Return of Organization Exempt From Income Tax

Section 501(c) 527 or 4047(1)(1)

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

2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

`.		evenue Service	▶ Go	to www.irs.go	// <i>Form</i> 990 for in	structions and th	ne latest i	nformation.	<u> 190</u>	Inspect	ion
	A For	the 2018 cale	ndar year, or tax ye	ar beginning	July 1	, 2018, a	and endin	g Jui	ne 30	, 20 19	
	B Chec	k if applicable	C Name of organization	Durham's Pa	rtnership for Chi	ildren			D Employ	er identification nu	mber
	Addi	ess change	Doing business as		<u> </u>					56-1892432	
	☐ Nam	e change	te	E Telepho	ne number						
	✓ Initia	l return	1201 S. Briggs Ave	nue				210		(919) 403-6960	
	$\overline{}$	return/terminated		(0.0) (00 0000	-						
	_		Durham, NC 27703						G Gross re	eceipts \$	
	_	7	F Name and address of					Hía) is this a n		subordinates? Yes	√ No
		, 3					_ 2			s included? Yes	
	I Tax-	exempt status	✓ 501(c)(3)	501(c) () ◀ (insert no)	4947(a)(1) or	(52))			a list (see instruction	
			w.dpfc.net		7 (110011110	1	<u> </u>	H(c) Group	exemption	number >	
			Corporation Tru	st Association	n Other ▶	L Yea	ar of formati			of legal domicile	NC
	Part					1 12.100	01 10111141	1334		or logar dominano	
	1		escribe the organiz	ation's missio	n or most signif	icant activities:	To ensi	ire every ch	ild in Dur	ham enters scho	
			succeed, we lead co							-	
	au		and enhance access			in birtin to 3 and t	ileli lailili	ies triat proi	illote Heal	any development	aliu
	Ē 2		is box ▶☐ if the o			nerations or di	enosed o	f more than	25% of	ite not accote	
	Activities & Governance		of voting members	-		•	•			no net assets	22
	≈ 4		of independent vot	_	• • •						23
	s 5		nber of individuals	-	-				5		23
			nber of volunteers		•	•			6		15
	Act 7		elated business rev	•	• •		• •		73		120
	- 1		ated business taxa						_ · -	RECEIVED	=
	- '	J Net dilica	ated business taxe	ible income ii	01111 01111 990-1	, in le 30 .		Prior Ye		Current Yes	F
	a 8	Contribut	ions and grants (P	art VIII line 11	,)		-		 		−lŏl
	o o		service revenue (P		-		· ⊢	10	35,482	EB 7 2029	,794 (D4)4
	Revenue 0 10								G 1,712		2 (900) - 1, 0 13
	& 10		nt income (Part VII			•	· ·		1,007	GDEN, UT	1; 0 1β
	11 12		enue (Part VIII, col			•	<u> </u>				4,743
	13		enue – add lines 8 th				ie 12)		0,377,365		,826,900
	14		nd similar amounts				· ·		7,273,313		<u>,494,430</u>
	145		oald to or for memi				- ''		0		0
	15 16		other compensation		•		· —		693,648		721,040
	ည် 16		nal fundraising fee			•	· ·		0		0
	Ä 4-7		draising expenses				!=				
	¹⁷		penses (Part IX, col			•	 		2,335,809		<u>,589,488</u>
	18		enses. Add lines 1			umn (A), line 25) ·	10	0,302,770	10,	<u>,804,958</u>
	19	Revenue	less expenses. Su	otract line 18	from line 12 .		• •		74,595	F.J. W.	21,942
	25 CO	Takal assa	-t- (D-+ V 1' 40)					eginning of Cu		End of Year	<u></u>
	Sset Balar 20		ets (Part X, line 16)				· _		479,365		505,059
	Net Assets or Fund Balances 72 72 73 74 75 75 76 76 76 76 76 76 76 76 76 76 76 76 76		ılıtıes (Part X, line 2	•			· ·		0		3,752
_			s or fund balances	s. Subtract line	21 from line 2	<u> </u>			479,365		<u>501,307</u>
S	Part I		ure Block		 -						
×	true, cor	enaities of perjun	y, I declare that I have e ete Declaration of prepa	examined this reti arer (other than of	ırn, including accon ficer) is based on all	npanying schedules unformation of which	and statem	ients, and to the	ne best of n	ny knowledge and b	elief, it is
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=		Type	or print name and title) 0-101	7 7 1				'//	1100	
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SCANN	May the	IPS discuss		o propers at	aum abarra (/ ·			Pho	ne no		
•			this return with the		<u>_</u>	e instructions)	· · ·	<u> </u>	· <u>· ·</u>	Yes	
	ror Pape	rwork Reduc	ction Act Notice, see	e tne separate	instructions.		Cat No	11282Y	'	/ Form 99	2 018)

