Financial Statements and Independent Accountant's Review Report

Years ended June 30, 2017 and 2016







### **Independent Accountant's Review Report**

Board of Directors Partnership for Children Missoula, MT

We have reviewed the accompanying financial statements of Partnership for Children, which comprise the statement of financial position as of June 30, 2017, and the related statements of activities, cash flows and functional expenses for the year then ended and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

#### **Accountant's Responsibility**

Our responsibility is to conduct the review engagements in accordance with *Statements on Standards for Accounting and Review Services* promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States. We believe that the results of our procedures provide a reasonable basis for our conclusion.

#### **Accountant's Conclusion**

Based on our review, we are not aware of any material modifications that should be made to the accompanying 2017 financial statements in order for them to be in accordance with accounting principles generally accepted in the United States.

#### **Report on 2016 Financial Statements**

The June 30, 2016 financial statements were audited by us, and we expressed an unmodified opinion on them in our report dated October 28, 2016, but we have not performed any auditing procedures since that date.

Wippei LLP

September 29, 2017 Missoula, MT

Statements of Financial Position

for the years ended June 30,	Reviewed 2017	Audited 2016
ASSETS		
CURRENT ASSETS		
Cash	\$ 142,514 \$	116,590
Investments	1,004,995	1,109,866
Fees receivable (net of allowance of \$800 in 2017 and \$3,200 in 2016)	122,574	167,138
Other assets	-	2,521
Total current assets	1,270,083	1,396,115
PROPERTY AND EQUIPMENT		
Land, building and equipment	1,207,226	1,152,368
Accumulated depreciation	(565,076)	(523,946)
Net property and equipment	642,150	628,422
	\$ 1,912,233 \$	2,024,537
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	\$ 11,720 \$	9,429
YH payable	19,846	20,677
Accrued expenses and other liabilities	89,213	82,646
Pension plan payable	111	26,755
Current portion long-term debt	34,588	33,250
Total current liabilities	155,478	172,757
LONG-TERM DEBT, Less current portion	42,640	78,411
Total liabilities	198,118	251,168
NET ASSETS		
Unrestricted	 1,714,115	1,773,369
	\$ 1,912,233 \$	2,024,537

See Independent Accountant's Review Report.

See accompanying notes to financial statements.

# Statement of Activities

Reviewed

		Tempo	orarily	
for the year ended June 30, 2017	Unrestr	icted Restr	icted	Total
PUBLIC SUPPORT AND REVENUE				
Public Support				
Contributions - cash	\$ 54	4,504 \$	- \$	54,504
Revenue				
State contracted fees	1,66	5,396	-	1,666,396
USDA school lunch program	-	1,330	-	11,330
Interest and dividend income	23	8,191	-	28,191
Realized/unrealized gain on investments	38	8,073	-	38,073
Total revenue	1,743	3,990	-	1,743,990
Total public support and revenue	1,79	8,494	-	1,798,494
EXPENSES				
Program services				
Foster care program	70	5,685	-	706,685
Group care program	1,15	1,063	-	1,151,063
Total program services	1,85	7,748	-	1,857,748
CHANGE IN NET ASSETS	(59	9,254)	-	(59,254)
NET ASSETS - Beginning of year	1,773	3,369	-	1,773,369
NET ASSETS - End of year	\$ 1,714	4,115 \$	- \$	1,714,115

See Independent Accountant's Review Report. See accompanying notes to financial statements.

# Statement of Activities

Audited

		Temporarily	
for the year ended June 30, 2016	Unrestricted	d Restricted	Total
PUBLIC SUPPORT AND REVENUE			
Public Support			
Contributions - cash	\$ 54,03	0\$-\$	54,030
Revenue			
State contracted fees	1,494,40	3 -	1,494,403
USDA school lunch program	11,66	0 -	11,660
Interest and dividend income	32,71	8 -	32,718
Realized/unrealized gain on investments	47	9 -	479
Total revenue	1,539,26	0 -	1,539,260
Total public support and revenue	1,593,29	0 -	1,593,290
EXPENSES			
Program services			
Foster care program	564,90	6 -	564,906
Group care program	1,105,11	0 -	1,105,110
Total program services	1,670,01	6 -	1,670,016
CHANGE IN NET ASSETS	(76,72	6) -	(76,726)
NET ASSETS - Beginning of year	1,850,09	5 -	1,850,095
NET ASSETS - End of year	\$ 1,773,36	9\$-\$	1,773,369

See Independent Accountant's Review Report. See accompanying notes to financial statements.

Statements of Cash Flows

for the years ended June 30,	F	Audited 2016	
CASH FLOWS FROM OPERATING ACTIVITIES			
Change in net assets	\$	(59,254) \$	(76,726)
Adjustments to reconcile change in net assets			
to net cash from operating activities			
Depreciation		39,740	41,634
Bad debts		23,232	3,200
Gain on investments		(38,073)	(479)
(Increase) decrease in			
Accounts receivable		21,332	36,124
Prepaid expenses and other		2,521	(2 <i>,</i> 521)
Increase (decrease) in			
Accounts payable		2,291	3,874
YH payable		(831)	2,834
Accrued expenses and other liabilities		6,567	13,218
Pension plan payable		(26,644)	3,914
Net cash from operating activities		(29,119)	25,072
CASH FLOWS FROM INVESTING ACTIVITIES			
Cash paid for purchase of fixed assets		(53,468)	_
Cash flow from investments		142,944	23,389
		142,944	23,305
Net cash from investing activities		89,476	23,389
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments on long-term debt		(34,433)	(30,815)
		(0,1,100)	(00)000
Net cash from financing activities		(34,433)	(30,815)
NET INCREASE (DECREASE) IN CASH			
AND CASH EQUIVALENTS		25,924	17,646
CASH AND CASH FOUNTALENTS Degisting of your		116 500	00 044
CASH AND CASH EQUIVALENTS - Beginning of year		116,590	98,944
CASH AND CASH EQUIVALENTS - End of year	\$	142,514 \$	116,590
INTEREST PAID DURING THE YEAR	\$	2,573 \$	6,193

See Independent Accountant's Review Report.

See accompanying notes to financial statements.

# Statement of Functional Expenses

Reviewed

for the year ended June 30, 2017	Fo	ster Care	Group Care	Total
Accounting services	\$	3,283	\$ 6,566 \$	9,849
Advertising		13,768	-	13,768
Bad debt expense		6,507	16,725	23,232
Bank charges and interest		4,964	3,710	8,674
Benefits and payroll taxes		93,098	161,331	254,429
Child related expenses		2,351	11,175	13,526
Combined insurance		11,372	20,302	31,674
Direct management costs		74,911	126,201	201,112
Dues		2,526	-	2,526
Equipment expenses		12,698	12,547	25,245
Food		-	27,841	27,841
Miscellaneous		6,292	8,466	14,758
Office supplies		8,086	3,698	11,784
Postage, printing and publications		647	-	647
Professional fees		333	666	999
Purchased services		57,176	3,108	60,284
Rent		8,607	-	8,607
Salary and wages		350,831	691,365	1,042,196
Staff development		7,560	6,102	13,662
Supplies		33	5,139	5,172
Taxes		-	147	147
Telephone		8,616	3,160	11,776
Transportation and per diem		14,675	4,513	19,188
Utilities		5,618	11,294	16,912
Total expenses before depreciation		693,952	1,124,056	1,818,008
Depreciation		12,733	27,007	39,740
Total expenses	\$	706,685	\$ 1,151,063 \$	1,857,748

See Independent Accountant's Review Report.

See accompanying notes to financial statements.

# Statement of Functional Expenses

Audited

for the year ended June 30, 2016	Fc	oster Care	Group Care	Total
Accounting services	\$	3,240	\$ 3,466 \$	6,706
Advertising		6,494	820	7,314
Bad debt expense		-	3,200	3,200
Bank charges and interest		8,293	4,200	12,493
Benefits and payroll taxes		74,249	164,829	239,078
Child related expenses		1,739	10,681	12,420
Combined insurance		10,546	19,954	30,500
Direct management costs		60,360	123,912	184,272
Dues		2,265	1,330	3,595
Equipment expenses		7,413	16,374	23,787
Food		-	25,192	25,192
Miscellaneous		12,078	4,192	16,270
Office supplies		9,440	3,901	13,341
Postage, printing and publications		119	-	119
Purchased services		39,208	1,944	41,152
Salary and wages		280,213	656,391	936,604
Staff development		11,484	11,863	23,347
Supplies		9	5,949	5,958
Taxes		-	566	566
Telephone		7,624	3,869	11,493
Transportation and per diem		11,724	6,658	18,382
Utilities		4,314	8,279	12,593
Total expenses before depreciation		550,812	1,077,570	1,628,382
Depreciation		14,094	27,540	41,634
Total expenses	\$	564,906	\$ 1,105,110 \$	1,670,016

See Independent Accountant's Review Report. See accompanying notes to financial statements. Notes to Financial Statements

# **Note 1: Summary of Significant Accounting Policies**

### Organization

Intermountain of Helena and Youth Homes (YH) established Rocky Mountain Partnership for Children in 1999. The name was changed to Partnership for Children in the fall of 2000. The Partnership provides services for Western Montana children who have experienced significant early childhood trauma.

The Partnership for Children's Rosemary Gallagher Children's Home and the Sherry Mahon Francetich Children's Home work with children ages 4-14, attempting to heal their pain, improve their social functioning and prepare them to return home or successfully transition into a foster-adoptive family. The Family Care Program works with biological, kinship, foster and adoptive families in their homes to stabilize and support the relationship between the child and his or her caregivers.

Children who experience chronic neglect and significant abuse learn to distrust the care of adults and have difficulty regulating their emotions and ensuing behaviors. Partnership works with these children by surrounding them with safe, predictable adult caregivers whom they can learn to trust, leading to the acceptance of healthy adult care and nurturing. Partnership also works with families in their homes, often helping to preserve or reunify families. If families are no longer able to care for their children, Partnership recruits, trains and supports foster/adoptive families. Other support services include outpatient therapy and case management. What has grown from the idea of merging Intermountain's clinical approach with the Youth Homes' knowledge of keeping children in the community is now a fully-matured organization effective in treating young children and moving them from pain to family.

Each day the Partnership serves 12 children in two six-bed group homes and over 50 children and their families in the Therapeutic Family Care Program.

### **Basis of Accounting**

The financial statements of the Partnership have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States.

### **Property and Equipment**

The Partnership capitalizes all expenditures for land, buildings, and equipment with a cost in excess of \$5,000, except donated fixed assets, which are stated at fair market value at the date of donation. Depreciation is provided on a straight-line basis over the estimated useful lives of the assets ranging from 5 to 27.5 years.

### Contributions

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

# Note 1: Summary of Significant Accounting Policies (Continued)

#### **Contributions** (Continued)

Gifts of cash and other assets are reported as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a restriction expires, that is, when a stipulated time restriction ends or a purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. However, donor-restricted contributions, whose restrictions are met in the same period as the restricted gift was received, are reported as an increase to unrestricted net assets. Donated materials and equipment are reflected as contributions in the accompanying statements at their estimated values at date of receipt.

#### **Income Tax Status**

The Partnership is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code; therefore, no provision is made for income taxes.

The Partnership applies generally accepted accounting principles for recognition of uncertainty in income taxes and prescribing a recognition threshold and measurement attribute for the recognition and measurement of a tax position taken or expected to be taken in a tax return. In the course of its assessment, the Partnership has determined that it is subject to examination of its income tax filings in the United States and state jurisdictions for the open statutory periods. In the event that the Partnership is assessed penalties and or interest, penalties will be charged to miscellaneous expense and interest will be charged to interest expense.

#### Cash

The Partnership considers all highly liquid debt instruments with an original maturity of three months or less to be cash equivalents.

