IRS e-file Signature Authorization for an Exempt Organization For calendar year 2019, or fiscal year beginning ________, 2019, and ending ________, 20_____ Do not send to the IRS. Keep for your records.

rganization	
. 30	

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization		Employer id	lentification number
PARTNERSHIP FO	ס תעה בווחווסה	31_1/	82889
Name and title of officer	ACTION FOLORIE	1 21 11	:02005
CHARLEITA M. F	RICHARDSON		
PRESIDENT & CH			
	Return and Return Information (Whole Dollars Only)		
Check the box for the retur	n for which you are using this Form 8879-EO and enter the applicable amount, if any, fro	m the return	. If you check the box
	a, below, and the amount on that line for the return being filed with this form was blank, ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable		
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	1,002,356.
2a Form 990-EZ check he			
3a Form 1120-POL check	here b Total tax (Form 1120-POL, line 22)	3b _	
4a Form 990-PF check he	re b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _	
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)	5b _	
Part II Declarati	ion and Signature Authorization of Officer		
intermediate service provid (a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial ins 1-888-353-4537 no later tha processing of the electronic		the IRS and the sessing the retelectronic fundation's federa Treasury Finatitutions in the solve issues.	o receive from the IRS curn or refund, and (c) ads withdrawal (direct all taxes owed on this ancial Agent at volved in the es related to the
		to enter my	PIN 82889
11 Tadinonze 1121	ERO firm name	to criter my	Enter five numbers, bu
	ENO IIIII IIIIIIO		do not enter all zeros
is being filed with	on the organization's tax year 2019 electronically filed return. If I have indicated within the a state agency(ies) regulating charities as part of the IRS Fed/State program, I also aution the return's disclosure consent screen.		
indicated within	ne organization, I will enter my PIN as my signature on the organization's tax year 2019 of this return that a copy of the return is being filed with a state agency(ies) regulating chari tter my PIN on the return's disclosure consent screen.	,	
Officer's signature	Date ▶		
Part III Certification	tion and Authentication		
	ur six-digit electronic filing identification		
•	your five-digit self-selected PIN. 54522423294 Do not enter all zeros		
	neric entry is my PIN, which is my signature on the 2019 electronically filed return for the g this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeFs Returns.		
ERO's signature ▶	Date ▶		
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form to the IRS Unless Requested To Do	So	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

EXTENDED TO NOVEMBER 16, 2020

Return of Organization Exempt From Income Tax

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

(Rev. January 2020) Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

A F	or the	2019 calendar year, or tax year beginning and e	ending		
B c	heck if oplicabl	C Name of organization		D Employer identific	cation number
	Addre chang				
	Name chang			31-14828	89
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe	r	
	Final return	4521 HIGHWOODS PARKWAY		(804) 96	5-1769
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,002,356.	
	Ameno return	GLEN ALLEN, VA 25000		H(a) Is this a group re	
	Application	F Name and address of principal officer: CHARLETTA M. KICHAR	DSON	for subordinates	?Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527	If "No," attach a	list. (see instructions)
		e: WWW.PARTNERSHIPFORTHEFUTURE.ORG	1	H(c) Group exemptio	
		organization: X Corporation	L Year	of formation: 1996 N	M State of legal domicile: VA
Pa	rt I	Summary	TED CITE	D DOD WILL DI	TITLE (DEE)
ø		Briefly describe the organization's mission or most significant activities: PARTN			
anc		IS A HIGH SCHOOL INTERNSHIP AND COLLEGE PI			
ern		Check this box if the organization discontinued its operations or dispose		1	sets.
Š		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			13
∞ ∞		Total number of individuals employed in calendar year 2019 (Part V, line 1a)			76
ties		Total number of volunteers (estimate if necessary)			350
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
¥		Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		888,660.	958,336.
ņ		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,016.	26,311.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		200.	17,709.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		891,876.	1,002,356.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		66,275.	83,634.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		289,229.	344,567.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ		Total fundraising expenses (Part IX, column (D), line 25)		245 520	200 400
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		315,530.	398,498.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		671,034.	826,699.
	19	Revenue less expenses. Subtract line 18 from line 12		220,842.	175,657.
Net Assets or Fund Balances	00	Tabel accords (Dark V. Para 40)		ginning of Current Year 1,639,075.	End of Year 1,811,470.
sse Bala	20 21	Total assets (Part X, line 16)		30,567.	27,305.
Vet /	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		1,608,508.	1,784,165.
	rt II	Signature Block		1,000,300.	1770171031
Unde	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			,
Sigr	1	Signature of officer		Date	
Her		CHARLEITA M. RICHARDSON, PRESIDENT & CI	EO		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN
Paid		JAYME MIKA	L	self-employ	
Prep		Firm's name KEITER, STEPHENS, HURST, GARY & SHR	EAVES,	PC Firm's EIN	54-1631262
Use	Only	Firm's address 4401 DOMINION BLVD		, ,	04) 545 0000
		GLEN ALLEN, VA 23060		Phone no. (8	04)747-0000
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