Part,	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To ensure every child in Durham enters school ready to succeed, we lead community strategies for children birth to 5, and their
	families that promote healthy development and learning and enhance access to high quality care.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	Services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, ten each program estimes reported.
4a	(Code: QECE) (Expenses \$ 9,228,836 including grants of \$ 6,730,037) (Revenue \$)
	Quality Early Care and Education - Based on research showing the long-term impact on early education, the Partnership focuses on
	Strategies that improve the quality of child care, increase access to child care for low income families and support early childhood
	teacher education. The Partnership also offers NC Pre-K, a quality pre-kindergarten classroom program for 673 at risk four year olds.
	The Partnership is a Durham Pre-K partner. Durham Pre-K is a county-funded initiative that ensures all 4-year old children in Durham
	County have access to high-quality pre-kindergarten. The Partnership manages two federal grants to provide full comprehensive
	Early Head Start services to 172 infants and toddlers (0-3) via two program models, Center-based and Home based Services.
4b	(Code: HIES) /Expanses \$ 778,222 including grants of \$ 763,522) /Payanua \$
45	(Code: HIFS) (Expenses \$ 778,233 including grants of \$ 763,523) (Revenue \$) Health, Early Intervention and Family Support - Physical and developmental health is critical to a child being in the best condition to
	learn. In response to this need, Durham's Partnership for Children invests in a variety of evidence based/evidence informed programs
	that offer support for parents and children's health and developmental interventions. The Partnership funds a continuum of Family
	Support programming in English and Spanish in Durham County including linking families to community resources, curriculum-based
	parent education and literacy series, consultation and training on children with challenging behaviors, intensive home visiting
	programs, case management, and child safety support. Two literacy programs provide books and encourage early literacy to reach
	more than 6,000 children through Dolly Parton's Imagination Library and Reach Out and Read.
	•••••••••••••••••••••••••••••••••••••••
	••
4c	(Code CDCB) (Expenses \$ 392,577 including grants of \$ 870) (Revenue \$)
	Community Development and Capacity Building - The Partnership funds Community Awareness and Education within its Program
	Coordination and Evaluation unit, both of which focus on Community Development and Capacity Building. The Community
	Awareness and Education program creates educational materials; develops, manages, and supports public relations activities; and
	coordinates events in order to build awareness of issues affecting young children and their families. The Program Coordination and
	Evaluation program conducts technical assistance, monitoring, evaluation, program development, data collection and analysis, and
	needs assessments in order to achieve program excellence and effectiveness. Several community based initiatives also fall under
	Program Coordination: Transition to Kindergarten, the Early Childhood Training Institute that includes the Durham Touchpoints
	Collaborative, the Early Childhood Mental Health Task Force, Durham's Campaign for Grade-level reading, the DELTA Collaborative,
	and the Collaborative to End Family Homelessness.
	•••••••••••••••••••••••••••••••••••••••
4d	Other program services (Describe in Schedule C.)
→u	Other program services (Describe in Schedule O.) (Expenses \$ 31,504 including grants of \$) (Revenue \$)
4e	Total program service expenses ► 10,431,150

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, Form 99	ABC (2018)	I		Page
Part,	IV 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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV.	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		✓
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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	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		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1

	If "Yes," complete Schedule G, Part III
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
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 .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
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	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	✓	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	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		✓
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, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	
Part '				_
	Check if Schedule O contains a response or note to any line in this Part V			
10	Enter the number reported in Poy 2 of Form 1000. There is a formation to the second of		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	1c	/	
			990	(2018)

	Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			-3-
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 15 Statements, field for the calendar year end that only with or with the year covered by this return 2a 15 Statements, field for the calendar year end the organization file all required federal employment tax returns? 2b V Note. If the sum of lines 1 a and 2 as greater than 250, you may be required to e-file (see instructions) 3a V 5 Mote. If the sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions) 3a V 5 Mote. If the sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions) 3a V 5 Mote. If the sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions) 3a V 5 Mote organization have unrelated business gross some of \$1,000 or more during the velocity of the disciplinary of the di				Yes	No
Statements, filed for the calendar year ending with or within the year covered by this return 2a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	·		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines ta and 2a is greater than 250, you may be required to e-file fee instructions? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? if "No" to line 3b, provide an explanation in Schedule O. 4a Al 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 is been as a financial account in a foreign country is been reflected and the program of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5b Was the organization aparty to a prohibited tax shelter transaction of the transaction? If "Yes," did the organization the Form 8868-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as characteriale contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive any summat in excess of \$75 made partly as a contribution of any and services provided to the payor? If "Yes," did the organization include with every solicitation an express statement that such contributions and services provided to file Form 8282? If "Yes," did the organization more excess by permitting, directly or indirectly, on a personal benefit contract? If yet a life organization receive any funds, directly or indirectly, to apy premitting of the organization file a form 1809 as required? If the organization received a contribution of case, beats, as prise, or the relief of the promition of the promition of the		· · · · · · · · · · · · · · · · · · ·			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-five (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 accountry over, a financial account in a foreign country. If you have an interest in, or a signature or other authority over, a financial account in a foreign country. If you have an interest in, or a signature or other authority over, a financial account in a foreign country. If you have a provision of the year? b if "Yes," enter the name of the foreign Country. If you have a financial Accounts (FBAR) 5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c if "Yes," of line 5a or 5b, did the organization that were not tax deductible as chantable contributions? 7 If "Yes," did the organization include with every solicitation an express statement that such contributions or a prifs were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," indicate the number of forms 8282 fished during the year 9 If "Yes," indicate the number of forms 8282 fished during the year 10 If the organization secretive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 If the organization and years, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 12 If the organization and years, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 13 If the organization received a c	b	· · · · · · · · · · · · · · · · · · ·	_	1	
Sa Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 If "Yes," has filled a Form 990-T for the year? If "No" to line 3b, provide an explanation in Schedule O 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 5 If "Yes," enter the name of the foreign country: ** 5 Wes the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Up it any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 Up any taxable party notify the organization the Form 8886-T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 9 If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 If the organization service any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 If the organization service any funds, directly or indirectly, to pay premiums on a personal benefit contract? 12 If the organization exceived a contribution of cars, botts, arplanes, or other vehicles, did the organization file a form 1098-C? 13 Sponsoring organization make any taxable distributions under section 4966? 14 If the organization feed and contribution of qualified intellectual property, did the organization file a form 1098-C? 15 Ponsoring organizati	_			<u> </u>	
b If "Yes," has it filed a Form 990-T for this year? If "No." to line 3b, provide an explanation in Schedule O 4 At any time during the calendary 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 accounts (FBAR) 54 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 55 Was the organization to party to a prohibited tax shelter transaction or if "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 65 If "Yes," did her organization financial accounts (FBAR) 65 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? 65 If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 9 If "Yes," indicate the number of Forms 8282 filed during the year 10 Ut the organization serve any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 Ut the organization serve any funds, directly or indirectly, to pay premiums on a personal benefit contract? 12 If the organization order was pay premiums, directly or indirectly, on a personal benefit contract? 13 If the organization and a contribution of qualified intellectual property, did the organization from 889 as required to the payors of the payo	За		32		1
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a qualified distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. Enter the amount of reserves on hand. Did the sponsoring organization and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," see instructions and file Form 4720, Schedule N.			70		
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Initiation fees and capital contributions included on Part VIII, line 12		· ·			
a Initiation fees and capital contributions included on Part VIII, line 12			30		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b]	•
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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					
the organization is licensed to issue qualified health plans			-		
c Enter the amount of reserves on hand				ļ	
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?			14a		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?					•
excess parachute payment(s) during the year?					
If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		/
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?				-+	,
			16	 	