The Partnership maintains cash balances at several financial institutions. At times, balances may be in excess of the FDIC insurance limit.

#### Advertising

Advertising costs are charged to operations when incurred. Advertising and promotion expense was \$13,768 and \$7,314 for the years ended June 30, 2017 and 2016, respectively.

#### **Fees Receivable**

Fees receivable represent amounts owing to the Partnership from foster and Medicaid service contracts. Fees receivable are predominantly for shelter contracts with the Montana State Department of Family Services and reimbursable services through Medicaid.

The allowance for doubtful accounts is determined based upon annual review of account balances, including the age of the balance and the historical experience with the client. Uncollectible receivables are charged to the allowance.

### Note 1: Summary of Significant Accounting Policies (Continued)

#### Fees Receivable (Continued)

The allowance is adjusted at year-end based upon the reviews discussed above. The provision for bad debts on these accounts was \$800 and \$3,200 as of June 30, 2017 and 2016, respectively.

#### Investments

The Partnership adopted Statement of Financial Accounting Standards (ASC-958-320), "Accounting for Certain Investments Held by Not-for-Profit Organizations." The provisions of this standard require that investments in equity securities with readily determinable fair values and all investments in debt securities be measured at fair value on the balance sheet. The unrealized gain or loss on investments is reflected in the statement of activities.

#### **Use of Estimates**

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

#### **Financial Statement Presentation**

The Partnership has adopted (ASC No. 958) "Financial Statements of Not-for-Profit Organizations." Under ASC No. 958, the organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. There were no temporarily or permanently restricted net assets.

#### Reclassification

Certain amounts as previously reported in the prior year financial statements have been reclassified to conform to the current-year presentation. Such reclassifications have no effect on reported amounts of net assets or change in net assets.

#### **Accounting Standards Update**

On August 18, 2016, the FASB issued ASU 2016-14 (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities ("Update"). The Update reduces the number of net asset classes from three to two, those with donor restrictions and those without, requires all nonprofits to report expenses by nature and function and improves information presented in financial statements and notes that is useful in assessing a not-for-profit's liquidity, financial performance, and cash flows. The amendments in this update are effective for annual financial statements issued for fiscal years beginning after December 15, 2017, and for interim periods within fiscal years beginning after December 15, 2018. Early application of the amendments in this update is permitted. Partnership for Children has not elected to early implement the amendments. Notes to Financial Statements

## Note 2: Fair Value Measurements

ASC No. 820-10-35 requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. ASC No. 820-10-35 establishes a fair value hierarchy based on the level of independent, objective evidence surrounding the inputs used to measure fair value. A financial instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the fair value measurement. ASC No. 820-10-35 prioritizes the inputs into three levels that may be used to measure fair value:

- Level 1: Applies to assets or liabilities for which there are quoted prices in active markets for identical assets or liabilities.
- Level 2: Applies to assets or liabilities for which there are inputs other than quoted prices that are observable for the asset or liability such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical assets or liabilities in markets with insufficient volume or infrequent transactions (less active markets); or model-derived valuations in which significant inputs are observable or can be derived principally from, or corroborated by, observable market data.
- Level 3: Applies to assets or liabilities for which there are unobservable inputs to the valuation methodology that are significant to the measurement of the fair value of the assets or liabilities.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used during the years ended June 30, 2017 and 2016.

- Common stocks, corporate bonds, municipal bonds and U.S. government bonds. Valued at the closing price reported in the active market on which the individual securities are traded.
- Money market. Valued at the net asset value of shares held by the organization at year-end.
- CDs. Valued at cost plus accrued interest which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Partnership's management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Notes to Financial Statements

# Note 2: Fair Value Measurements (Continued)

	Reviewed					
						Total Fair
June 30, 2017		Level 1	Level 2	Level 3		Value
Common stock	\$	571,261 \$	- 5	\$-	\$	571,261
Foreign common stocks		78,584	-	-		78,584
Corporate bonds		-	150,227	-		150,227
Foreign corporate bonds		-	50,565	-		50,565
Municipal bonds		-	86,732	-		86,732
Total Mutual funds, stock, bonds and fixed						
annuities		649,845	287,524	-		937,369
Money markets		66,364	-	-		66,364
Mortgage-backed securities		-	1,262	-		1,262
Total assets	\$	716,209 \$	5 288,786	\$ -	\$	1,004,995

	Audited						
							Total Fair
June 30, 2016		Level 1		Level 2	Level 3		Value
Common stock	\$	617,122	\$	- \$		- \$	617,122
Foreign common stocks		74,146		-		-	74,146
Corporate bonds		-		211,158		-	211,158
Foreign corporate bonds		-		55,607		-	55,607
Municipal bonds		-		71,123		-	71,123
Total Mutual funds, stock, bonds and fixed							
annuities		691,268		337,888		-	1,029,156
		70.002					70.002
Money markets		79,082		-		-	79,082
Mortgage-backed securities		-		1,628		-	1,628
Total assets	\$	791,027	\$	339,516 \$		- \$	1,109,866

Notes to Financial Statements

## Note 3: Investments

The Partnership's investments are comprised of equity and debt securities, all of which are classified as trading securities and are carried at their fair value based on the quoted market prices of the securities at June 30, 2017 and 2016. Net realized and unrealized gains and losses on trading securities are included in changes in net assets. For purposes of determining realized gains and losses, the cost of securities sold is based on specific identification.

The composition of trading securities, classified as current assets, is as follows at June 30:

	Reviewed 2017		Audited 2016	
	Cost	Market	Cost	Market
Securities	\$ 553,795 \$	651,107 \$	591,830 \$	691,268
Bonds	281,851	287,524	328,343	339,516
Money Markets	66,364	66,364	79,082	79,082
Total Investments	\$ 902,010 \$	1,004,995 \$	999,255 \$	1,109,866

### **Note 4: Property and Equipment**

The composition of fixed asset accounts at June 30 is as follows:

	Reviewed 2017	Audited 2016
Land	\$ 117,950 \$	117,950
Buildings and improvements	1,014,797	959,939
Vehicles	74,479	74,479
	1,207,226	1,152,368
Less accumulated depreciation	(565,076)	(523,946)
Property and equipment, net	\$ 642,150 \$	628,422

Notes to Financial Statements

## Note 5: Long-Term Debt

Terms and maturities on long-term debt are estimated as follows:

	Reviewed 2017	Audited 2016
Loan payable, interest at 4%, with scheduled monthly		
payments of \$2,719, due July 2019; unsecured.	\$ 65,126 \$	95,093
Loan payable, interest at 3.59%, with scheduled monthly payments of \$365, due May 2020; secured		
by vehicle.	12,102	16,568
Total long-term debt	77,228	111,661
Less current portion	(34,588)	(33,250)
	\$ 42,640 \$	78,411
Estimates of annual maturities on long-term debt are as follows:		
2018	\$	34,588
2019		35,981
2020		6,659
	\$	77,228

### **Note 6: Employee Benefits**

A discretionary, profit sharing plan (SEP) is provided for employees in the third fiscal year of employment who meet minimum earnings levels in the prior fiscal year. The amount contributed by the Partnership is determined annually as a percent of gross wages for the preceding year. For the years ended June 30, 2017 and 2016, the Partnership contributed 3% of eligible gross wages in the amount of \$14,553 and \$18,492, respectively.

Employees are also eligible to make elective deferrals to a 403(b) Defined Contribution Retirement Plan and participate in the Partnership's Flexible Benefits Plan.

Notes to Financial Statements

# **Note 7: Unrestricted Net Assets**

Unrestricted net assets are comprised of the following as of June 30:

	Reviewed 2017	Audited 2016
Unrestricted Unrestricted-operating fund reserve	\$ 954,924 \$ 750,000	1,026,493 750,000
Total unrestricted net assets	\$ 1,714,115 \$	1,773,369

## **Note 8: Commitments and Contingencies**

The Partnership may be, from time-to-time, a party to various legal actions and administrative proceedings and subject to various claims arising in the ordinary course of business.

# **Note 9: Related Party**

During the years ended June 30, 2017 and 2016, the Partnership paid \$201,112 and \$184,272 for direct management fees and \$994 and \$6,829 in expense reimbursements to Youth Homes, respectively. The Youth Homes payable balance at June 30, 2017 and 2016 was \$19,846 and \$20,677, respectively.

# Note 10: Subsequent Events

Management has evaluated all subsequent events to the balance sheet date of June 30, 2017 through the date of our report, September 29, 2017. Management has determined there was one subsequent event that required recognition or disclosure in these financial statements. Partnership for Children terminated their SEP-IRA and 403B Plans on June 30, 2017. Beginning July 1, 2017 they started a 401K plan this plan is designed to match employee contribution. The current approved match for FY18 is 2-1 (employer-employee) up to 3%.

000			Return of Organization Exempt Fi	rom lı	ncome Tax	OMB No. 1545-0047			
Form <b>990</b>			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C			s) <b>2016</b>			
Department of the Treasury			Do not enter social security numbers on this form as						
		enue Service	Information about Form 990 and its instructions is a	at www.irs	s.gov/form990.	Inspection			
AI	For th	e 2016 calenda			ŪN 30, 2017				
	Check if		organization		D Employer identific	ation number			
č	pplicat								
	Addr chan Nam	ge PART	NERSHIP FOR CHILDREN						
	chan	ge Doing bu	usiness as		81-0	526281			
	returi Final	n Number	,	loom/suite					
	returi termi		OX 8134			721-2704			
_	ated Amer	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,760,421.			
	_returi ⊐Appli	n MTOD	OULA, MT 59807-8134 nd address of principal officer: GEOFF BIRNBAUM		H(a) Is this a group re				
	tion pend	F Name a	AS C ABOVE		for subordinates <b>H(b)</b> Are all subordinates in				
<u> </u>		empt status:		527	1	list. (see instructions)			
		ite: ► N/A	$\frac{22}{30} \frac{30}{(2)(3)} = \frac{30}{(2)} \frac{30}$	JZ1	H(c) Group exemption				
		of organization:	X Corporation Trust Association Other ►	I Year		State of legal domicile: MT			
	art I								
	1	Briefly describ	e the organization's mission or most significant activities: <u>TO</u> PRO	OVIDE	THERAPEUTIC	CARE AND			
Governance			FOR THE SAFE AND HEALTHY DEVELOPME						
rnai	2	Check this bo	x 🕨 🔲 if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	ets.			
ove	3	Number of vot	3	9					
	4	Number of independent voting members of the governing body (Part VI, line 1b)				9			
es é	5	Total number	of individuals employed in calendar year 2016 (Part V, line 2a)			66			
Activities &	6	Total number	of volunteers (estimate if necessary)		6	0			
Acti						0.			
_	b	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>		0.			
					Prior Year	Current Year			
ne	8		and grants (Part VIII, line 1h)		<u>35,665.</u> 1,506,063.	<u>38,694.</u> 1,677,726.			
Revenue	9	•	ce revenue (Part VIII, line 2g)		32,718.	28,191.			
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,971.	11,503.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,589,417.	1,756,114.			
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14		o or for members (Part IX, column (A), line 4)		0.	0.			
ú	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		1,175,682.	1,296,625.			
lses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.			
Expense	b			0.					
ŵ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		490,940.	556,816.			
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,666,622.	1,853,441.			
	19	Revenue less	expenses. Subtract line 18 from line 12		-77,205.	-97,327.			
S OF				Be	ginning of Current Year	End of Year			
Net Assets or	20	Total assets (F			2,024,537.	1,912,233.			
etA	21		(Part X, line 26)		251,168.	198,118.			
	art II		Fund balances. Subtract line 21 from line 20		1,773,369.	1,714,115.			
		Ū	declare that I have examined this return, including accompanying schedules a	and stateme	inter and to the best of my	knowledge and balief it is			
			Declaration of preparer (other than officer) is based on all information of whic			Knowledge and bellet, it is			
<u></u>	,			n preparel	nas any knowleuge.				