<u>Form</u>	1990 (2019) PARTNERSHIP FOR THE FUTURE 31-1482889 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 ENSURE THAT EVERY MOTIVATED STUDENT WITH LIMITED RESOURCES HAS A
	WORKPLACE INTERNSHIP IN HIGH SCHOOL AND CAN ATTEND THE COLLEGE OF HIS
	OR HER CHOICE.
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? Yes X No
Ū	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	(Code:) (Expenses \$640,849 • including grants of \$83,634 •) (Revenue \$
	PROGRAMMING: PARTNERSHIP FOR THE FUTURE (PFF) IS DEDICATED TO HELPING
	LOW TO MODERATE-INCOME YOUTH BRIDGE THE ACADEMIC, FINANCIAL, AND
	CULTURAL GAPS THAT ARE KNOWN ROADBLOCKS TO SELECTIVE COLLEGES AND
	CAREERS. FOR 2019, 291 STUDENTS FROM LOCAL HIGH SCHOOLS WERE ENROLLED
	IN THE PFF PROGRAM. LOCAL BUSINESSES PARTNER WITH PFF TO PROVIDE PAID
	SUMMER INTERNSHIPS FOR PARTICIPANTS WHO DEVELOP VALUABLE
	PROFESSIONAL-LEVEL SKILLS SUCH AS BUSINESS COMMUNICATION, PROJECT
	MANAGEMENT, DEPENDABILITY, ACCOUNTABILITY, AND A STRONG WORK ETHIC.
	STUDENTS INTERN FOR 7 WEEKS AT MORE THAN 60 SPONSORING COMPANIES DURING
	THE SUMMER MONTHS. THEY WORK IN A VARIETY OF PROFESSIONAL CAPACITIES
	MONDAY THROUGH THURSDAY. FRIDAYS ARE DEVOTED TO PERSONAL DEVELOPMENT
	WITH PFF STAFF AND VOLUNTEERS ON THE 8 SECTORS OF LIFE CURRICULUM.
41.	0.500
4b	
	SAT, ACT PREPARATION & STUDY SKILLS: SAT TEST SCORES REMAIN A KEY
	FACTOR IN COLLEGE ADMISSIONS. THE ACT TEST SERVES AS ANOTHER
	OPPORTUNITY FOR STUDENTS TO RAISE THEIR SCORES AND TRADITIONALLY,
	STUDENTS WILL DO BETTER ON ONE TEST OVER THE OTHER; THEREFORE, IT IS
	ESSENTIAL FOR STUDENTS TO PREPARE IN BOTH AREAS. PREP COURSES AND
	TUTORIALS ARE INCREASINGLY USED TO GIVE APPLICANTS A COMPETITIVE EDGE.
	SUCH PROGRAMS ARE OFTEN COST PROHIBITIVE FOR LOW-INCOME STUDENTS. PFF
	PROVIDES PRIVATE SAT & ACT PREP COURSES FOR ITS STUDENTS. SINCE 2007,
	THE SCORES HAVE INCREASED ON AVERAGE 172 POINTS. IN 2019, SAT SCORES
	INCREASED ON AVERAGE 100 POINTS. IN ADDITION, STUDENTS RECEIVE TEST
	TAKING AND STUDY SKILLS TRAINING COURSES.
4c	(Code:) (Expenses \$17,815. including grants of \$) (Revenue \$)
	COLLEGE TOURS & FAIRS: PARTICIPANTS ARE EXPOSED TO A VARIETY OF
	COLLEGES VIA COLLEGE TOURS AND FAIRS. THESE TOURS (BOTH DAY TRIPS &
	OVERNIGHTS) ALLOW THE STUDENT TO VISIT SOME OF THE BEST SCHOOLS IN
	VIRGINIA, NORTH CAROLINA, AND MARYLAND. IN ADDITION, THE STUDENTS
	PARTICIPATE IN A PRIVATE COLLEGE FAIR DESIGNED SPECIFICALLY FOR THEM.
	PARTICIPATE IN A PRIVATE COULEGE PAIR DESIGNED SPECIFICALLY FOR TREM.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 668,224.