Parț				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O			
Secti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•	. ✓
<u> </u>	on A. doverning body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 23		100	-
	If there are material differences in voting rights among members of the governing body, or	ή .	-	ŀ
	if the governing body delegated broad authority to an executive committee or similar	1.		
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 23	3	_	'
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct		Ì	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		√
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		 '
6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	6		1
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	-		V
<i>1</i> a	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:			ئـــــا،
a	The governing body?	8a	√	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	ļ <u>.</u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	_	ode l) <u> </u>
	on an energy (This decision a requisite information about policios rick required by the internal reven	<u>uc o</u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	√	
14	Did the organization have a written document retention and destruction policy?	14	√	<u> </u>
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	✓	<u> </u>
b	Other officers or key employees of the organization	15b	✓	<u></u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		√
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	ľ I		.
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Secti	organization's exempt status with respect to such arrangements?	16b		L
17	List the states with which a copy of this Form 990 is required to be filed ► North Carolina			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	1800	tion 5	501/0\
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	uon s) (C)
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte financial statements available to the public during the tax year	erest p	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	cords	>	
	Sandra Dobarts, 1201 S. Briggs Ave. Stute 210, Durham NC 27702 (010) 402 6060			

-orm	990	(2018)	

Form 990 (2018)

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

Check if Schedule O contains a response or note to any line in this Part VII

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		d org	anız	atio	on c	ompe	ensa	ated any currer	nt officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	officion directo	unles er and	Pos neck ss pe	erson	e than of the state of the stat	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Bob Ashley, Board Member						eg.				
(2) Diamond Bethea, Board Member		√						0		
(3) Deric Boston, Board Member		▼						0		(
(4) Hene Britt, Board Secretary		·		1				0		
(5) Cheryl Brown, Board Member		✓						0		(
(6) Linda Chappel, Board Member		√						o		(
(7) Cathie Collie-Robinson, Board Chair				1				0		
(8) Drew Cummings, Board Member		✓						0		(
(9) Elizabeth Erickson, Board Member		✓						0		(
(10) Phillip Harris, Board Vice-Chair				1				0		
(11) Josh Hawn, Board Member		✓						o		
(12) Ashley Taylor Jacobs, Board Member		✓						0		C
(13) Jason Jones, Board Member		✓						O		
(14) Mike Lee, Board Member		✓						o		O

(A)	(B)	(40.5		Pos	C) Ition			(D)	(E)	(F)
Name and title	Average hours per week (list any	hours per officer and a director/tr					n an tee)	Reportable compensation from	Reportable compensation from related	Estimated
	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
(15) Karen O'Mansky, Board Member		1						0		
(16) Michael Page, Board Member		1						0		
(17) Joanne Pierce, Board Member		<u> </u>						0		
(18) David Reese, Board Member		<i>.</i>						-		
(19) Donna Rewalt, Board Member		· ·						0		
(20) Ben Rose, Board Member		·						0		
(21) Delphine Sellars, Board Member		*						0		
(22) Queron Smith, Board Treasurer				/				0		
(23) Jim Spencer, Board Member		1		Ť				0		0
(24) Laura J.S. Benson, Executive Director		,			/			100,057		13,688
(25)					Ť			100,037		13,000
1b Sub-total		n A					A A	100,057 0 100,057		13,688
Total number of individuals (including but reportable compensation from the organical compensation)	not limited						e) wl			13,688 00 of
3 Did the organization list any former of		tor o	r tri	iete	ا م	kov s	mn	lovee or high	est compensat	Yes No
employee on line 1a? If "Yes," complete S	Schedule J	for su	ich i	ndi	vidu	ıal .				3 ✓
4 For any individual listed on line 1a, is the organization and related organizations individual										
5 Did any person listed on line 1a receive of for services rendered to the organization?									ation or individi	ual 5 🗸
Section B. Independent Contractors										
Complete this table for your five highest of compensation from the organization. Repyear.										
(A) Name and business add	ess							(B) Description of se	ervices	(C) Compensation
	-									
2 Total number of independent contracto		g bu		t li	mite	ed to	the	ose listed abo	ove) who	