Sign	Signature of officer	Date							
Here	GEOFF BIRNBAUM, EXECUTIVE DIRECTOR								
	Type or print name and title								
	Print/Type preparer's name Preparer's signature	Date Check PTIN							
Paid	MICHAEL A FUCHS, CPA MICHAEL A FUCHS, CPA	L1/05/17 self-employed P00047348							
Preparer	Firm's name <b>WIPFLI LLP</b>	Firm's EIN <b>39-0758449</b>							
Use Only	Firm's address 🕨 101 EAST FRONT STREET #301								
	MISSOULA, MT 59802	Phone no. 406.728.1800							
May the If	May the IRS discuss this return with the preparer shown above? (see instructions)								
632001 11-1	32001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	PARTNERSHIP FOR CHILDREN 81-0526281 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE THERAPEUTIC CARE AND SUPPORT FOR THE SAFE AND HEALTHY
	DEVELOPMENT OF CHILDREN AND FAMILIES.
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.
4a	
40	(Code:) (Expenses \$1,009,577 including grants of \$) (Revenue \$1,037,321) PARTNERSHIP FOR CHILDREN PROVIDES GROUP CARE TO MISSOULA-AREA CHILDREN
	WHO ARE UNABLE TO ATTACH TO ADULT CAREGIVERS DUE TO EARLY ABUSE OR
	NEGLECT.
4b	(Code:) (Expenses \$ 623,277. including grants of \$) (Revenue \$] (Revenue \$) (Revenue \$) (R
	MISSOULA-AREA CHILDREN WHO ARE UNABLE TO ATTACH TO ADULT CAREGIVERS DUE
	TO EARLY ABUSE OR NEGLECT.
	IO EARDI ADOSE OK NEGLECI.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$ )
10	
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,632,854.

Form 990 (2		PARTNERSHIP	CHILDREN
Part IV	Checklist	of Required Schedules	

1         the organization described in section 501(c)(3 or 44A7(a)(1) (other than a private foundation)?         I         X           2         the organization required to complete Schedule <i>B</i> , Schedule <i>C</i> Contributors?         2         X           3         Did the organization required the complete Schedule <i>B</i> , Schedule <i>C</i> , Part I         2         X           4         Section 501(c)(3) organizations. Did the organization require in keeplying activities on bhall of or in opposition to candidates for similar amounts a defined in face to inderce to 1997 of Yes, "complete Schedule <i>C</i> , Part II         3         X           5         It the organization asset on 501(c)(4). 501(c)(5). or 501(c)(5) or 501(c)(6) or granization that receives membership dues, assessments, or similar mounts a defined in Revue Procedure B197 of Yes, "complete Schedule <i>C</i> , Part II         6         X           6         It the organization reaces, or historis trans amounts in such tinds or accounts? If Yes, "complete Schedule <i>D</i> , Part II         8         X           7         Did the organization receive or total a conservation easement, including easements to preserve open space.         7         X           8         Did the organization receive or vorks of at, hietorical treasure, or other similar assets? If Yes, "complete Schedule <i>D</i> , Part II         8         X           9         Did the organization reports a mount in Part X, line 21, for eacrow or custodial account liability, serve as a custodian for amounts in such truns and account liability, serve as a custodian for				Yes	No
2         is the organization required to complete Schedule B, Schedule of Contributors?         2         X         3           2         is the organization required to complete Schedule C, Part II         3         X           4         4         X         4         X           5         bit the organizations. Did the organization requires Checkle C, Part II         4         X           4         4         X         4         X           5         the organization ascelins 010(e)(I, 010(e)(S), or 501(e)(G) organization that receives membership dues, assessments, or similar amounts as defined In Nervue Procedure O Part II         6         X           6         Dd the organization maintain any doma advised funds or any similar funds or accounts for which domas have the right to provide advice or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures II, "Ir %e," complete Schedule D, Part II         6         X           10         Did the organization maintain any doma advised funds or account liability, serve as a custodian in Serve as a subtain to serve as a subtain advised advised advised serve as a subtain advised serve advised serve	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2         bit be organization required to complete Schedule <i>B</i> , Schedule <i>G</i> Contributors?         2         X           3         DDt the organization engage in direct or indirect collical campaign activities on behalf of n in opposition to candidates for activities on the section 501(k) discrete the organization ange in lobbying activities, or have a section 501(k) discrete the organization and the organization matchin any done advised <i>C</i> , Part <i>I</i> 4         X           4         bit be organization. Did the organization ange in lobbying activities, or have a section 501(k) discrete the organization matchin any done advised funds or any similar funds or accounts for which donos have the right to provide advice on the distribution or investments BB 197 <i>I</i> "ys," complete Schedule <i>C</i> , Part <i>II</i> 4         X           6         Did the organization matchin any done advised funds or any similar funds or accounts for which donos have the right to provide advice on the distribution or investments BB 197 <i>I</i> "ys," complete Schedule <i>D</i> , Part <i>II</i> 6         X           7         Did the organization matchin and erase, or historic structures? <i>II</i> "yes," complete Schedule <i>D</i> , Part <i>II</i> 7         X           8         Did the organization matchin and erase, or historic structures? <i>II</i> "yes," complete Schedule <i>D</i> , Part <i>II</i> 8         X           9         Did the organization and anomath is post or and advised funds or account singli advester regords and advised funds or account singli advester regords and advester regord and advised funds or account singli advester regords anodvitor investments - othera securitis in Part X, line 12		If "Yes," complete Schedule A	1	Х	
<ul> <li>3 Did the organization engage in direct or indirect political campain activities on behalf of or in opposition to candidates for public offore's Schedule D, Part II</li> <li>4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect of uring the tax year // if Yes, 'complete Schedule C, Part II</li> <li>4 Section 501(c)(3) organizations. Did the organization that neceives membership dues, assessments, or similar amounts as defined in Review Procedure 96-199 // Yes, 'complete Schedule C, Part II</li> <li>6 Did the organization markina my donor advised funds or any similar funds or accounts? If Yes, 'complete Schedule D, Part II</li> <li>7 Did the organization report an amount for an Units or activitating easements in to provide advice on the distribution or investment of amounts in such funds or account? If Yes, 'complete Schedule D, Part II</li> <li>8 Did the organization report an amount in Part X, line 21, for server or custodial account liability, serve as a custodian for amounts noticed in Part X, or provide credit counseling, debt management, credit repair, or debt negolitation service?</li> <li>9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, 'complete Schedule D, Part V</li> <li>10 Did the organization report an amount for trivestments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If Yes, 'complete Schedule D, Part V</li> <li>11 Did X</li> <li>11 Did the organization servers any of the following questions is 'Yes, 'then complete Schedule D, Part X</li> <li>11 Did the organization report an amount for trivestments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If Yes, 'complete Schedule D, Part X</li> <li>110 Did the organization isopt an amount for trivestments- other securities in Part X, line 15 that is 5% o</li></ul>	2		2	Х	
4         Section 50 t(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 50 t(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II         4         X           5         Is the organization a section 50 t(c)(4), 50 t(c)(5), r50 t(c)(5), r5	3				
4         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? H "yes," complete Schedule C, Part II         4         X           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 39:197 II "yes," complete Schedule C, Part II         6         X           6         Did the organization resident and y donor advised endus or any similar funds or accounts? II "yes," complete Schedule D, Part II         6         X           7         X         8         Did the organization report on chola conservation easemet, including assements to preserve open space, the environment, historic land areas, or historic structures? II "yes," complete Schedule D, Part II         7         X           8         Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide cardia consensing, detat management, credit repair, or debt negatiation servers?         9         X           10         Did the organization report an amount for land, buildings, and equipment in Part X, line 10? II "Yes," complete Schedule D, Part II         10         X           11         If the organization report an amount for lands the seture is for the complete Schedule D, Part XI         11         X           12         If the organization report an amount for landst matemaset in Part X, line 12? II "Yes," comp		public office? If "Yes." complete Schedule C. Part I	3		Х
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 39:197 (11 "Yes," complete Schedule C, Part III.         5         X           6         Dick 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? (II "Yes," complete Schedule D, Part II         6         X           7         X         X         0         Did the organization meants or old a conservation easemet, Including assements to preserv open space, the environment, historic land areas, or bistoric structures? (II "Yes," complete Schedule D, Part II         7         X           8         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 negatiaton service?         9         X           10         Did the organization report an amount for land, buildings, and equipment in Part X, line 10? II "Yes," complete Schedule D, Part VI         10         X           11         the organization report an amount for land, buildings, and equipment in Part X, line 10? II "Yes," complete Schedule D, Part VI         11         X           12         Ut the organization report an amount for land, buildings, and equipment in Part X, line 10? II "Yes," complete Schedule D, Part X         11         X           <	4				
5         Is the organization a section 501(c)(k), 501(c)(k) or ganization that receives membership dues, assessments, or similar amounts as defined in Reveue Proceedure 8-197 (II''es," complete Schedule D, Part II         5         X           6         Did the organization receives or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? II''yes," complete Schedule D, Part II         5         X           7         Z         X           8         Did the organization receiver or hold a conservation easement, including easements to preserve open space, the environment, historic and areas, or historic structures? II 'Yes," complete Schedule D, Part II         7         X           9         Did the organization and the columenting, debt management, credit repair, or debt negotiation services? II' 'Yes," complete Schedule D, Part IV         7         X           9         Did the organization or anown to run of the following questions is 'Yes,' then complete Schedule D, Part VI         10         X           11         If 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 167 II 'Yes," complete Schedule D, Part VI         11a         X           11         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 167 II 'Yes," complete Schedule D, Part VI         11a         X           11		during the tax year? If "Yes," complete Schedule C. Part II	4		Х
6       Did the organization maintain any donor advised funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution and investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution of investment of amounts in full during a segments to preserve open space, the environment, historical and areas, or historic structures? If "Yes," complete Schedule D, Part II       6       X         8       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts on tisked IP art X, or provide cradic counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization report an amount for investments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for investments - orber securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part V       114       X         12       Did the organization report an amount for investments - orber securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X       114       X         13       Did the organization report an amount for investments - orber assets in Part X, line 15% or more of its total assets reported in Part X, line 167 If "Yes	5				
<ul> <li>6 Did the organization maintain any done advised funds or any similar funds or accounts for which dones have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>II</i> 'Yes,' complete Schedule D, Part II</li> <li>7 Did the organization relations of works of art, historical treasures, or other similar assets? <i>II</i> 'Yes,' complete Schedule D, Part II</li> <li>8 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodial nor amounts on listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>II</i> 'Yes,' complete Schedule D, Part IV</li> <li>9 Did the organization or port an amount for land, buildings, and equipment in Part X, line 10? <i>II</i> 'Yes,' complete Schedule D, Part VI</li> <li>9 Did the organization report an amount for investments - other securities in Part X, line 10? <i>II</i> 'Yes,' complete Schedule D, Part VI</li> <li>9 Did the organization report an amount for investments - other securities in Part X, line 10? <i>II</i> 'Yes,' complete Schedule D, Part VI</li> <li>9 Did the organization report an amount for investments - other securities in Part X, line 10? <i>II</i> 'Yes,' complete Schedule D, Part VI</li> <li>9 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? <i>II</i> 'Yes,' complete Schedule D, Part VII</li> <li>9 Did the organization report an amount for investments or the tax year' Complete Schedule D, Part X</li> <li>9 Did the organization report an amount for investments or the tax year' complete Schedule D, Part X</li> <li>9 Did the organization report an amount for investments or the tax year' Complete Schedule D, Part X</li> <li>9 Did the organization report an amount for investments or the tax year' II' 'Yes,' complete Schedule D, Part X</li> <li>9 Did the organization negot defini</li></ul>		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. Part III	5		Х
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       X         9       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       7       X         9       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization, encode credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, encode credit counseling, debt management, credit repair, or debt negotiation services?       9       X         11       the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       10       X         11a       X       Did the organization report an amount for investments - other ascurities 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 V       11a       X         11b       X       Inte treasparization report an amount for investments - other ascurites 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 X       11a       X         11c       X       Did the organiz	6				
<ul> <li>7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>II'</i> Yes, <i>' complete Schedule D, Part II</i></li> <li>8 Did the organization maintain collections of works of at, historical treasures, or other similar assets? <i>II'</i> Yes, <i>' complete Schedule D, Part II</i></li> <li>9 Did the organization apprication, proport an amount in Part X, line 11, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine Part I, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine Part I, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 121, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 12, for escrow or custodial account liability, serve as a custodian for amounts on any of the following queetions is "Yes," then complete Schedule D, Part V</li> <li>10 Did the organization report an amount for investments - orber securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>II'</i> Yes," complete Schedule D, Part V</li> <li>11 Did the organization report an amount for investments - orber asset in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>II'</i> Yes," complete Schedule D, Part X</li> <li>11 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? <i>II'</i> Yes," complete Schedule D, Part X</li> <li>11 Did the organization report an amount for investments - orber asset in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>II'</i> Yes," complete Schedule D, Part X</li> <li>11 Did the organization asperate or consolidated financial statements for the tax year? <i>II'</i> Yes," complete Schedule D, Part X</li> <li>12 Did th</li></ul>		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.       8       X         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?       9       X         10       Did the organization, directly or through a related organization, hold assets in temporanity restricted endowments, errormant endowments, or quasi-andowments?       Yes, 'complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI       10       X         12       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 VIII.       11       X         13       Did the organization report an amount for other assets 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.       11       X         14       X       Did the organization report an amount for other assets 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,	7				
<ul> <li>B) Did the organization maintain collections of works of art, historical treasures, or other similar assets? # *Yes," complete Schedule D, Part II</li> <li>B) 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?</li> <li>P) Did the organization (hectly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowment? (# 'Yes," complete Schedule D, Part V</li> <li>D) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? (# 'Yes," complete Schedule D, Part V</li> <li>D) Did the organization report an amount for investments - other securities in Part X, line 12? (# 'Yes," complete Schedule D, Part VI</li> <li>D) Did the organization report an amount for investments - other securities in Part X, line 12? (# 'Yes," complete Schedule D, Part VI</li> <li>D) Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? (# 'Yes," complete Schedule D, Part VI</li> <li>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? (# 'Yes," complete Schedule D, Part XI</li> <li>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? (# 'Yes," complete Schedule D, Part XI</li> <li>D) Did the organization report an amount for other liabilities in Part X, line 27 (# 'Yes," complete Schedule D, Part X</li> <li>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, ince 16? (# 'Yes," complete Schedule D, Part X</li> <li>D) Did the organization report an amount for other liabilities in</li></ul>			7		Х
Schedule D, Part III       8       X         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?       9       X         10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quais endowments? if "res," complete Schedule D, Part V       10       X         11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "res," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.       10       X         12 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 "res," complete Schedule D, Part VIII       11a       X         13 Did the organization report an amount for investments - other assets in Part X, line 16? If "res," complete Schedule D, Part VIII       11b       X         14 Did the organization report an amount for other assets in Part X, line 15? If "res," complete Schedule D, Part X       11c       X         15 Did the organization separate independent audited financial statements for the tax year? If "res," complete Schedule D, Part X       11d       X         14 Did the organization schedise bit in Part X, line 15? If "res," complete Schedule D, Part X       11t       X         15 Did the organization sinability for uncertain tax positions under F	8				
9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit dorganization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V       9       X         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       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       11a       X         12       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       X         13       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 X III       11d       X         14       Did the organization report an amount for other assets in Part X, line 15? If 'Yes," complete Schedule D, Part X       11e       X         15       Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11e       X         16       Ut the organization sitability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," com			8		Х
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?     y     X       ID dt the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanet endowments, or quasi-endowments? <i>II</i> "Yes," complete Schedule D, Part V     10     X       11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>II</i> "Yes," complete Schedule D, Part V     10     X       12 Did the organization report an amount for investments - other securities in Part X, line 10? <i>II</i> "Yes," complete Schedule D, Part VI     11a     X       13 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? <i>II</i> "Yes," complete Schedule D, Part VII     11a     X       14 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? <i>II</i> "Yes," complete Schedule D, Part VII     11c     X       14 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? <i>II</i> "Yes," complete Schedule D, Part IX     11d     X       12 Did the organization is paparate, independent audited financial statements for the tax year?     III X     11d     X       13 Is the organization aschool described in section 170(b/(1)/(k)//)? <i>I</i> "Yes," complete Schedule D, Part X     11d     X       14 Did the organization aschool described in section 170(b/(1)/(k)//)? <i>I</i> "Yes," complete Schedu	9				
# "Yes," complete Schedule D, Part IV       9       X         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       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       X         12       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       11a       X         13       Did the organization report an amount for investments - other securities 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 VII       11b       X         14       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 VII       11d       X         15       Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X       111       X         16       Did the organization asched Schedule D, Part X       111e       X       112e       X         17       Did the organization asched Schedule D, Part X       111e       X       111e       X         111<					
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<ul> <li>by Was the organization included in consolidated, independent audited financial statements for the tax year?</li> <li>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</li> <li>Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li> <li>Did the organization naintain an office, employees, or agents outside of the United States?</li> <li>Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I</li> <li>Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines and 8a? If "Yes," complete Schedule G, Part II</li> <li>Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"</li> </ul>	1Lu		12a		x
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         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       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts III and IV       15       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       16       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines a cand 8a? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," </th <td>h</td> <td>,</td> <td>120</td> <td></td> <td></td>	h	,	120		
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	19			-	<u> </u>
			19		х