Form 990 (2019) PARTNERSHIP FOR THE FUTURE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
_	Schedule D, Part III	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 counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Pid the approximation projection on affice and because the advised of the United Obstaco			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			X
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	ا ا		_~
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		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

932003 01-20-20

Form **990** (2019)

Form 990 (2019) PARTNERSHIP FOR TH Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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		_X_
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	l		37
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	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 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	, , ,	25b		Х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	120		
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_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		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	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?			77
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
41	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Contourio Contains a response of flote to any line in this fact v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7		169	140
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	Х	
932004	4 01-20-20	_		(2019)

PARTNERSHIP FOR THE FUTURE Page 5 Form 990 (2019) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 76 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.

Form 990 (2019)

X

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

PARTNERSHIP FOR THE FUTURE 31-1482889 Form 990 (2019) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a Did the organization have local chapters, branches, or affiliates?

b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		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 arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		

Section C. Disclosure

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website X Upon request Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

NONE

state the name, address, and telephone number of the person who possesses the organization's books and records

CHARI	LEITA M.	RIC	HARDSON	- (80	04) 965-	-1705	
4521	HIGHWOO	DS P	ARKWAY,	GLEN	ALLEN,	VA	23060

List the states with which a copy of this Form 990 is required to be filed

Form **990** (2019)

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

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

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

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

See instructions for the order in which to list the persons above.

Name and title	X Check this box if neither the organization (A)	(B)			((C)			(D)	(E)	(F)
Nours per week (list any hours for related organizations with per method organizations (w.2/1099-MISC) Nours per week (list any hours for related organizations below line) Nours per week (list any hours for related organizations with per method organizations with per me			(do		Pos	itior		200			
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PRESIDENT & CEO	(1) CHARLEITA M. RICHARDSON		드	드	ō	3	王吉	Ŗ.			
CHAIRMAN	PRESIDENT & CEO		Х		х				0.	0.	0.
(3) AUSTIN WELDER	(2) JEFFREY P. WOLFE	2.00									
VICE CHAIRMAN	CHAIRMAN		Х		Х				0.	0.	0.
(4) MARY ALLEN WALLER	(3) AUSTIN WELDER	2.00									
TREASURER			Х		Х				0.	0.	0.
SECRETARY	(4) MARY ALLEN WALLER	2.00								_	_
SECRETARY			Х		X				0.	0.	0.
Column		2.00									_
DIRECTOR EMERITUS X			Х		X				0.	0.	0.
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DIRECTOR EMERITUS		2 00	X				-		0.	0.	0.
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DIRECTOR X		2 00	A						0.	0.	0.
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DIRECTOR X	DIRECTOR		Х						0.	0.	0.
Column	(12) BRIAN RONNAU	2.00									
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Column	(13) SAMUEL TARRY	2.00									
DIRECTOR X 0. 0. 0. 0. (15) CANDY HIPPLE 2.00	DIRECTOR		Х						0.	0.	0.
(15) CANDY HIPPLE 2.00 DIRECTOR X (16) KRIS JOHNSON 2.00	(14) DAVID WALKER	2.00									
DIRECTOR X 0. 0. 0. (16) KRIS JOHNSON 2.00			Х				_		0.	0.	0.
(16) KRIS JOHNSON 2.00		2.00								_	_
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Form 990 (2019)