Part VIII												
		Check if Schedule O	contains a res	ponse or note to	any line in this	Part VIII		🗆				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
nts	1a	Federated campaigns	1a									
gra Iour	b	Membership dues .	1b									
ts, (С	Fundraising events .										
Gifts, Grants ilar Amounts	d	Related organizations										
ns,	е	Government grants (cont		10,648,688								
atio er S	f	All other contributions, gif		Ì								
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not inclu		145,456								
o di	g	Noncash contributions include										
	h	Total. Add lines 1a-1f	<u> </u>	Business Code	10,794,144							
Program Service Revenue	20	Dortioupont Food from To	raminas	Business Code	27.222		<u> </u>					
ě	2a b	Participant Fees from Ti			27,000							
9	C											
ervi	d	***************************************		-								
Š	e	•••••	••••									
gra	f	All other program servi										
P	g	Total. Add lines 2a-2f			27,000							
	3	Investment income (i	including divide	ends, interest,	2.,,,,,							
		and other similar amou			1,013							
	4	Income from investment	of tax-exempt bo	ond proceeds ▶				-				
	5	Royalties		▶								
			(ı) Real	(II) Personal								
	6a	Gross rents .										
	b	Less: rental expenses										
	C	Rental income or (loss)										
	ď	Net rental income or (lo					· · · · · · · · · · · · · · · · · · ·					
	7a	Gross amount from sales of	(i) Securities	(II) Other								
		assets other than inventory										
	b	Less: cost or other basis										
	С	and sales expenses .										
	d	Net gain or (loss)						· · · · · · · · · · · · · · · · · · ·				
ĺ		11ct gain of (1033) .		· · · ·								
Other Revenue	8a	Gross income from fur events (not including \$	ndraising									
r Rev		of contributions reported										
the	L		a									
Ò		Less: direct expenses Net income or (loss) fro		events . ►								
		Gross income from gan		events .								
		See Part IV, line 19						!				
	b	Less: direct expenses	- ,									
		Net income or (loss) fro		vities	·		·					
		Gross sales of inv	entory, less									
	b	Less cost of goods so										
		Net income or (loss) fro		entory ►								
		Miscellaneous Rev	······································	Business Code								
	11a	Sales Tax Refund			4,743							
	b											
	c	***************************************										
	d	All other revenue										
	е	Total. Add lines 11a-1			4,743							
	12	Total revenue. See ins	structions .	<u>.</u> ▶ [10,826,900			_				

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	II other organization:	s must complete co	lumn (A)
	Check if Schedule O contains a respons				<u></u> 🗆
	nt include amounts reported on lines 6b, 7b, o, 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 .	7,458,911	7,458,911		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	35,519	35,519		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members [
5	Compensation of current officers, directors,				
	trustees, and key employees	113,375	14,348	99,027	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	482,912	372,311	110,601	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	39,325	23,259	16,066	
9	Other employee benefits	48,988	31,408	17,580	
10	Payroll taxes	36,440	25,673	10,767	
11	Fees for services (non-employees)				
а	Management				
b	Legal			-	
C	Accounting				·
d	Lobbying				
e f	Professional fundraising services See Part IV, line 17 Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	10,356	9,127	1,229	.
13	Office expenses	76.096	45,527	30,569	
14	Information technology	70,000	40,527	30,303	
15	Royalties				·········
16	Occupancy	46,570	25,420	21,150	
17	Travel	22,307	20,067	2,240	
18	Payments of travel or entertainment expenses	- /		_,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	19,380	18,375	1,005	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	5,197		5,197	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	```				
a	Contracted Services	2,364,549	2,311,644	52,905	
b	Employee Training	7,765	7,765		
Q C	Sales Tax Expense	5,439		5,439	
d	Bank Service Charges	325	292	33	<del>.</del>
е 25	All other expenses Refund of Grant Funds  Total functional expenses. Add lines 1 through 24e	31,504	31,504	220 222	
26	Joint costs. Complete this line only if the	10,804,958	10,431,150	373,808	
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here Following SOP 98-2 (ASC 958-720)				
			I I	1	

33 34 Total net assets or fund balances . . .

Total liabilities and net assets/fund balances

	330 (2	· -,			Page I
J	art X		<del></del>		
		Check if Schedule O contains a response or note to any line in this Part >		· · ·	<u>.</u>
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	327,305	1	284,91
	2	Savings and temporary cash investments	152,060		218,39
	3	Pledges and grants receivable, net	.02,000	3	1,75
	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	
	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			•
ş		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a	<u>.                                    </u>		
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	479,365	16	505,05
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	3,75
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
ies	22	Loans and other payables to current and former officers, directors,	٠	•	_
Ħ		trustees, key employees, highest compensated employees, and		_	
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D			
	26	<u> </u>		25	
	20	Total liabilities. Add lines 17 through 25	. 0	26	3,752
es		complete lines 27 through 29, and lines 33 and 34.			-
5	27		222.422	27	
퓽	28	Temporarily restricted net assets	339,139 140,226		305,575
<b>B</b>	29		140,226	29	195,732
<b>Assets or Fund Balances</b>	-5	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	÷	23	
Ϋ́		complete lines 30 through 34.	, , ,		
S	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	

501,307

479,365 33

					.gc
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10,82	26,900
2	Total expenses (must equal Part IX, column (A), line 25)	2		10,80	)4,958
3	Revenue less expenses. Subtract line 2 from line 1	3			21,942
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		47	79,365
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		50	1,307
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other			7	数
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in	1	100	47
	Schedule O.		10.00	38.5	150.00
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or		7)	
	reviewed on a separate basis, consolidated basis, or both:				435
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		17.15		7 3
b	Were the organization's financial statements audited by an independent accountant?		2b	<b>✓</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a			
	separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1	30.00
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	<b>√</b>	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın			
	Schedule O.	_	<u> </u>	200	7.2
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	idits.	3b	<b>✓</b>	
			Forn	n <b>990</b>	(2018)