19 X Form 990 (2016)

Form	990	(2016)	
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 Form 990 (2016)
 PARTNERSHIP
 FOR
 CHILDREN

 Part IV
 Checklist of Required Schedules
 (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
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	Х	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		X
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		X
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		X
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		X
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):			v
a	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		X X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00.		x
~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	<i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	- 51		
~	Schedule N, Part II	32		x
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		x
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	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	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		x
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		X
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	Х	

Form 990 (2016)

Form	990 (2016) PARTNERSHIP FOR CHILDREN		81-0526	281	Р	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportal	ole gaming			
•	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	66			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	•		2b	х	
~	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file (see instruction					
3a				3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		x
h	If "Yes," enter the name of the foreign country:	20000	····			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribut			ou		<u> </u>
, D						
7	Organizations that may receive deductible contributions under section 170(c).			6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices n	rovided to the navor?	7a		x
				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			10		
U	to file Form 8282?	•		7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	•	+2	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
•	sponsoring organization have excess business holdings at any time during the year?	a by th		8		
9	Sponsoring organizations maintaining donor advised funds.					
a				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
 а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
~	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	-	7	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
ч	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
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	13b				
c	Enter the amount of reserves on hand	13c				
	Did the energia tion and in an energy to favore the term is a second state the terms of terms o		L	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul			14b		

Form 990 (	
Part VI	Go

#### PARTNERSHIP FOR CHILDREN

81-0526281 Page 6

Governance, Management, and Disclosure	For each	"Yes	" response	to lines 2	2 through	7b below,	and for a	"No"	response
to line 8a, 8b, or 10b below, describe the circumstances,	processes,	or c	hanges in S	Schedule	O. See in	structions	s.		

	-	
Check if Schedule O contains a response or note to any line in this Part VI		X
Section A. Governing Body and Management		

	tion A. doverning body and management				Vaa	Ne
4-		1.4-	9		Yes	No
па	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	<u> </u>	-		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other			
	officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?					X
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?					X
8	<b>B</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	it the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, 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	y befo	re filing the form?	11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? /f ")	/es," a	lescribe			
	in Schedule O how this was done	· · · · · · · · · · · · ·		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	ıl by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	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 arrangen	nent w	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	ı's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T	(Sect	on 501(c)(3)s only) a	vailable	•	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor		,	financ	ial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records: 🕨			
	DANN SWALLOW - 406-721-2704		·			
	PO BOX 8134, MISSOULA, MT 59807-8134					

Form 990 (		81-0526281	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		X
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 (Ď), (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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	ional		ploye	t com				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SHANNON FLANAGAN	1.00		-			<u> </u>				
PRESIDENT		х		х				0.	0.	0.
(2) MATT HOBBS	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) DEIDRE FRAME	1.00									
SECRETARY/TREASURER		Х		Х				0.	0.	0.
(4) LOU BAHIN	1.00									
DIRECTOR		Х						0.	0.	0.
(5) DAN SEMMENS	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JACELYN WEDELL	1.00									
DIRECTOR		Х						0.	0.	0.
(7) STACY HUNT	1.00									
DIRECTOR		Х						0.	0.	0.
(8) BRIAN FUREY	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JACQUE LANIER	1.00									
DIRECTOR		Х						0.	0.	0.
(10) JAMES FITZGERALD	1.00									
INTERMOUNTAIN REPRESENTATI	39.00			Х				0.	143,234.	7,200.
(11) GEOFFREY BIRNBAUM	8.00									
YOUTH HOMES REPRESENTATIVE	32.00			Х				0.	96,911.	2,939.
(12) DANN SWALLOW	8.00									
FISCAL AGENT	32.00			х				0.	69,130.	3,294.
(13) BARBARA COWAN	40.00									
DIRECTOR OF OPERATIONS				Х				63,000.	0.	14,015.
						-				

Form	n 990 (2016)	PARTNERS	HIP FOR	CH	IIL	DR	EN	ſ			81-05	<u>26281</u>	<u>L I</u>	Page <b>8</b>
Pa	t VII <sub>Sectio</sub>	on A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)			
		(A) Name and title	<b>(B)</b> Average hours per week	(do box	not c , unle:	(C Pos heck i ss per	<b>C)</b> itior more rson i		one 1 an	(D) Reportable compensation from	(E) Reportable compensation from related		<b>(F)</b> Estima amoun othe	ted t of
			(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C)     OI   a	from t rganiza nd rela ganiza	ation he ation ated
				-										
				-										
				-										
		continuation sheets to Part V								63,000.	309,27	5. 2 0.	27,4	148. 0.
		ines 1b and 1c)								63,000.	309,27		27,4	<u>148.</u>
2	Total numbe	er of individuals (including but r							o re	eceived more than \$100,	000 of reportable			0
													Yes	i No
3	0	nization list any <b>former</b> officer			·					0	1 5	3		x
4	For any indiv	Yes," complete Schedule J for s	um of reportab	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		V	
5		organizations greater than \$15 son listed on line 1a receive or										4	X	
Sec		the organization? <i>If</i> "Yes." cor endent Contractors	nplete Schedul	e J f	or sı	ich i	oers	on .				5		X
1	· · ·	is table for your five highest co	ompensated inc	lepe	nder	nt co	ontra	acto	rs th	hat received more than \$	100,000 of compe	nsation 1	rom	
	the organiza	tion. Report compensation for (A)	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	n the organization's tax ye (B)	ear.		(C)	
		Name and business	address	N	ONE	3			_	Description of s	ervices		ensati	on
									_					
									_					
2		er of independent contractors ( compensation from the organ		ot lir	niteo	d to t	thos (		ted	above) who received mo	ore than			

			IERSHIP F	OR CHILDI	REN		81-0526	281 Page <b>9</b>
Pa	rt VII	Statement of Reven	nue					
_		Check if Schedule O cont	ains a response	or note to any lin				
					<b>(A)</b> Total revenue	( <b>B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ខ្ល	1 a	Federated campaigns	1a					
ran		Membership dues						
S, Gr	с	Fundraising events	1c					
ar /	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contribut	ions) <b>1e</b>					
rtion S	f	All other contributions, gifts, gran	ts, and					
ibu Cthe		similar amounts not included abor		38,694.				
ontr of O		Noncash contributions included in lines			20 604			
<u>a õ</u>	h	Total. Add lines 1a-1f			38,694.			
	•	DDOCDAM CEDUTCE		Business Code	1,677,726.	1 677 726		
Program Service Revenue	2 a	PROGRAM SERVICE		024100	1,0//,/20.	1,0//,/20.		
ùer∖ ue	b							
ven S	c d							
gra Re	u e							
Pro	f	All other program service reve	nue					
	a				1,677,726.			
	3	Investment income (including						
		other similar amounts)			28,191.			28,191.
	4	Income from investment of tax						
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b							
	С	Rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	D	Less: cost or other basis						
	•	and sales expenses Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraising						
Other Revenue	0 4	including \$	•					
evel		contributions reported on line						
Ŗ		Part IV, line 18	,	15,810.				
the	b	Less: direct expenses		4,307.				
0		Net income or (loss) from func		►	11,503.			11,503.
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		►				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
ŀ	С	Net income or (loss) from sale						
ŀ	11 a	Miscellaneous Revenu		Business Code				
	n a b							
	c							
	d							
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.		►	1,756,114.	1,677,726.	0.	39,694.