	990 (2019) PARTNERSI									31-1	482	889	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		,				
	(A) Name and title	(B) Average hours per week	box	, unle	Pos heck ss pe	more rson i	than of the structure o	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	l	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stit utional tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org an	npensa rom the ganizat d relate anizatio	e ion ed
	Subtotal							>	0.		0.			0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.		0.			0.
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable				0
_		Post of the state of	1										Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so	•		•	•	•		_		•		3		Х
4	For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,		,								4		X
Sec	rendered to the organization? If "Yes." com	-				-			-			5		Х
1	Complete this table for your five highest con	· ·	-								oensa	tion fro	 om	
	the organization. Report compensation for t (A)	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin 	the organization's tax y (B)	ear.		((C)	
	Name and business	address	NC	ONE	3				Description of s	ervices			nsatio	n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	d to	thos	_	ted	above) who received me	ore than				
	,	· · · · ·										Form	990 (2019)

31-1482889

Form 990 (2019) PARTNER
Part VIII Statement of Revenue

The formal tax from t	Total revenue				Check if Schedule O contains a response	or note to any lir	e in this Dart \/III			
Total revenue Related or exempt Unricitions are revenue business revenue Province function revenue business revenue function function function function function function function function revenue function revenue function revenue function revenue function f	Total revenue Felated or exempt Commission Commi				Check if Schedule O contains a response	or note to any in	(A)	(B)	(C)	(D)
The first according to							Total revenue			Revenuè excluded
1 a Federated campaigns 1 a 1	The display							function revenue	business revenue	
b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f I did the contributions, gifts, grants, and similar amounts not included above with a similar amounts not not with a similar amounts not not with a similar amounts not	D									sections 512 - 514
Business Code Part	Total Tota	ts st	1	а	Federated campaigns 1a					
Business Code Part	1d	rar		b	Membership dues					
Business Code Part	1d	, E		С	Fundraising events 1c					
Business Code Part	1 958 336 1 958 336 1 1 958 1 958 336 1 1 958 1 958 336 1 1 958 1 958 1 958 336 1 958 1	ifts								
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Business Code Part	Business Code	o d		•			958 336			
By B	pram service revenue	0 0		"	Total. Add lines 1a-11	Ti and the second secon	750,550.			
Boundary	pram service revenue les 2a·2f Come (including dividends, interest, and amounts)					Business Code				
g Total. Add lines 2a·2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 7 a Gross amount from sales of inventory 7 a Gross rents 7 a Gross amount from sales of inventory 7 a Gross rents 7 a Gross rents 7 a Gross rents 7 a Gross rents 7 a Gross amount from sales of inventory 7 a Gross rents 7 a Gross rents 8 a Gros	gram service revenue	<u>ic</u>	2	а						
g Total. Add lines 2a·2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 7 a Gross amount from sales of inventory 7 a Gross rents 7 a Gross amount from sales of inventory 7 a Gross rents 7 a Gross rents 7 a Gross rents 7 a Gross rents 7 a Gross amount from sales of inventory 7 a Gross rents 7 a Gross rents 8 a Gros	pram service revenue les 2a-2f Coome (including dividends, interest, and amounts) 159 . 159 .	e s		b						
g Total. Add lines 2a·2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 7 a Gross amount from sales of inventory 7 a Gross rents 7 a Gross amount from sales of inventory 7 a Gross rents 7 a Gross rents 7 a Gross rents 7 a Gross rents 7 a Gross amount from sales of inventory 7 a Gross rents 7 a Gross rents 8 a Gros	pram service revenue	S C		С						
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3 Investment income (including dividends, interest, and other similar amounts) 159	159	₫.		f	All other program service revenue					
3 Investment income (including dividends, interest, and other similar amounts) 159	159 159			g	Total. Add lines 2a-2f					
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G a Gross rents Ga Gi) Real Gi) Personal Ga Gi) Person	(i) Real (ii) Personal (ii) Personal (iii) Person									
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11 a MISCELLANEOUS REVENUE b SPECIAL EVENTS c d All other revenue	nue	ane	1	b	SPECIAL EVENTS	900099	650.	650.		
	nue	e e	1	С						
d All other revenue		<u> </u>	1	d	All other revenue					
e Total. Add lines 11a-11d	15 500	Σ				>	17,709.			
			12		Total revenue. See instructions			17,709.	0.	26,311.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 83,634. 83,634. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 259,620. 252,020. 9,856. -2,256. Other salaries and wages 7 Pension plan accruals and contributions (include 15,991. 8,795. 6,396. 800. section 401(k) and 403(b) employer contributions) 34,710. <u>28,</u>335. 2,149. 4,226. Other employee benefits 9 34,246. 27,470. 1,542. 10 Payroll taxes Fees for services (nonemployees): Management Legal 11,250. 11,250. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 114,718. 11,243. 12,850. 90,625. column (A) amount, list line 11g expenses on Sch O.) 442. Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 62. 42. 4. 16. Depreciation, depletion, and amortization 22 4,669. 2,568. 233. 1,868. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 97,847. 97,847. PROGRAM EXPENSES COMPUTER SUPPLIES AND M 57,029. 51,453. 1,515. 4,061. $49, \overline{407}$ 49,407. SPECIAL EVENTS 37,750. 367. TRANSPORTATION 35,422. 1,961. 3,495.25,324. 19.988. 1,841. All other expenses 826,699. 668,224. 44,061. 114,414. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2019)