#### **SCHEDULE A** (Form' 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

**Open to Public** 

Department of the Treasury Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name o	lame of the organization Employer identification number					Employer identification	n number
	n's Partnership for Chidren			<u> </u>	<del> </del>		92432
Part			<del></del>		<u>'</u>	<del></del>	ons.
1 [ 2 [ 3 [	=						
	hospital's name, city, and stat						
5 [	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned c	or operate	ed by a government	tal unit described in
7 [	<ul><li>☐ A federal, state, or local gover</li><li>✓ An organization that normally described in section 170(b)(1)</li></ul>	receives a subs (A)(vi). (Comple	stantial part of its sup te Part II.)	port from			n the general public
_	A community trust described i						
	An agricultural research organ or university or a non-land-gra university:	int college of agr	riculture (see instruction	ons). Ente	er the nan	ne, city, and state of	f the college or
_	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and un lifter June 30, 19	nctions—subject to c related business taxa 75. See <b>section 509(</b> a	ertain exc ble incon a)(2). (Co	ceptions, ne (less se mplete Pa	and (2) no more tha ection 511 tax) from art III )	n 331/3% of its
_	An organization organized and	•	•	-			
12 [	An organization organized and of one or more publicly support Check the box in lines 12a thro	orted organizatio	ns described in secti	ion 509(a	1)(1) or se	ection 509(a)(2). Se	e section 509(a)(3)
а	Type I. A supporting organ the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	ajority of t		
b	☐ <b>Type II.</b> A supporting orga control or management of organization(s) <b>You must</b>	the supporting o	organization vested in	the same			
С	Type III functionally integ						ally integrated with,
d	Type III non-functionally that is not functionally integred requirement (see instructional see instruc	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an	
е	Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determination	on from ti oporting (	he IRS the	at it is a Type I, Type ion	e II, Type III
f	Enter the number of supported of	-					[
	Provide the following information		, <u> </u>				
(	i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total		attingto at the star			100 Contraction		

, Sahadi	ule A (Form 990 or 990-EZ) 2018		,				0
Pari	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	e box on line	5, 7, or 8 of 1	Part I or if the	organization	n failed to qua	
	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,068,493	10,344,651	10,416,127	10,358,482	10,794,144	50,981,897
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	O	0	0	o	o	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	9,068,493	10,344,651	10,416,127	10,358,482	10,794,144	50,981,897
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4			-			50,981,897
-	ion B. Total Support		L	E	1	L	50,961,697
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	9,068,493	10,344,651	10,416,127	10,358,482	10,794,144	50,981,897
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,000,433	10,344,931	0,410,127	0	0.	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	866	864	729	1,007	1,013	4,479
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,006	2,926	12,059	17,876	31,743	66,610
11	Total support. Add lines 7 through 10	2,000	2,020	12,000	17,070	0,,,,,,	51,052,986
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	0 1,002,000
13	First five years. If the Form 990 is for the organization, check this box and stop her	е			_	ear as a section	501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentage	;				
14	Public support percentage for 2018 (line 6	, column (f) dıv	ided by line 11	, column (f))		14	99.86 %
	D. I				l l		• •

<del>, , , , , , , , , , , , , , , , , , , </del>	on o. Computation of Fubile Support Fercentage			
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)	14	99.86	%
15	Public support percentage from 2017 Schedule A, Part II, line 14	15	99.92	<del>%</del>
16a	331/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 box and stop here. The organization qualifies as a publicly supported organization			<b>✓</b>
b	331/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 this box and stop here. The organization qualifies as a publicly supported organization			
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 1 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box a Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies organization	and start as as as	top here. Explain in publicly supported	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 1 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization supported organization	this b on qu	oox and stop here. ualifies as a publicly	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, chec instructions			
	Sch	edule	A (Form 990 or 990-EZ) 20	18

Part.	III Support Schedule for Organiz	ations Desci	ribed in Sect	ion 509(a)(2)			
	(Complete only if you checked t						nder Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	II.)	
Sect	ion A. Public Support		-				
Caler	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants")				i		
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 .				<u> </u>		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						•
4	Tax revenues levied for the						
	organization's benefit and either paid to			İ	/	∤ i	
	or expended on its behalf				/		
5	The value of services or facilities	*					
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .				/		
b	Amounts included on lines 2 and 3			/			
	received from other than disqualified		İ		İ		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	1 1 -				£ ~,,	
	line 6.)	-		· ·	4.4	_ , '	
	on B. Total Support	_	,	/			
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6		/				
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .		/			_	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		/				
С	Add lines 10a and 10b		/	<u> </u>			
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	<b></b>					
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)			i			
12							
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	·		1- 6	al Alatinal &	6.641- 4		504( )(0)
14	First five years. If the Form 990 is for the organization, check this box and stop he				_		
Socti	on C. Computation of Public Suppor				· · · · ·	• • •	🕨 📋
				101 (0)	<del> </del>	T 45	
15 16	Public support percentage for 2018 (line 8					15	%
16 Section	Public support percentage from 2017 School D. Computation of Investment Inc	come Berer	ntage	<del> </del>	· · · · ·	16	<u>%</u>
				lma 40 ==1	(f)	147	
17	Investment income percentage for 2018 (	iirie Tuc, colum	iii (ī), aivided b	y iine 13, colu	mn (f))		<u>%</u>
18	Investment income percentage from 2017	r Schedule A, I	-art III, line 17	 		18	<u>%</u>
19a	331/3% support tests – 2018. If the organ 17 is not more than 331/3%, check this box	and stop have	The crassizetic	on line 14, ar	iu line 15 is m	ore than 331/39	
L							
b	331/3% support tests—2017. If the organiz line 18 is not more than 331/3%, check this b	alion did Not Cl	ere The crass	mile 14 Or line 1	sa, and line 16	is more than 3	o·/3%, and
20							
20	Private foundation. If the organization di	a not check a l	pox on line 14,	19a, or 19b, c	neck this box	and see instruc	tions 🕨 🔲

## Part IV

## **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on	A.	All	Sup	porting	oro	ganizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> 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 12a or 12b 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 <b>Part VI</b> 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 <b>Part VI</b> 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		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 filling 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 (as 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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	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 <b>Part VI</b> .	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		

