	e tools and conducts	site visit to ensure that all ii	NC Pre-K department reviews the tools and conducts a site visit to ensure that all information is correct and accurate and
in compliance with State requirements. Monitoring tools developed by the NC Division of Child Development must also be used at the local level for self-review and verification of	developed by the N	VC Division of Child De	velopment must also b	e used at the local level for s	elf-review and verification of

Schedule I (Form 990) (2015)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III

	Part III can be duplicated if additional space is needed.	space is needec	1.			
	(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
-						
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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 r	equired in Part 1, lir	ne 2, Part III, columr	(b), and any other addıtı	onal information.

(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 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 Assessment Booklets. Monitoring includes a review of compliance with Head Start Performance Standards and compliance with the development and implementation of the financial management system. This will include a detailed review of the financial reporting accounting records, internal controls, and budget controls. The Partnership staff reviews program and fiscal data including financial status reports, financial source documentation for expenditures, monthly program updates, Head Start Enterprise System (HSES) reports, ChildPlus reports, 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 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 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 to assess compliance with performance standards and contract requirements. A monitoring tool has been developed using the Office of Head Start Monitoring Protocol and Self-

delegate agency.

SCHEDULE L

(10)

(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 www.irs.gov/form990.

2015

Department of the Treasury Internal Revenue Service

Name	of the organization							Emp	loyer ide	ntıficat	ion nu	mber		
	m's Partnership for C									56-	18924	32		
Par	Excess Bene Complete if t	efit Transaction he organization	is (section 501 answered "Ye	l(c)(3), es" on	section Form 99	501(c)(4), a 0, Part IV, l	and 50 line 2)1(c)(29) orgar 5a or 25b, or F	nizations Form 99	s only) 0-EZ,	Part	V, line	40b.	
1	(a) Name of disqualified	t person	(b) Relationship be			person and		(c) Descrip	tion of tra	nnaatio			(d) Con	rected?
	- (a) Name of disqualines	2 poisoi1		organiz	ation			(c) Descrip	tion of tra	nsactio	л		Yes	No
(1)														
(2)														
(3)														
(4)						71-12-1								
(5)							<u> </u>			_				
(6)														
3	Enter the amount under section 4958 Enter the amount of	8								he ye ! !	ar ▶ \$ ▶ \$			
Par	Complete if the	d/or From Inter he organization reported an amo	answered "Ye	s" on	Form 999	0-EZ, Part e 5, 6, or 2	V, line 2.	38a or Form	990, Pa	art IV,	line 2	:6; or	f the	
(a) N	ame of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origii principal ar		(f) Balance due	e (g) In (default?	by bo	proved oard or nittee?	(i) Wi agreer	ritten ment?
				То	From				Yes	No	Yes	No	Yes	No
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(2)				ļ							<u> </u>	Ь—		
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(6) (7)			***	 -	+						 	 		
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(9)					 					 		 		
(10)				-										
Total							. ▶	\$: 3.34	1	777	* (e. i)	2
Part		sistance Benef ne organization	fiting Interest	ed Pers" on I	rsons. Form 990		-	7. (d) Type of assista		1			ssistan	
	<u> </u>		and the organization		.,		ļ							
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	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organi reve	
/41					Yes	No
	Deric Boston, Board Member	Chapel Hill Training & Out		Purchase of Service		✓
	Linda Chappel, Board Member	Child Care Services Assn.		Grant/Purchase of Service		1
	John McCain, Board Member	Durham Public Schools		Purchase of Serivice		✓
	Delphine Sellars, Board Member	Durham Cty Coop. Ext.		Grant Agreement		/
	Kara Turner, Board Member	Primary Colors	338,575	Purchase of Service		✓
(6)						✓
(7)						<u> </u>
(8)						<u> </u>
(9)						
(10)	rt V Supplemental Information					<u> </u>
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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.

OMB No 1545-0047 2015

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.

Open to Public Inspection

Employer identification number

Durham's Partnership for Children 56-1892432 Background about the Partnership Since 1995, Durham's Partnership for Children (DPfC) has created a comprehensive early childhood 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 strategies for children birth to 5 and their families that promote healthy development and learning and enhance access to high quality care." The Partnership has formed strategic alliances within various sectors including government, business, medical, faith and education to integrate evidence based practices and measurable results. DPfC is one of 75 local Partnerships in North Carolina. It is the leader charged with implementing North Carolina's Smart Start Initiative, NC Pre-Kindergarten Programs for Durham County, and Durham Early Head Start. In FY 15-16, DPfC funded 10 Smart Start programs 34 NC Pre-Kindergarten classrooms, and Early Head programs with both center based and home based components. Additionally, DPfC leads the Durham Touchpoints Collaborative, which is the hub of the Early Childhood Training Institute, (ECTI), 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. The ECTI also provides training in Family Connections, Racial Equity, and Toxic Stress and poverty. 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. Part VI - Section B. Policies #12c - Durham's Partnership for Children has a written conflict of interest policy that was approved by the Board of Directors. In an effort to regularly and consistently monitor and enforce compliance with the policy, all conflicts are recorded and shared with the Board in chart form. The chart is updated when new informationis 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.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
Durham's Partnership for Children	56-1892432
Part VI - Section B. Policies #15b - The Board of Directors engaged Carolina Human Resources, Inc. in 20	15 to complete an independent HR
review. Mr. Mike Womble worked with the Partnership and reviewed job descriptions to determine exemp	t/non exempt status, provided
information for the update of the Personnel Manual and completed a salary comparison that provided con	nparative data to the Executive
Committee and Board in setting the new salary scale for the Partnership for the Executive Director and al	l employees.
Part VI - Section C Disclosure #19 - Durham's Partnership for Children has its governing documents, conf	licts 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 o	pen to the public, and 1,000 print
copies are widely distributed.	
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