Form 990 (2019)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	88,284.	1	110,922.		
	2	Savings and temporary cash investments			1,392,469.	2	1,534,313.
	3	Pledges and grants receivable, net			73,161.	3	70,845.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	ons		5	
	6	Loans and other receivables from other disqu	ualified per	sons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sec	tion 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	Donner of the control of the former of the control				9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	1,078.			
	b	Less: accumulated depreciation	10b	62.	0.	10c	1,016.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir	ne 11		85,161.	12	94,374.
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			1,639,075.		1,811,470. 27,305.
	17	Accounts payable and accrued expenses		1	30,567.	17	27,305.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or f					
≣		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	•	·		25	
	26	of Schedule D Total liabilities. Add lines 17 through 25			30,567.	25 26	27,305.
	20	Organizations that follow FASB ASC 958, or	shock hor	X	30,3071	20	27,303.
S		and complete lines 27, 28, 32, and 33.	LITECK HEI				
ü	27				327,305.	27	520,236.
3ale	28				1,281,203.	28	1,263,929.
βE		Organizations that do not follow FASB AS					
Ξ		and complete lines 29 through 33.	0 000, 0110				
þ	29	Capital stock or trust principal, or current fun	ıds			29	
ets	30	Paid-in or capital surplus, or land, building, o				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32			or other famas	1,608,508.	32	1,784,165.
Z	33	Total liabilities and net assets/fund balances			1,639,075.	33	1,811,470.
		. Sta. Mashings and first doods, fully salarious			= , ,		Form 990 (2019)

Form **990** (2019)

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	1,00		
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		5,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,60	8,5	08.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,78	4,1	65.
Pa	rt 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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	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	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-			
	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 required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	225	
			Forn	990	(2019)