<b>Part</b>	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u> </u>		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
c	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	<u> </u>	
<u>Secti</u>	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year		·	
•		1		,
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 carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			<u> </u>
	on or type is dupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	1
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	لسنسا		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	[:		1
	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	<u> </u>		
_	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		-	l
	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.			
Saction	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i			
' a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	nstruc	cuons	5)
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins	structi	lonel
2	Activities Test. Answer (a) and (b) below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	<u></u>	-	<del></del> 1
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>		•	- 1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined	İ		٠. ا
	that these activities constituted substantially all of its activities	2a		
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	١.١		- 1
	reasons for the organization's position that its supported organization(s) would have engaged in these		'+	
	activities but for the organization's involvement.	2b	<u>]</u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.			-1
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? Provide details in Part VI.	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		• •
	the recommenda organizations ( if type tripped in Wart W too Yold blood by the ereconstation in this record			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(b) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(b) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(b) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g tru nizat	ist on Nov. 20, 1970 (explaitions must complete Sections	in in Part VI) <b>See</b> ons A through E.
Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 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>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	·	4 4 4	1
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	<b></b> -		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	, Y	<u> </u>
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	4	
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-functionall instructions).	y int	egrated Type III supporting	organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	zations (continued)				
Sect	ion D-Distributions			Current Year			
1							
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted				
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						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions	h the organization is res	ponsive				
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount	<del></del>		·····			
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in <b>Part VI</b> ) See instructions.						
3	Excess distributions carryover, if any, to 2018						
а	From 2013						
b	From 2014						
С	From 2015						
d	From 2016						
е	From 2017						
f	Total of lines 3a through e		,				
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from Section D, line 7:			•			
a	Applied to underdistributions of prior years		· · · · · · · · ·				
	Applied to 2018 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if						
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions						
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions						
7	Excess distributions carryover to 2019. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2014						
b	Excess from 2015						
c	Excess from 2016						
d	Excess from 2017						
е	Excess from 2018						

Part 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 and Participant Fees From Trainings Revenue
<b></b>	······
	·
<b></b>	,
<b></b>	······································
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	·····
	· · · · · · · · · · · · · · · · · · ·

#### 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number **Durham's Partnership for Children** <u>56-1892432</u> Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 4 Aggregate value at end of year . . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(u)? . . . . . . . . . . . . . . . . . 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 . . . . \$_______ the If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

Assets included in Form 990, Part X .

Fair	Organizations Maintaining	Collections of	Art, His	torical	I reasures	s, or O1	ther Similar A	ssets (ca	ontinuea)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and o	ther reco	ords, ched	ck any of t	he follo	wing that are a	significan	t use of its
а	☐ Public exhibition		d	☐ Loan	or exchan	ge prog	rams		
b	☐ Scholarly research		е	☐ Othe	r				
С	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	on's collections	and expl	ain how t	they further	the org	ganization's exe	mpt purp	ose in Par
5	During the year, did the organization sassets to be sold to raise funds rather								es 🗌 No
Par	t IV Escrow and Custodial Arrai								
	Complete if the organization 990, Part X, line 21.					-	•		ı Form
1a	included on Form 990, Part X?								es 🗌 No
b	If "Yes," explain the arrangement in Pa	rt XIII and compl	ete the fo	ollowing t	able:			Amount	
С	Beginning balance					10	;		
d	Additions during the year					10	l		
е				-		1e	<del> </del>		
f	Ending balance					1f			
2a	Did the organization include an amount							•	
1	If "Yes," explain the arrangement in Pa	rt XIII. Check her	e if the e	xplanatio	n has beer	provide	ed on Part XIII .		
Par	t V Endowment Funds.  Complete if the organization is	anguared "Van	" on Fo	m 000 I	Dart IV lin	o 10			
	Complete in the organization	(a) Current year		or year	(c) Two year		(d) Three years bac	k (e) Four	years back
1a	Beginning of year balance	(2) 55	(2)		(0) 11/0 / 00	., 0 5051	(4) 111100 yours out	(0, 100)	youro buon
b	Contributions								
c	Net investment earnings, gains, and		<u> </u>						
	losses								
d	Grants or scholarships							··	
е	Other expenditures for facilities and		1						
	programs								
f	Administrative expenses								
g	End of year balance		<u> </u>						
2	Provide the estimated percentage of th	e current year er	nd baland	e (line 1g	j, column (a	a)) held a	as·		
а	Board designated or quasi-endowment	· ▶	%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment ▶	%							
0-	The percentages on lines 2a, 2b, and 2								
3a	Are there endowment funds not in the organization by:	possession or tr	ie organi	zation tha	at are neio	and ad	ministered for ti		V N-
	•								Yes No
	<ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul>							3a(i) 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations							3b	
4	Describe in Part XIII the intended uses							00	
Part									
	Complete if the organization a		" on For	m 990, F	art IV, lin	e 11a. S	See Form 990,	Part X, I	line 10.
	Description of property	(a) Cost or of (investment)	ther basis	(b) Cost o	or other basis ther)	(c) /	Accumulated epreciation	(d) Boo	
1a	Land								
b	Buildings							<del></del>	
С	Leasehold improvements								
d	Equipment								
e	Other								
Total.	Add lines 1a through 1e. (Column (d) mu	ust equal Form 9	90, Part	X, column	(B), line 10	Oc.) .	. •		