PARTNERSHIP FOR CHILDREN Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		-		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,	<u> </u>	<u> </u>		
	trustees, and key employees	63,000.	63,000.		
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)	000 100	000 100		
7	Other salaries and wages	979,196.	979,196.		
8	Pension plan accruals and contributions (include	14 662	14 553		
_	section 401(k) and 403(b) employer contributions)	14,553.	14,553.		
9	Other employee benefits	162,458.	162,458.		
10	Payroll taxes	77,418.	77,418.		
11	Fees for services (non-employees):	001 110		001 110	
a	Management	201,112. 999.		201,112. 999.	
b	Legal	999.		999.	
c	Accounting	9,849.		9,849.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	60,284.	60,284.		
40	column (A) amount, list line 11g expenses on Sch 0.)	13,768.	13,768.		
12	Advertising and promotion	63,251.	54,624.	8,627.	
13 14	Office expenses	05,251.	51,021.	0,027.	
14 15	Information technology Royalties				
16	Occupancy	25,519.	25,519.		
17	Travel	19,188.	19,188.		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,573.	2,573.		
21	Payments to affiliates		,		
22	Depreciation, depletion, and amortization	39,740.	39,740.		
23	Insurance	31,674.	31,674.		
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 0.) FOOD	27,841.	27,841.		
a L	BAD DEBT EXPENSE	27,841.	27,841.		
b	STAFF DEVELOPMENT	13,662.	13,662.		
с с	CHILD RELATED EXPENSES	13,526.	13,526.		
d		10,598.	10,598.		
	All other expenses	1,853,441.	1,632,854.	220,587.	0.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e	1,000,441.	1,0J2,0J4.	220,J0/•	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

PARTNERSHIP FO	R CHILDREN	
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		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	116,590.	1	142,514.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	167,138.	4	122,574.
	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			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,521.	9	0.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,207,226.			
	b	Less: accumulated depreciation 10b 565,076.	628,422.	10c	642,150.
	11	Investments - publicly traded securities	1,109,866.	11	1,004,995.
	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)	2,024,537.	16	1,912,233.
	17	Accounts payable and accrued expenses	139,507.	17	120,890.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors, trustees,			
litie		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
1	23	Secured mortgages and notes payable to unrelated third parties	111,661.	23	77,228.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	251,168.	26	198,118.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ŝ		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	1,773,369.	27	1,714,115.
3ale	28	Temporarily restricted net assets		28	
Ę	29	Permanently restricted net assets		29	
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here			
P		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	1 772 262	32	
2	33	Total net assets or fund balances	1,773,369.	33	1,714,115.
	34	Total liabilities and net assets/fund balances	2,024,537.	34	1,912,233.

Form **990** (2016)

## Part X | Balance Sheet

Form	990	(201)	6
I UIIII	000	(201	υ,

	990 (2016) PARTNERSHIP FOR CHILDREN	81-05	26281	Pag	<sub>ge</sub> 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,756				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,853	3,44	41.		
3	B Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	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			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	1,714	.,1:	15.		
Pa	t 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 X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			200	L		

Form **990** (2016)

(Form	990	or	990-	EZ)
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2016	
Open to Public Inspection	

Total

SCHE	DULE A	Public Charity Status and Public Support					OMB No. 1545-0047		
(Form 990 or 990-EZ)			-					2016	
				ization is a section 501 47(a)(1) nonexempt cha			or a section		2010
Department of the Treasury				Attach to Form 990 or F			Open to Public		
	Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.							Inspection	
Name of	Name of the organization Employer ic								
									1-0526281
Part I	Reason	for Public C	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions	3.	
The organ	nization is not a	a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	one box.)			
1 🛄	A church, co	nvention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	1)(A)(i).		
2	A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3 🛄	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4	A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
	city, and stat	e:							
5	An organizat	on operated fo	or the benefit of a co	llege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in
	section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6 🛄	A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	An organizat	on that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in
	•		omplete Part II.)						
8				(1)(A)(vi). (Complete Par					
9 🔛	•			in section 170(b)(1)(A)(	· ·				•
	or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	) or
	university:								
10 X				than 33 1/3% of its supp					
				ct to certain exceptions,					-
				(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	ifter June 30, 1975.
			mplete Part III.)						
11	-	-	-	vely to test for public sa	•				
12	-	-	-	vely for the benefit of, to	-			•	
			-	d in section 509(a)(1) o					Check the box in
	_	•	• •	f supporting organizatior				-	
a 🔄			-	upervised, or controlled	•	-			
		-		gularly appoint or elect a	majority o	of the direc	ctors or truste	es of the su	apporting
			complete Part IV, Se						
b			•	or controlled in connect			•		•
				anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ontea
organization(s). You must complete Part IV, Sections A and C.									
С	<b>c Type III functionally integrated.</b> A supporting organization operated in connection with, and functionally integrated with,								
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.									
<b>d Type III non-functionally integrated.</b> A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness									
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.									
e							турет, туре	п, туре п	
f Ent				nally integrated supportion					
	er the number vide the follow		0	d organization(c)					L
	(i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other
	organizatior			(described on lines 1-10	Yes	ng document?	support (see in	-	support (see instructions)
				above (see instructions))					

#### Schedule A (Form 990 or 990-EZ) 2016 PARTNERSHIP FOR CHILDREN Part II

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

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

Sec	tion A. Public Support		-	-	-			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.							
Sec	tion B. Total Support		1	1	-		1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)		
	organization, check this box and stop							
	ction C. Computation of Publi					<u> </u>		
14	Public support percentage for 2016 (li					14	%	
15	Public support percentage from 2015					15	%	
16a	16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
47	and stop here. The organization qualifies as a publicly supported organization							
1/a	17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization							
b	b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
40	•		•	• •	,			
18	<b>18</b> Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2016

# Schedule A (Form 990 or 990-EZ) 2016 PARTNERSHIP FOR CHILDREN Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	44,531.	42,739.	76,877.	54,030.	54,504.	272,681.		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1609703.	1465661.	1411099.	1506063.	1677726.	7670252.		
3	Gross receipts from activities that								
0	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
-	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
~	the organization without charge	1654234.	1508400.	1487976.	1560093.	1732230.	7942933.		
	Total. Add lines 1 through 5	1034234.	1506400.	140/9/0.	T200032.	±/34430.	1944933.		
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.		
c	Add lines 7a and 7b						0.		
	Public support. (Subtract line 7c from line 6.)						7942933.		
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	(e) 2016	(f) Total		
	Amounts from line 6	1654234.	1508400.	1487976.	1560093.	1732230.	7942933.		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,066.	34,907.	27,998.	32,718.	28,191.	153,880.		
b	Unrelated business taxable income	· · ·							
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	Add lines 10a and 10b	30,066.	34,907.	27,998.	32,718.	28,191.	153,880.		
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)	1684300.	1543307.	1515974.	1592811.	1760421.	8096813.		
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3) organiza	ition,		
_									
	ction C. Computation of Publi								
	Public support percentage for 2016 (I			olumn (f))		15	98.10 %		
	Public support percentage from 2015					16	98.03 %		
	ction D. Computation of Inves		•				1 0 0		
17	Investment income percentage for 20			e 13, column (f))		17	$\frac{1.90}{1.07}$ %		
18	Investment income percentage from					18	1.97 %		
19a	19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not								
b	more than 33 1/3%, check this box ar <b>33 1/3% support tests - 2015.</b> If the	-	•				►X		
	line 18 is not more than 33 1/3%, che								
20	Private foundation. If the organizatio								

#### Schedule A (Form 990 or 990-EZ) 2016 PARTNERSHIP FOR CHILDREN

#### 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.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **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.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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.* 
  - **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.)

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Schedule A (Form 990 or 990-EZ) 2016

# Schedule A (Form 990 or 990-EZ) 2016 PARTNERSHIP FOR CHILDREN Part IV 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)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Vee	Na
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	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		
Sec	tion C. Type II Supporting Organizations	-		
			Vee	Na
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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			
	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			
5				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	24		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2016

Part V	Type III Non-Function	onally Integrated 5	09(a)(3	) Supporting	Organizations
Schedule A	(Form 990 or 990-EZ) 2016	PARTNERSHIP	FOR	CHILDREN	

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion 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		
	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

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## Schedule A (Form 990 or 990 EZ) 2016 PARTNERSHIP FOR CHILDREN