932012 01-20-20

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PARTNERSHIP FOR THE FUTURE

Employer identification number 31-1482889

			NEROIIII 10	K IIID I O I O KD				1 1402007
Pa	rt I	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	e instructions.	
he	organ	ization is not a private found	ation because it is: (I	or lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	一	A hospital or a cooperative					i).	
4	H	A medical research organization					•	the hospital's name.
•		city, and state:	a oporatoa oo.	njamosnom minim a moopman		000110		ine neophal e name,
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ad in
3	ш			lege of diliversity owned	or operat	ed by a go	verninental unit describe	5 u III
_		section 170(b)(1)(A)(iv). (C		and the second s		70(1-)(4)(4)	(.)	
6	┖┳	A federal, state, or local gov	_					
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the general i	oublic described in
		section 170(b)(1)(A)(vi). (C						
8	Щ	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	inction with a land-grant	college
		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		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membership fees, ar	d gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	•	vely to test for public sat	ety. See	section 50)9(a)(4).	
12	\Box	An organization organized a	•		•			purposes of one or
		more publicly supported or	•	•	•		•	
		lines 12a through 12d that	•					
а		Type I. A supporting orga	• •					aivina
u		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	_		
		organization. You must o		• • • •	majority c	in the direc	tors or trustees or the st	apporting
L		¬ -			ion with its		d arganization(a) by bay	vin a
b		Type II. A supporting org	•					•
		control or management o			ame perso	ns that co	ntroi or manage the supp	оопеа
		organization(s). You mus						
С			= ::				• •	ed with,
		its supported organization		·				
d			/ integrated. A supp	orting organization oper	ated in co	nnection w	ith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	uirement and an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .	
е		□ Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
ota	nl							
~	• •						i e e e e e e e e e e e e e e e e e e e	i

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	794,524.	1213711.	804,592.	1086004.	958,336.	4857167.
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	504 504	4040544	224 522	1005001	252 226	1055165
4	Total. Add lines 1 through 3	794,524.	1213711.	804,592.	1086004.	958,336.	4857167.
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)						898,640.
	Public support. Subtract line 5 from line 4.						3958527.
	ction B. Total Support				·		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	794,524.	1213711.	804,592.	1086004.	958,336.	4857167.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	220	2 522	0 012	405	1 - 0	14 220
	and income from similar sources	320.	3,532.	9,813.	405.	159.	14,229.
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				200.	17 700	17 000
	assets (Explain in Part VI.)				200.	17,709.	17,909. 4889305.
11	• • • • • • • • • • • • • • • • • • • •		`			40	4003303.
12	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	~			-		. □
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage		•••••		
	Public support percentage for 2019 (li			olumn (fl)		14	80.96 %
15	Public support percentage from 2018					15	79.87 %
	33 1/3% support test - 2019. If the c						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2018. If the o						
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"				· · · · · · · · · · · · · · · · · · ·	-	
h	10% -facts-and-circumstances test						
~	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ		•		•		
18	Private foundation. If the organization			•	,		>

Schedule A (Form 990 or 990-EZ) 2019

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						
6	Total. Add lines 1 through 5						
7	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	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						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for	· ·		*	•	. , . , .	
<u></u>	check this box and stop here						>
	ction C. Computation of Publi		<u>_</u>	. (5)		T .= I	
	Public support percentage for 2019 (I					15	<u>%</u>
<u>16</u> Se	Public support percentage from 2018 ction D. Computation of Inves					16	%
				no 10 notimen (6)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from :					18	7 is not
198	a 33 1/3% support tests - 2019. If the						. .
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
_	line 18 is not more than 33 1/3%, che						>
·νn	Drivate foundation If the organization	in did not chack a	nov on line 14 10	a or 10h chock th	are how and can inc	etructions	

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.)

	Yes	No
1		
2		
За		
3b		
3c		
4-		
4a		
1h		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ol-		
9b		
9с		
10a		
10b		

Par	TIV 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		
b	A family member of a person described in (a) above?	11b		
С	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		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	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		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	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			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	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 instruction	3).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions)		
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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? 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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organia	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions 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		
Sect	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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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-functional	lly integrated	d Type III supporting orga	anization (see
	inche (ationa)			

Schedule A (Form 990 or 990-EZ) 2019

Par	TV │ Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
CAPITAL ONE SERVICES	419,000.	321,214.
CAR MAX FOUNDATION	125,000.	27,214.
ROBINS FOUNDATION	275,000.	177,214.
ALTRIA GROUP, INC.	240,000.	142,214.
ALTRIA CLIENT SERVICES	100,000.	2,214.
BROOKFIELD FOUNDATION	112,500.	14,714.
JACKSON FOUNDATION	130,000.	32,214.
BOA FOUNDATION	105,000.	7,214.
ALTRIA SUCCESS 360	255,000.	157,214.
HERNDON FOUNDATION	115,000.	17,214.
Total Excess Contributions to Schedule A, Part II, Line 5		898,640.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990. Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