Part VII	Investments – Other Securitie Complete if the organization an		m 000 Port IV line	11h Soo Form 00	0 Port V line 12
	(a) Description of security or category		(b) Book value	(c) Method	
	(including name of security)	Si y	(b) Book value	Cost or end-of-y	
(1) Financial	derivatives				
	neld equity interests				
(3) Other					
(A)	•••••				
(B)	•••••				
(C)					
(D)				· · <del>- · - · · · · · · · · · · · · · · ·</del>	
(E)					
(F)					
(G) (H)					
	h) must asset form 000. Bort V and /D) has 10.) N				
Part VIII	b) must equal Form 990, Part X, col. (B) line 12) ▶ Investments — Program Relate				<del></del>
Part VIII	<del>_</del>		m 000 Port IV line	110 Coo Form 00	O Dort V line 12
	Complete if the organization an  (a) Description of investment	Sweled tes offron			
	(a) Description of investment		(b) Book value	(c) Method ( Cost or end-of-ye	
(1)					
(1)					
(2)	<del></del>		· · · · · · · · · · · · · · · · · · ·		
(4)				<del> </del>	
(5)					==
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX	Other Assets.				
	Complete if the organization and	swered "Yes" on Forr	m 990, Part IV, line	11d. See Form 990	0, Part X, line 15.
		(a) Description			(b) Book value
(1)					
(2)					
(3)		<del>-</del>			
(4)					
_(5)					
(6)					
_(7)					<del>.</del>
(8)					
(9)	75 (b)	1 (0) ( 45)			
	mn (b) must equal Form 990, Part X, o	coi. (B) line 15 )		•	
Part X	Other Liabilities.		000 David IV Loss (	44 446 0 5 -	000 B. 4 V
	Complete if the organization and line 25.	swered "Yes" on Forr	n 990, Part IV, line	ille or lift. See Fo	rm 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in		(b) Book value			
(2)			<del></del> i		
(3)					
(4)					
(5)					
(6)					
(7)		-			
(8)					
(9)					
	o) must equal Form 990, Part X, col (B) line 25)	-			
	uncertain tax positions. In Part XIII, prov		te to the organization's	financial statements t	hat reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part	•	•	Return.	
	Complete if the organization answered "Yes" on Form 990, F		, , , , , , , , , , , , , , , , , , , ,	
1	Total revenue, gains, and other support per audited financial statements		1	10,826,90
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1		
a	Net unrealized gains (losses) on investments	2a 0		
b	Donated services and use of facilities	2b 0		
C	Recoveries of prior year grants	2c 0		
d	Other (Describe in Part XIII.)	2d 0	_	
_	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	10,826,90
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	40		
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 0		
-	A 1 1 11		4c	,
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		5	10 936 000
Part				10,826,900
	Complete if the organization answered "Yes" on Form 990, P		i iiotaiin	
1	Total expenses and losses per audited financial statements		1	10,804,958
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			,
а	Donated services and use of facilities	2a   0		
b	Prior year adjustments	2b 0		
C	Other losses	2c 0		
d	Other (Describe in Part XIII.)	2d 0		
е	Add lines 2a through 2d		2e	(
3	Subtract line 2e from line 1		3	10,804,958
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	· · · · · · · · · · · · · · · · · · ·	4a 0		
	Other (Describe in Part XIII.)	4b 0		
_	Add lines 4a and 4b		4c	
<b>5</b> <b>Part</b> Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18)	5 ; Part V, line	10,804,958 e 4; Part X, line
<b>5</b> <b>Part</b> Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	18)	5 ; Part V, line	
<b>5</b> <b>Part</b> Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18)	5 ; Part V, line	
<b>5</b> <b>Part</b> Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18)	5 ; Part V, line	
<b>5</b> <b>Part</b> Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18)	5 ; Part V, line	
<b>5</b> <b>Part</b> Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18)	5 ; Part V, line	
<b>5</b> <b>Part</b> Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18)	5 ; Part V, line	

Schedule D (Fo	rm 990) 2018	Page \$
Part XIII	Supplemental Information (continued)	
•		
···		
· <b>···</b>		
·		
	•••••••••••••••••••••••••••••••••••••••	
••		

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

Durham's Partnership for Children

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. ► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Employer identification number

Inspection

56-1892432

**%** □

✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Part I

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

	-					.50500000000000000000000000000000000000	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) The Center for Child and Family							
1121 W. Chapel Hill St., Durham, NC	58-1446309	501 (c) (3)	330,914				Family Support
(2) Chapel Hill Training & Outreach							
800 Eastowne Dr. STE 105, Chapel Hill	58-2046321		3,007,864				Child Care & Support
(3) Child Care Services Associatio							
1829 E. Franklin St., Chapel Hill, NC	56-1514058	501 (c) (3)	3,697,262				Child Care Quality & Asst.
(4) Communities in School Durham							
3412 Westgate Dr., Suite 301 Durham	56-1791366	501 (c) (3)	46,388			•	Family Support
(5) Durham Cty Cooperative Ext.							
721 Foster St., Durham, NC	56-6049304		190,267				Family Support
(6) Exchange Club Child Abuse							
3400 Croasdaile Dr., Ste 206, Durham	56-1978668	501 (c) (3)	186,216				Early Intervention
(1)							
(8)							
(6)							
<i></i>					-		
(10)							
(11)							
			`				
(12)							
	501(c)(3) and gov	ernment organiza	itions listed in the li	ine 1 table			. <b>.</b>
3 Enter total number of other organizations listed in the line 1 tab	ganizations listed						•

3 Enter total number of other organizations listed in the line 1 tab
For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) (2018)

4

• • •

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. Part III

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	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Book	1 Books, Supplies, and Materials to Providers	Various		24,910		
2 Comn	2 Community Children's Outreach	Various		8,710		
3 Contr	3 Contribution for Literacy Event	Various		1,449		
4 Partn	4 Partnership Workshop Participation	Various		450		
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9						
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Part IV	Supplemental Information. Provide the information	the information r	equired in Part I, lir	e 2; Part III, column	required in Part I, line 2; Part III, column (b); and any other additional information.	onal information.