Section D - Distributions         Current Year           1         Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity that directly furthers exempt purposes of supported organizations.         Image: Complex C	Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continued)	
2       Amounts paid to perform activity that directly furthers exempt purposes of supported organizations. <ul> <li>Administrative expenses paid to accomplish exempt purposes of supported organizations.</li> <li>Administrative expenses paid to accomplish exempt purposes of supported organizations.</li> <li>Administrative expenses paid to accomplish exempt purposes of supported organizations.</li> <li>Administrative expenses paid to accomplish exempt purposes of supported organizations.</li> <li>Chalified extractive supported organizations to which the organization is responsive (provide details in Part VI). See instructions</li> <li>Total annual distributions. (Jell 6 from Section C, line 6</li> <li>Line 8 amount divided by Line 9 amount</li> <li>(i)</li> <li>Constributions to accomplish part VI. See instructions</li> <li>Distributable amount for 2016 from Section C, line 6</li> <li>Line 8 amount divided by Line 9 amount</li> <li>(ii)</li> <li>Underdistributions, if any, for years prior to 2016 (reason-able cause required-explain in Part VI). See instructions</li> <li>Excess distributions (rany, tory years prior to 2016; encemption and the state state accomption of prior years.</li> <li>A form 2011</li> <li>From 2013</li> <li>Graphed cause required-explain in Part VI. See instructions</li> <li>A form 2011 form Section D, line 7: \$</li> <li>Applied to 2016 from Section D, line 7: \$</li> <li>Applied to 2016 from Section D, line 7: \$</li> <li>Applied to 2016 from Section D, line 7: \$</li> <li>Applied to underdistributions of prior years</li> <li>Applied to 2016 from Section D, line 7: \$</li> <li>Applied to 2016 from Section D, line 7: \$</li> <li>Applied to</li></ul>	Secti				Current Year
arganizations, in excess of income from activity         3       Administrative expenses paid to accome exempt use assets         4       Anounts plaid to acquire exempt use assets         5       Outlified set aside amounts (prior IRS approval required)         6       Other distributions (accounts)         7       Total annual distributions. Add lines 1 through 6         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions         9       Distributions to attentive supported organizations to which the organization is responsive (more details in Part V). See instructions         9       Distributions (see instructions)         10       Line 8 amount divided by Line 9 amount         (i)       Underdistributions         11       Distributions (see instructions)         12       Underdistributions, (any, for years prior to 2016 (reason-able cause required -explicit explicit explic	1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
3       Administrative expenses paid to accomplish exempt purposes of supported organizations         4       Amounts paid to acquire exempt use assets         5       Qualified est saids amounts (forior IRS approval required)         6       Wither distributions (describe in Part VI). See instructions         7       Total annual distributions. Add lines 1 through 6         9       Distributions to attentive supported organizations to which the organization is responsive (provide datals in Part VI). See instructions         9       Distributable amount for 2016 from Section C, line 6         10       Line 8 amount for 2016 from Section C, line 6         11       Distributable amount for 2016 from Section C, line 6         12       Underdistributions, if any, for years prior to 2016 (reasonable cause required, explain in Part VI). See instructions         3       Excess distributions carryover, if any, to 2016:         a       Distributable amount for 2016 from Section C, line 6         1       Distributions carryover, if any, to 2016:         a       Distributable amount for 2016 from Section C, line 6         1       Crom 2013         14       From 2014         15       From 2015         16       Total of lines 3a through e         17       Total of lines 3a through e         16       Applied to underdistributions of	2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
4       Amounts paid to acquire exempt use assets		organizations, in excess of income from activity			
6       Qualified set-aside amounts (prior IRS approval required)         6       Other distributions (describe in Part VI). See instructions         7       Total annual distributions. Add lines 1 through 6         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions         9       Distributable amount for 2016 from Section C, line 6         10       Line 8 amount of 2016 from Section C, line 6         2       Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions         3       Excess distributions carryover, if any, to 2016:         a       Excess distributions of prior years         b       C         c       From 2013         f       Total of lines 3a through e         g       Applied to 2016 distributions of prior years         h       Applied to 2016 distributable amount <td< td=""><td>3</td><td>Administrative expenses paid to accomplish exempt purpose</td><td>es of supported organizations</td><td>8</td><td></td></td<>	3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
6       Other distributions (describe in Part VI). See instructions         7       Total annual distributions. Add lines 1 through 6         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions         9       Distributions to attentive supported organization is responsive (provide details in Part VI). See instructions         9       Distributions to attentive supported organization is responsive (init or 2016 from Section C, line 6         10       Line 8 amount for 2016 from Section C, line 6         2       Underdistributions (arry or years prior to 2016 (reasonable cause required explain in Part VI). See instructions         3       Excess distributions carry over, if any, to 2016:         a       b         b       Distributions of prior years         h       Applied to underdistributions of prior years         h       Applied to 2016 distributable amount         i       Carryover from 2011 not applied (see instructions)         i       Remainder, Subtract lines 3g, 3h, and 31 from 3f.         4       Distributable amount         i       Remainder, Subtract lines 3g, 3h, and 31	4	Amounts paid to acquire exempt-use assets			
7       Total annual distributions. Add lines 1 through 6         8       Distributions to attentive supported organizations to which the organization is responsive (provide cellaria in Part VI). See instructions         9       Distributions to attentive supported organizations (see instructions)         10       Line 8 amount divided by Line 9 amount         (i)       (ii)         11       Distributable amount for 2016 from Section C, line 6         2       Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions         3       Excess distributions carryover, if any, to 2016:         4	5	Qualified set-aside amounts (prior IRS approval required)			
8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions       (i)         9       Distributable amount for 2016 from Section C, line 6       (ii)       (iii)         10       Line 8 amount divided by Line 9 amount       (i)       (ii)       (iii)         11       Distributable amount for 2016 from Section C, line 6       (i)       (iii)       (iii)         11       Distributable amount for 2016 from Section C, line 6       (iii)       (iii)       (iii)         2       Underdistributions, fary, for years prior to 2016 (reason-able cause required- explain in Part VI). See instructions       2       2         3       Excess distributions carryover, if any, to 2016       2       2       2         4       Definitions carryover, if any, to 2016       2       2       2         5       Excess distributions carryover, if any, to 2016       2       2       2         6       From 2013       2 <td< td=""><td>6</td><td>Other distributions (describe in Part VI). See instructions</td><td></td><td></td><td></td></td<>	6	Other distributions (describe in Part VI). See instructions			
(provide details in Part VI). See instructions       Image: Construction of the end of the e	7	Total annual distributions. Add lines 1 through 6			
9       Distributable amount for 2016 from Section C, line 6         10       Line 8 amount divided by Line 9 amount         9       Distributable amount divided by Line 9 amount         9       Distributable amount for 2016 from Section C, line 6         1       Distributable amount for 2016 from Section C, line 6         2       Underdistributions, if any, for years prior to 2016 (reason-able cause required- explain in Part VI). See instructions         3       Excess distributions carryover, if any, to 2016:         a	8	Distributions to attentive supported organizations to which the	ne organization is responsive		
10       Line 8 amount divided by Line 9 amount       (i)       Underdistributions         Section E - Distribution Allocations (see instructions)       Excess Distributions       Underdistributions         1       Distributable amount for 2016 from Section C, line 6       Image: Section E - Distributions (from Section C, line 6       Image: Section E - Distributions (from Section C, line 6         2       Underdistributions, if any, for years prior to 2016 (reasonable cause required explain in Part VI). See instructions       Image: Section E - Distributions (from Section C, line 6         3       Excess distributions carryover, if any, to 2016:       Image: Section E - Distributions (from Section C, line 6         a       Image: Section E - Distributions (from Section C, line 6       Image: Section E - Distributions (from Section C, line 6         4       Image: Section E - Distributions of prior years       Image: Section E - Distributions of prior years         6       From 2013       Image: Section E - Distributions of prior years         1       Carryover from 2011 not applied (see instructions)       Image: Section E - Distributions of prior years         1       Carryover from 2016 from Section D, line 7:       S       Image: Section E - Distributions of prior years         4       Distributions for 2016 distributable amount       Image: Section E - Distributions       Image: Section E - Distributions         7       Excess distributions for 2016. Subtra		(provide details in Part VI). See instructions			
(i)         (ii)         (iii)         (iii)         (iii)         (iii)         (iii)         (iii)         (iii)         Distributions         Distributions           1         Distributions Allocations (see instructions)         Image: Constructions         Image: Consection D, Image: Consection D, Image: Consection D	9	Distributable amount for 2016 from Section C, line 6			
Section E - Distribution Allocations (see instructions)Excess DistributionsUnderdistributions Pre-2016Distributable Amount for 2011Distributable amount for 2016 from Section C, line 6 <td>10</td> <td>Line 8 amount divided by Line 9 amount</td> <td></td> <td></td> <td></td>	10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)       Loss presholutions       Pre-2016       Amount for 2016         1       Distributable amount for 2016 from Section C, line 6       Image: Comparison of Comparis			(i)		
2       Underdistributions, if any, for years prior to 2016 (reasonable cause required explain in Part VI). See instructions         3       Excess distributions carryover, if any, to 2016:         a	Secti	on E - Distribution Allocations (see instructions)	Excess Distributions		Distributable Amount for 2016
able cause required-explain in Part VI). See instructions       Image: Second Sec	1	Distributable amount for 2016 from Section C, line 6			
3       Excess distributions carryover, if any, to 2016:       Image: Construction of the constru	2	Underdistributions, if any, for years prior to 2016 (reason-			
aImage: second seco		able cause required- explain in Part VI). See instructions			
bImage: constraint of the second	3	Excess distributions carryover, if any, to 2016:			
c       From 2013       Image: Constraint of the second se	а				
d From 2014	b				
e From 2015       intervent of the second seco	с	From 2013			
f Total of lines 3a through e	d	From 2014			
g Applied to underdistributions of prior years	e	From 2015			
h Applied to 2016 distributable amount       i         i Carryover from 2011 not applied (see instructions)       i         j Remainder. Subtract lines 3g, 3h, and 3i from 3f.       iiii and an analysis in the section D, line 7: \$         a Applied to underdistributions of prior years       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	f	Total of lines 3a through e			
i Carryover from 2011 not applied (see instructions)       i         j Remainder. Subtract lines 3g, 3h, and 3i from 3f.       i         4 Distributions for 2016 from Section D, line 7:       \$         a Applied to underdistributions of prior years       i         b Applied to 2016 distributable amount       i         c Remainder. Subtract lines 4a and 4b from 4       i         5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions       i         6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions       i         7 Excess distributions carryover to 2017. Add lines 3j and 4c       i       i         8 Breakdown of line 7:       i       i         a       i       i       i	g	Applied to underdistributions of prior years			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	h	Applied to 2016 distributable amount			
4Distributions for 2016 from Section D, line 7:\$ControlSaApplied to underdistributions of prior yearsControlControlControlbApplied to 2016 distributable amountControlControlControlcRemainder. Subtract lines 4a and 4b from 4ControlControlControl5Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructionsControlControl6Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructionsControlControl7Excess distributions carryover to 2017. Add lines 3j and 4cControlControlControl8Breakdown of line 7:ControlControlControlaControlControlControlControlControlaControlControlControlControlControlaControlControlControlControlControlaControlControlControlControlControlaControlControlControlControlControlaControlControlControlControlControlaControlControlControlControlControlaControlControlControlControlControlaControlControlControlControlControl <tr< td=""><td>i</td><td>Carryover from 2011 not applied (see instructions)</td><td></td><td></td><td></td></tr<>	i	Carryover from 2011 not applied (see instructions)			
line 7:\$Image: Constraint of the second secon	j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
a Applied to underdistributions of prior years	4	Distributions for 2016 from Section D,			
bApplied to 2016 distributable amountImage: Construction of the second se		line 7: \$			
c       Remainder. Subtract lines 4a and 4b from 4	a	Applied to underdistributions of prior years			
5       Remaining underdistributions for years prior to 2016, if         any. Subtract lines 3g and 4a from line 2. For result greater         than zero, explain in Part VI. See instructions         6       Remaining underdistributions for 2016. Subtract lines 3h         and 4b from line 1. For result greater than zero, explain in         Part VI. See instructions         7       Excess distributions carryover to 2017. Add lines 3j         and 4c         8       Breakdown of line 7:         a       A	b	Applied to 2016 distributable amount			
any. Subtract lines 3g and 4a from line 2. For result greater         than zero, explain in Part VI. See instructions         6         Remaining underdistributions for 2016. Subtract lines 3h         and 4b from line 1. For result greater than zero, explain in         Part VI. See instructions         7       Excess distributions carryover to 2017. Add lines 3j         and 4c         8       Breakdown of line 7:         a	c	Remainder. Subtract lines 4a and 4b from 4			
than zero, explain in Part VI. See instructions       6         6       Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions       6         7       Excess distributions carryover to 2017. Add lines 3j and 4c       6         8       Breakdown of line 7:       6         a       6       6	5	Remaining underdistributions for years prior to 2016, if			
6       Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions          7       Excess distributions carryover to 2017. Add lines 3j and 4c          8       Breakdown of line 7:          a		any. Subtract lines 3g and 4a from line 2. For result greater			
and 4b from line 1. For result greater than zero, explain in       Part VI. See instructions         7       Excess distributions carryover to 2017. Add lines 3j and 4c         8       Breakdown of line 7:         a       Add lines 3i		than zero, explain in Part VI. See instructions			
Part VI. See instructions       Part VI. See instructions         7       Excess distributions carryover to 2017. Add lines 3j and 4c         8       Breakdown of line 7:         a       Image: Comparison of line 7:	6	Remaining underdistributions for 2016. Subtract lines 3h			
7       Excess distributions carryover to 2017. Add lines 3j and 4c         8       Breakdown of line 7:         a       Image: Comparison of line 7:         a       Image: Comparison of line 7:		and 4b from line 1. For result greater than zero, explain in			
and 4c     a       8 Breakdown of line 7:     a		Part VI. See instructions			
8     Breakdown of line 7:       a	7	-			
a	8				
		Excess from 2013			
c Excess from 2014					
d Excess from 2015					
e Excess from 2016					