31-1482889

Name of the organization **Employer identification number**

PARTNERSHIP FOR THE FUTURE Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

PARTNERSHIP FOR THE FUTURE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARY MORTON PARSONS FOUNDATION 901 EAST CARY STREET, SUITE 1404 RICHMOND, VA 23219	\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HERNDON FOUNDATION 9030 STONY POINT PARKWAY, SUITE 505 RICHMOND, VA 23235	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JACKSON FOUNDATION 104 SHOCKOE SLIP, SUITE 2B RICHMOND, VA 23219	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ALTRIA GROUP 6603 WEST BROAD STREET RICHMOND, VA 23230	\$140,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CAPITAL ONE 15000 CAPITAL ONE DRIVE RICHMOND, VA 23238	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ROBINS FOUNDATION 10 SOUTH 3RD STREET RICHMOND, VA 23219	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
		Cabadula B /Farra	000 000 F7 av 000 PF\ (0040\

Name of organization Employer identification number

PARTNERSHIP FOR THE FUTURE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BANK OF AMERICA EDUCATION & WORKFORCE DEVELOPMENT GRANT 1111 EAST MAIN STREET RICHMOND, VA 23219	\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CARMAX FOUNDATION 12800 TUCKAHOE CREEK PARKWAY RICHMOND, VA 23238	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	COMMUNITY FOUNDATION 3409 MOORE STREET RICHMOND, VA 23230	\$ 35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	MARKEL CORPORATION 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	\$36,668.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

PARTNERSHIP FOR THE FUTURE

Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u></u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	990 990.EZ or 990.PE\/2019\

Name of organization **Employer identification number** PARTNERSHIP FOR THE FUTURE 31-1482889 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PARTNERSHIP FOR THE FUTURE

Employer identification number 31-1482889

Par	t I Organizations Maintaining Donor Advised	d Funds or Othe	r Si	milar Funds	or Ac	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor ad	vised	l funds	(b) Fun	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 v	-					
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that	t gra	nt funds can be i	used o	nly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or fo	r any	other purpose of	conferr	ing	
Da	impermissible private benefit?						
Par				" on Form 990, F	Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization		ly).				
	Preservation of land for public use (for example, recreat	tion or education)				-	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space				_		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation con	tribu	tion in the form o	of a coi	nserva	
	day of the tax year.						Held at the End of the Tax Year
a	Total number of conservation easements					2a	
b	•					2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				re		
_	listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organi	zation	during the tax
4	year ▶ Number of states where property subject to conservation eas	oment is leasted					
5	Does the organization have a written policy regarding the peri		—	on handling of			
3	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			d enforcing cons			
Ū	b	narialing of violations	, and	a critorollig corto	oi vatio	ii casc	mente daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	l enf	orcing conservat	ion eas	sement	ts during the year
-	> \$			oromig comes rul			is daming and your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	of section 170(า)(4)(B)	(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation						d
	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	J					
Par	t III Organizations Maintaining Collections of	Art, Historical 1	rea	sures, or Ot	her S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its	reve	nue statement a	nd bala	ance sh	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educat	ion,	or research in fu	rtheran	ice of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	icial statements that	desc	ribes these item	S.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	enue	statement and b	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furth	erance	of pub	olic service,
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical treat	asures, or other simila	ar as	sets for financial	gain, p	orovide	•
	the following amounts required to be reported under FASB AS	SC 958 relating to the	ese i	tems:			
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