completed tools to the local contractor's office. The Partnership's NC Pre-K department reviews the tools and conducts a site visit to ensure that all information is correct and accurate and 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 annual programmatic and fiscal monitoring site visit includes a review of the compliance with the Contract Activity Description, documentation of evaluation, compliance with communication standards, compliance with grants management, financial status reports, cash receipts, cash disbursements, competitive bidding, cash and in-kind contributions and development of a corrective action plan will occur if necessary. NC Pre-Kindergarten Monitoring: The Partnership conducts monitoring as part of the NC Pre-Kindergarten Program in requirements. Both the Smart Start funded programs and NC Pre-K sites are monitored annually. Smart Start Monitoring: The Partnership monitors each Smart Start funded program property and equipment. Based on this review and completion of a monitoring tool, a report is completed and provided to the funded program. Follow-up technical assistance and Durham County. Monitoring activities for participating NC Pre-Kindergarten sites are conducted throughout the year to ensure that program requirements are met. Pre-K sites are required to complete an annual Site Monitoring Tool that is designed to address the components of the program to meet compliance areas at the site and classroom level. Sites submit the in compliance with State requirements. Monitoring tools developed by the NC Division of Child Development must also be used at the local level for self-review and verification of Monitoring. As the steward of public funds, the Partnership is responsible for monitoring its funded programs to ensure accountability of funds and compliance with contract

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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. Part III

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	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
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Part IV	Supplemental Information. Provide the information	the information re	equired in Part I lin	e 2. Part III. column	required in Part I line 2. Part III column (b): and any other additional information	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... to assess compliance with performance standards and contract requirements. A monitoring tool has been developed using the Office of Head Start Monitoring Protocol and Selfmanagement 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, 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 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 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 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 delegate agency.

#### **SCHEDULE L**

(Form 990 or 990-EZ)

# **Transactions With Interested Persons**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name o	of the organization								Employ	yer ide	ntificat	ion nu	mber		
Durha	ım's Partnership for C	hildren									56-	18924	32		
Par		efit Transaction he organization											V, line	40b.	
1	(a) Name of discussifies	1 00000	(b) Relationship b	etween	disqualified	person and		(a) Da		2 26 122		_		(d) Cor	rected?
	(a) Name of disqualified	person		organiz	zation			(0) De	scriptio	n or trai	isactio	11		Yes	No
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(2)															
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2	Enter the amount under section 4958		d by the orga		-	gers or dis		•		-	-	ar ► \$	S		
3	Enter the amount of	of tax, if any, on	line 2, above,	reimb	oursed by	the organ	ızatıo	n			.	• \$	S		
Part	Complete if the	d/or From Interne organization reported an am	answered "Ye	es" on				e 38a or F	orm 99	90, Pa	rt IV,	line 2	6; or	f the	
(a) N	ame of interested person	(b) Relationship with organization	(c) Purpose of loan	fr	oan to or om the inization?	(e) Origir principal an		(f) Balanc	e due	(g) In (	default?	by bo	proved pard or nittee?	(ı) W agree	ritten ment?
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Total Part	III Grants or As	sistance Bene	fiting Interest	ed Pe	ersons.			\$		<u> </u>			•		
	Complete if the	ne organization	answered "Ye	s" on	Form 99	0, Part IV, I	ine 27	, 							
(a)	Name of interested perso		ship between inter and the organization		(c) Amount	of assistance	•	(d) Type of as	ssistanc	е	(e)	Purpo	se of a	ssistan	ce
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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	organi	aring o zation's nues?
				Yes	No
(1) D. Boston, Board Member	Chapel Hill Training & Out	3,391,715	Grant/Purchase of Service		✓
(2) C. Brown, Board Member	Brown's Early Learning	116,675	Purchase of Service		✓
(3) L. Chappel, Board Member	Child Care Services Assn.	3,697,262	Grant/Purchase of Service		✓
(4) M. Lee, Board Member	Durham Public Schools	364,960	Purchase of Service		✓
(5) D. Cummings/D. Rewalt, Board Memb	pers Durham Cty Coop. Ext.	190,267	Grant Agreement		✓
(6)					
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Part V Supplemental Information.		0 1 1 1 1 /			
Provide additional information	on for responses to questions o	n Schedule L (See	instructions).		
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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.

2018

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

**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 wih implementing North Carolina's Smart Start Initiative, NC Pre-Kindergarten Programs for Durham County, Durham Early Head Start, and Dolly Parton's Imagination Library. In FY 18-19, DPfC funded 10 Smart Start Programs, 40 NC Pre-Kindergarten classrooms, and Early Head Start programs with both center-based and home-based components. Additionally, DPfC leads Durham's Campaign for Grade-Level Reading and the Transition to Kindergarten Initiative. Durham's Campaign is founded on a strong belief in the vital role of parents in achieving success for their children and is committed to engaging with families, schools, and community members to ensure better outcomes for Durham's children. Ultimately, the Campaign hopes to increase the percentage of 3rd graders in Durham reading proficiently over the next five years. Transition to Kindergarten engages a variety of community stakeholders to plan and implement transition activities for rising kindergartners and families throughout Durham. Collaborative work includes Durham Pre K, Reach Out and Read, Ending Family Homelessness, and the Early Childhood Mental Health Task Force. Part III 4d. DPfC returned \$31,504 of unspent grant funds for the DELTA Collaborative that ceased operations on on 6/30/19. Part VI - Section B. Policies #11b - Form 990 was completed by Partnership staff and reviewed by the Finance and Audit Committee. A copy of the completed form was made available to all Board members. Part VI - Section B. Policies #12c - Durham's Partnership for Children has a written conflict of interest policy that was approved by the Board of Directors. In an effort to regularly and consistently monitor and enforce compliance with the policy, all conflicts are recorded and shared with the Board in chart form. The chart is updated when new information is provided. The chart is then used to monitor discussions and voting by members who may have a conflict of interest. All conflicts and abstentions are recorded in the minutes of the

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2018)

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