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 PARTNERSHIP FOR CHILDREN	81-0526281 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a of 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; 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additio (See instructions.)	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

50		ntal Financial Statements		OMB No. 1545-0047					
	(Form 990) Complete if the organization answered "Yes" on Form 990,								
•	Part IV, line 6, 7, 8, 9,	Open to Public							
	Department of the Treasury Internal Revenue Service       ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.								
Nam	e of the organization PARTNERSHIP FOR C	CHILDREN	Emp	loyer identification number 81-0526281					
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Col									
organization answered "Yes" on Form 990, Part IV, line 6.									
		(a) Donor advised funds	<b>b)</b> Func	ds and other accounts					
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors	in writing that the assets held in donor advised fund	ls						
	are the organization's property, subject to the organization			Yes No					
6	Did the organization inform all grantees, donors, and dono								
	for charitable purposes and not for the benefit of the dono		•						
Par				Yes No					
	·	e organization answered "Yes" on Form 990, Part IV,	line 7.						
1	Purpose(s) of conservation easements held by the organiz		import	ant land area					
	Protection of natural habitat	Preservation of a certified hi	•						
	Preservation of open space		SIONC S	liuciule					
2	Complete lines 2a through 2d if the organization held a qu	alified conservation contribution in the form of a co	nservat	ion easement on the last					
_	day of the tax year.			Held at the End of the Tax Year					
а			2a						
b	Total acreage restricted by conservation easements	2b							
с	Number of conservation easements on a certified historic	structure included in (a)	2c						
d	Number of conservation easements included in (c) acquire	ed after 8/17/06, and not on a historic structure							
	listed in the National Register		2d						
3	Number of conservation easements modified, transferred,	released, extinguished, or terminated by the organi	zation o	during the tax					
	year								
4	Number of states where property subject to conservation								
5	Does the organization have a written policy regarding the	1. 1. 1. 1. 1. 0							
~	violations, and enforcement of the conservation easement								
0	Staff and volunteer hours devoted to monitoring, inspectin	ing, handling of violations, and emorcing conservatio	II easei	nents during the year					
7	Amount of expenses incurred in monitoring, inspecting, h	andling of violations, and enforcing conservation ear	sement	s during the year					
•			Jonnonia	s daning the year					
8	Does each conservation easement reported on line 2(d) al	bove satisfy the requirements of section 170(h)(4)(B)	(i)						
	and section 170(h)(4)(B)(ii)?			Yes No					
9	In Part XIII, describe how the organization reports conserv								
	include, if applicable, the text of the footnote to the organ	ization's financial statements that describes the org	anizatic	n's accounting for					
	conservation easements.			-					
Par		of Art, Historical Treasures, or Other S	imilar	Assets.					
	Complete if the organization answered "Yes" on Fo								
<b>1</b> a	If the organization elected, as permitted under SFAS 116								
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XI								
	the text of the footnote to its financial statements that des			hash welle of the little is the					
b	If the organization elected, as permitted under SFAS 116								
	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								
	(ii) Assets included in Form 990, Part X			<u></u>					
2	If the organization received or held works of art, historical								
-	the following amounts required to be reported under SFA								

a Revenue included on Form 990, Part VIII, line 1	
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**b** Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 632051 08-29-16

Schedule D (Form 990) 2016

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PertIIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         3       Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
(check all that apply):       a       Choice shiftbitton         a       Public exhibition       c       Con or exchange programs         b       Scholarly research       c       Other         c       Preservation for future generations       c       Other         c       Preservation for future generations       collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         For the year, did the organization's collection?       Yes       N         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part XI, ine 9, or resported an amount on Form 990, Part XIII.       Yes       N         b       if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII.       if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       N         b       if 'Yes', explain the arrangement in Part XIII. Check here if the organization naswered 'Yes' on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year (c) Two years back (d) Three years back (e) four years back         fa       Beginning of year balance
a       □ Public exhibition       d       □ Loan or exchange programs         b       □ Scholarly research       e       □ Other         c       □ Preservation for future generations         4       Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets         to be solid to raise funds rather than to be maintained as part of the organization's collection?       Ves       N         Part IV       Escrow and Custodial Arrangements. Complete if the organization a collection?       Yes       N         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ives       N         b       If "Yes," explain the arrangement in Part XIII and complete the following table:
b       Scholarly research       e       Other         c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solid to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or       reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included       on Form 990, Part X?       Yes       N         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>1c</li> <li>Additions during the year</li> <li>1d</li> <li>It ending balance</li> <li>1d</li> <li>2d</li> <li>2d it the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?</li> <li>Yes</li> <li>N</li> <li>b if 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII</li> <li>Part VI</li> <li>Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part V, line 10.</li> </ul> 1a     Beginning of year balance <ul> <li>(a) Current year</li> <li>(b) Prior year</li> <li>(c) Two years back</li></ul>
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, diff the organization is collections and explain how they further the organization's exempt purpose in Part XII.         7       Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Image: trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         b       If "Yes," explain the arrangement in Part XIII. and complete the following table:       Amount         c       Beginning balance       Image: trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       N         b       Distributions during the year       Image: trustee trust
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, diff the organization is collections and explain how they further the organization's exempt purpose in Part XII.         7       Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Image: trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         b       If "Yes," explain the arrangement in Part XIII. and complete the following table:       Amount         c       Beginning balance       Image: trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       N         b       Distributions during the year       Image: trustee trust
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?       Yes       N         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Yes       N         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       N         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       1         c       Beginning balance       1       1       Amount       1         d       Additions during the year       1       1       1       1       Amount       1         e       Beginning balance       1
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?       Yes       N         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Yes       N         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       N         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       1         c       Beginning balance       1       1       Amount       1         d       Additions during the year       1       1       1       1       Amount       1         e       Beginning balance       1
Description       Yes       N         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Image: The organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       N         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       N         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Ic         c       Beginning balance       Ic       Id
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Image: Control Contervet Contracilities Control Control Control Control
on Form 990, Part X?
b       If "Yes," explain the arrangement in Part XIII and complete the following table:
b       If "Yes," explain the arrangement in Part XIII and complete the following table:
c       Beginning balance       Ic         d       Additions during the year       Id         e       Distributions during the year       Ie         f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b       ff "sey," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V         Part V       Endowment Funds. Complete if the organization answerd "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Grants or scholarships       (a)       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years <t< th=""></t<>
d Additions during the year       1d         e Distributions during the year       1t         f Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       N         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       N         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (d) Three years back (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back (e) Four years back         a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back (e) Four years back         a K or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         g End of year balance
e Distributions during the year       1e         f Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Check here if the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g E
e Distributions during the year       1e         f Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Check here if the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g E
f Ending balance 1f   2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.     1a Beginning of year balance   b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs Image: Contribution of year balance   f Administrative expenses   g End of year balance   g End of year balance   mathematicative expenses   g End of year balance   g End of year balance   mathematicative expenses   g End of year balance   mathematicative explained or quasi-endowment   mathematicative
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       N         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance       (a) Current year end balance (line 1g, column (a) held as:       (a) Current year end balance (line 1g, column (a) held as:       (a) Current year end balance (line 1g, column (a) held as:       (a) Current year end balance (line 1g, column (a) held as:       (a) Current year end balance (line 1g, column (a) held as:       (b) Permanent endowment (mode not in the possession of the organization that are held and administered for the organization         a Are
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         e Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (d) Three years back         g End of year balance       (a) Current year       (b) Prior year       (c) Two years balance       (d) Three years back       (d) Three years back         g End of year balance       (f) C
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance
1a       Beginning of year balance       Image: Contributions         b       Contributions       Image: Contributions         c       Net investment earnings, gains, and losses         d       Grants or scholarships         e       Other expenditures for facilities         and programs       Image: Contribution for facilities         g       End of year balance         g       End of year balance         g       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment         manent endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization
b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs
c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs
d Grants or scholarships
<ul> <li>e Other expenditures for facilities and programs</li></ul>
and programs
f       Administrative expenses         g       End of year balance         g       End of year balance         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶        %         b       Permanent endowment ▶        %         c       Temporarily restricted endowment ▶        %         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization
f       Administrative expenses         g       End of year balance         g       End of year balance         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶        %       Permanent endowment ▶        %       Temporarily restricted endowment ▶        %       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization
<ul> <li>2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:</li> <li>a Board designated or quasi-endowment ▶%</li> <li>b Permanent endowment ▶%</li> <li>c Temporarily restricted endowment ▶%</li> <li>The percentages on lines 2a, 2b, and 2c should equal 100%.</li> <li>3a Are there endowment funds not in the possession of the organization that are held and administered for the organization</li> </ul>
<ul> <li>a Board designated or quasi-endowment ▶%</li> <li>b Permanent endowment ▶%</li> <li>c Temporarily restricted endowment ▶%</li> <li>The percentages on lines 2a, 2b, and 2c should equal 100%.</li> <li>3a Are there endowment funds not in the possession of the organization that are held and administered for the organization</li> </ul>
<ul> <li>b Permanent endowment ▶%</li> <li>c Temporarily restricted endowment ▶%</li> <li>The percentages on lines 2a, 2b, and 2c should equal 100%.</li> <li>3a Are there endowment funds not in the possession of the organization that are held and administered for the organization</li> </ul>
<ul> <li>b Permanent endowment ▶%</li> <li>c Temporarily restricted endowment ▶%</li> <li>The percentages on lines 2a, 2b, and 2c should equal 100%.</li> <li>3a Are there endowment funds not in the possession of the organization that are held and administered for the organization</li> </ul>
The percentages on lines 2a, 2b, and 2c should equal 100%. <b>3a</b> Are there endowment funds not in the possession of the organization that are held and administered for the organization
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization
by:
(i) unrelated organizations 3a(i)
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.
Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
Description of property(a) Cost or other(b) Cost or other(c) Accumulated(d) Book valuebasis (investment)basis (other)depreciation
1a Land         117,950.         117,950
b Buildings 1,014,797. 501,930. 512,867
c Leasehold improvements
d Equipment
e Other
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 PARTNERSHIP FOR CHILDRE	ΙN
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## Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

## Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

## Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

Total. (Column (b) must equal Form 990, Part A, col. (b) line 23.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	edule D (Form 990) 2016 PAR'I'NERSHIP FOR CHILDREI	-		Page <b>4</b>
Ра	rt XI Reconciliation of Revenue per Audited Financial Stat		le per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b				
С	Recoveries of prior year grants			
d		2d		
е				
3	Subtract line <b>2e</b> from line <b>1</b>			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines <b>4a</b> and <b>4b</b>			
		5		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen		
	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin	tements With Expen		
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen	ises per Return.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin	tements With Expen	ises per Return.	
<b>Pa</b>	Reconciliation of Expenses per Audited Financial Sta           Complete if the organization answered "Yes" on Form 990, Part IV, lin           Total expenses and losses per audited financial statements	tements With Expen	ises per Return.	
Pa 1 2	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	tements With Expen	ises per Return.	
Pa 1 2 a	rt XII       Reconciliation of Expenses per Audited Financial Sta         Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	tements With Expense           e 12a.	ises per Return.	
<b>Pa</b> 1 2 a b	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	tements With Expense           e 12a.           2a           2b           2c	ises per Return.	
<b>Pa</b> 1 2 a b	rt XII       Reconciliation of Expenses per Audited Financial Sta         Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	1	
Pa 1 2 b c d	<b>Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a         2a           2b         2c           2d         2d	1 1	
Pa 1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Sta         Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a         2a           2b         2c           2d         2d	1 1	
Pa 1 2 a b c d e 3	<b>Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	1 1	
Pa 1 2 a b c d e 3 4	rt XII       Reconciliation of Expenses per Audited Financial Sta         Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d	1 1	
Pa 1 2 a b c d e 3 4	rt XII       Reconciliation of Expenses per Audited Financial Sta         Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2a           2b         2c           2d         2d	1           1           2e           3	
Pa 1 2 a b c d e 3 4	<b>Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2a           2b         2c           2d         2d	1       1       2e       3       4c	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE PARTNERSHIP IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE; THEREFORE, NO PROVISION IS MADE FOR INCOME

TAXES.

THE PARTNERSHIP APPLIES GENERALLY ACCEPTED ACCOUNTING PRINCIPLES FOR

RECOGNITION OF UNCERTAINTY IN INCOME TAXES AND PRESCRIBING A RECOGNITION

THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE RECOGNITION AND MEASUREMENT OF

A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IN THE

COURSE OF ITS ASSESSMENT, THE PARTNERSHIP HAS DETERMINED THAT IT IS

SUBJECT TO EXAMINATION OF ITS INCOME TAX FILINGS IN THE UNITED STATES AND

STATE JURISDICTIONS FOR THE OPEN STATUTORY PERIODS. IN THE EVENT THAT THE

Schedule D (Form 990) 2016 PARTNERSHIP FOR CHILDREN	81-0526281 Page 5
Part XIII Supplemental Information (continued)	
PARTNERSHIP IS ASSESSED PENALTIES AND OR INTEREST, PENALTIES	WILL BE
CHARGED TO MISCELLANEOUS EXPENSE AND INTEREST WILL BE CHARGE	D TO INTEREST
EXPENSE.	

SCHEDULE G	Sunnleme	ntal Information Rega	rding Fun	draiei	ng or Gaming A	ctivities		OMB No. 1545-0047
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	e organization answered "Y organization entered more t Attach to Fo	es" on Form han \$15,000 orm 990 or Fo	990, F on Foi orm 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 0-EZ.	r 19, or if the		2016 Open to Public
► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.							Inspection identification number	
Name of the organization	PARTNER	SHIP FOR CHILDE	REN			81-0		
Part I Fundraisin		Complete if the organization		Yes" or	Form 990, Part IV, I			
<ol> <li>Indicate whether the c</li> <li>a Mail solicitation</li> <li>b Internet and en</li> <li>c Phone solicitat</li> <li>d In-person solici</li> <li>2 a Did the organization</li> <li>key employees listed</li> </ol>	ns nail solicitations ions tations have a written o in Form 990, Pa ghest paid indiv t \$5,000 by the	ed funds through any of the e e e f f e f f e f f e f e f f e f e	Solicitation o Solicitation o Special fundu dividual (inclu n with profess s) pursuant to (iii fun	f non-g f gover aising ding of sional fu agree	overnment grants nment grants events ficers, directors, trus undraising services?		paid	e (vi) Amount paid
or entity (fundra		(ii) Activity	have or co	custody ontrol of butions?	from activity	fundrais listed in co	er	to (or retained by) organization
			Yes	No				
				1				
	the organizatio	n is registered or licensed to	solicit contri	. ►	or has been notified	it is exempt f	rom re	gistration
or licensing.								

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

Schedule G (Form 990 or 990-EZ) 2016

# Schedule G (Form 990 or 990-EZ) 2016 PARTNERSHIP FOR CHILDREN Part II Fundraising Events. Complete if the organization answer d life if

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Fundraising Events.	Complete if the organization	n answered "Yes" on	Form 990, Part IV, li	ne 18, or reported m	ore than \$15,000
of fundraising event contrib	outions and gross income or	n Form 990-EZ, lines <sup>-</sup>	1 and 6b. List events	with gross receipts	greater than \$5,000

		of furfulaising event contributions and gro		LZ, intes i and ob. List e	vents with gross receip	s greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			HOPE EVENT	(	(4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	15,810.			15,810.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	15,810.			15,810.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	4,307.			4,307.
		Direct expense summary. Add lines 4 through			►	4,307.
_	11	Net income summary. Subtract line 10 from li	ine 3, column (d)		►	11,503.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
	1	Gross revenue				
ses	2	Cash prizes				
xper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6		└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		▶	
	8	Net gaming income summary. Subtract line 7	í from line 1, column (d)		▶	
	En	ter the state(s) in which the organization conducts the organization conducts are stated as a state of the organization licensed to conduct gaming as	ucts gaming activities:			Yes No
b	lf "	'No," explain:				
		ere any of the organization's gaming licenses re 'Yes," explain:	evoked, suspended, or te	rminated during the tax y	vear?	Yes No

Sch	nedule G (Form 990 or 990-EZ) 2016 PARTNERSHIP FOR CHILDREN	31-052	6281	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		-	
40	to administer charitable gaming?	L	Yes	└── No
	Indicate the percentage of gaming activity conducted in:	مرا	1	
	a The organization's facility			%
	a An outside facility		וכ	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$ to f "Yes," enter name and address of the third party:	nt		
	Name			
	Address 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
â	<ul> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year </li> </ul>		] Yes	No No
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	rt III, lines 9	, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			

	(continued)	

SCI	HEDULE J	Compensa	tion Information	1	OMB No. 1	545-004	47
(Fo	rm 990)		Trustees, Key Employees, and Highest		20	16	
		Compen	sated Employees wered "Yes" on Form 990, Part IV, line 23.		20	10	)
Depar	tment of the Treasury		h to Form 990.		Open to		
Interna	al Revenue Service		0) and its instructions is at <a href="https://www.irs.gov/for">www.irs.gov/for</a>		Inspe		
Nam	e of the organization			Employer i			nber
Pa		PARTNERSHIP FOR CHII Regarding Compensation	JDREN	81-0	526282	L	
Га		Regarding Compensation				X	
4-			ha fallau ing ta au fau a gaugan lintad an Fauna	000		Yes	No
a		ate box(es) if the organization provided any of the figure		<i>9</i> 90,			
	First-class or c	· · · ·	Housing allowance or residence for person				
	Travel for com	_	<ul> <li>Payments for business use of personal res</li> </ul>				
		ation and gross-up payments	Health or social club dues or initiation fees				
		pending account	Personal services (such as, maid, chauffe				
				,,			
b	If any of the boxes	on line 1a are checked, did the organization follo	ow a written policy regarding payment or				
		rovision of all of the expenses described above			1b		
2		require substantiation prior to reimbursing or a					
	trustees, and office	s, including the CEO/Executive Director, regard	ding the items checked on line 1a?		2		
3	Indicate which, if an	y, of the following the filing organization used t	o establish the compensation of the organization	ion's			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any bo	oxes for methods used by a related organization	on to			
	establish compensa	tion of the CEO/Executive Director, but explain					
	Compensation	committee	Written employment contract				
	·	ompensation consultant	Compensation survey or study				
	Form 990 of o	her organizations	Approval by the board or compensation c	ommittee			
4	During the super-	and a second listed on Faura 200, Daut MIL Castin					
4		any person listed on Form 990, Part VII, Section	on A, line Ta, with respect to the filing				
а	organization or a re				4a		x
b		eive payment from, a supplemental nonqualifie	ed retirement plan?				X
		eive payment from, an equity-based compensation					x
		es 4a-c, list the persons and provide the applic					
	,						
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations m	nust complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the	organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:					
а	The organization?				5a		X
		ation?					X
	If "Yes" on line 5a c	r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the	organization pay or accrue any compensatio	n			
	contingent on the n	0					
							X
b		ation?			<b>6b</b>		X
_		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the			_		v
~		es 5 and 6? If "Yes," describe in Part III			7		X
8	•	reported on Form 990, Part VII, paid or accrued					v
•		otion described in Regulations section 53.4958			8		X
9		d the organization also follow the rebuttable pr					
		53.4958-6(c)?				000	2010
LUA	FOI Paperwork R	eduction Act Notice, see the Instructions for	F0111 330.	Sched	ule J (Form	າ ລລດ)	<i>j</i> 20 10

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

81-0526281

Page 2

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	reported as deferred on prior Form 990
(1) JAMES FITZGERALD	(i)	0.	0.	0.	0.	0.	0.	0.
INTERMOUNTAIN REPRESENTATI	(ii)	143,234.	0.	0.	0.	7,200.	150,434.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	1111			1			1	

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2016

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## 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. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u>



81-0526281

PARTNERSHIP FOR CHILDREN

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FAMILIES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO SUBMIT A CONFLICT OF

INTEREST REPORT. THESE REPORTS ARE PERIODICALLY REVIEWED.

FORM 990, PART VI, SECTION B, LINE 15:

THE HIRING COMMITTEE (WHICH IS MADE UP OF OFFICERS, DIRECTORS, EMPLOYEES

AND OTHER OUTSIDE INDIVIDUALS) HIRES NEW EMPLOYEES AND DETERMINES SALARIES

BASED ON MARKET DATA AND COMPARABLE WAGES IN THE COMMUNITY.

FORM 990, PART VI, SECTION C, LINE 19:

PARTNERSHIP FOR CHILDREN MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B:

JAMES FITZGERALD IS COMPENSATED BY INTERMOUNTAIN DEACONESS CHILDREN'S

SERVICES. GEOFFREY BIRNBAUM AND DANN SWALLOW ARE COMPENSATED BY YOUTH

HOMES.

FORM 990, PART XII, LINE 2C:

			EZ) (201	6)					Page
Name	of the organizat	90 or 990-EZ (2016) attor PARTNERSHIP FOR CHILDREN S HAS NOT CHANGED FROM THE PRIOR YEAR.		Employer identification number 81-0526281					
THE	PROCESS	HAS	NOT	CHANGED	FROM	THE	PRIOR	YEAR.	

	PARTNERSHIP FO	R CHILDREN		81-0526281		
Part I	Identification of Disregarded Entities. Complete	e if the organization answered "Yes" or	n Form 990, Part IV, line 33.			
	<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

#### Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
YOUTH HOMES - 81-0331313							
550 CALIFORNIA STREET	GROUP YOUTH HOMES AND			170(B)(1)(A)(			
MISSOULA, MT 59802	FOSTER CARE	MONTANA	501(C)(3)	VI)			х
INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES							
- 81-0231775, 500 S. LAMBORN, HELENA, MT				170(B)(1)(A)(			
59601	CHILD AND FAMILY SERVICES	Montana	501(C)(3)	VI)			Х
	-						
	-						
	-						
	-						

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

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE R

(Form 990)

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

Attach to Form 990.

2016

Open to Public Inspection

Employer identification number

neiated Organization	5 and		
Complete if the organization answered	l "Yes" c	on Form 9	)(

## Schedule R (Form 990) 2016 PARTNERSHIP FOR CHILDREN

81-0526281 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)			(d)	(e)	(f)	(g)	(h)		(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?			General o managing partner?		Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No		
	-											
	-											
	-											
	1											
	{											
	4											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(t contr ent	i) :tion b)(13) rolled tity?
		country)						Yes	No

## Schedule R (Form 990) 2016 PARTNERSHIP FOR CHILDREN

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	s N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Σ
b Gift, grant, or capital contribution to related organization(s)			2
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	<b>1</b> h		
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			_
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)	11		
n Performance of services or membership or fundraising solicitations by related organization(s)		X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1</b> n		
Sharing of paid employees with related organization(s)			+
Reimbursement paid to related organization(s) for expenses		X	:
Reimbursement paid by related organization(s) for expenses			+
Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)			

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) YOUTH HOMES	М	201,112.	FINANCIAL STATEMENTS
(2) YOUTH HOMES	P	994.	FINANCIAL STATEMENTS
(3)			
(4)			
(5)			
<u>(6)</u>			

## Schedule R (Form 990) 2016 PARTNERSHIP FOR CHILDREN

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(i org <b>Yes</b>	rs sec. c)(3) s.?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	Dispi tioi alloca	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General ( managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2016

## PARTNERSHIP FOR CHILDREN

## Schedule R (Form 990) 2016 PART Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.