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Schedule D (Form 990) 2019

	t III Organizations Maintaining Col	llections of Ar	t, Hist	orical Tre	asures, o	r Othe	r Simila	r Assets	Contin	ued)	<u>90</u>
3	Using the organization's acquisition, accession									uou ,	
	collection items (check all that apply):	,			3		3				
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	e			9- 9						
c	Preservation for future generations	_									
4	Provide a description of the organization's colle	ections and explain	n how th	ev further th	ne organizatio	on's exer	not purpo:	se in Part	XIII.		
5	During the year, did the organization solicit or r								,		
	to be sold to raise funds rather than to be main								Yes		No
Par	t IV Escrow and Custodial Arrange										
	reported an amount on Form 990, Part			, o. ga _				,, ,			
1a	Is the organization an agent, trustee, custodian		iarv for o	contribution	s or other as:	sets not	included				
	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII an										
-		.a complete and le	g	a					Amount		
С	c Beginning balance 1c								7 11110 01111		
	d Additions during the year 1d										
e	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Form								Yes		No
	If "Yes," explain the arrangement in Part XIII. C						•		_		
Par											
		(a) Current year		rior year	(c) Two year		(d) Three y	ears back	(e) Four	vears l	nack
1a	Beginning of year balance	(a) carrone your	(2)	nor your	(6) 1110 year	aro buon	(4) 111100)	ouro buon	(C) i oui	youro i	Juon
	Contributions										
c	Net investment earnings, gains, and losses										
4	Grants or scholarships										
	Other expenditures for facilities										
C											
	Administrative expenses										
'	End of year balance										
g 2	Provide the estimated percentage of the currer	at year and balance	l (lipo 1	a column (a	// hold as:						
a	Board designated or quasi-endowment	it year end balance	% %	y, coluitiii (a)) Held as.						
b	Permanent endowment	%	_′0								
	Term endowment > %										
C	The percentages on lines 2a, 2b, and 2c should										
22	Are there endowment funds not in the possess	•	tion tha	t are hold ar	ad administo	rad for th	o organiza	ation			
Ja		ion of the organiza	ilion ina	i are rieiu ai	iu auriiiiistei	rea ioi ii	ie organiza	ation	Γ	Yes	No
	by: (i) Unrelated organizations								3a(i)	163	NO
									3a(ii)		
h	(ii) Related organizations	ne lieted as requir	ed on S	chedule R2					3b		
4	Describe in Part XIII the intended uses of the or								OD		
	t VI Land, Buildings, and Equipme		WITICITE	urius.							
	Complete if the organization answered) Part I\	/ line 11a S	See Form 990) Part X	line 10				
	Description of property	(a) Cost or o			or other		ccumulate	24	(d) Book	. value	
	Description of property	basis (investn			(other)		preciation		(u) Boor	value	,
10	Land	`		24013	, , , , , ,						
	Land										
	Buildings										
	Leasehold improvements	I			1,078.			62.	1	L,01	6
	Equipment				-,070•		<u> </u>			_, ∪ 1	<u> </u>
	Other		V - : !	(D) !' · · · · · ·	0-1	I		•	1	L,01	6
iola	<u>. Add iii led Ta ti ii dugit Te. (Column (a) Must eal</u>	<u>ıaı FUIIII 990. PAR </u>	∧. coiun	ııı (b). IINE T	UC.)				_	-, 01	

Schedule D (Form 990) 2019

	FOR THE FUTUR	RE 31	1482889 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) BENEFICIAL INTEREST IN	04 274		
(B) ASSET HELD BY TCF	94,374.	END-OF-YEAR MARKET	VALUE
(C)			
(D) (E)			
(E) (F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	94,374.		
Part VIII Investments - Program Related.	,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
Table (Col. (b) must squal Form 000 Port V col. (B) line 12 \			
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 1	11d See Form 990 Part X line 15	
	Description	Tra. coc Form coc, Fare X, line To.	(b) Book value
	·		,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X. col. (B) line	e 15.)	>	
Part X Other Liabilities.	5 000 B 1 11 / 11 - 1	44 A44 O E 000 B 1 V II 05	_
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	(b) Book value
			(b) BOOK value
(1) Federal income taxes			
<u>(2)</u> (3)			
(4)			
(5)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

(8)

Pa	rt XI	Reconciliation of Revenue per Audited Financial State	ments With I	Revenue per Re	turn.	rago
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total re	evenue, gains, and other support per audited financial statements			1	1,351,417.
2	Amoun	ts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net uni	realized gains (losses) on investments	2a			
b		d services and use of facilities		349,061.		
С		ries of prior year grants				
d		Describe in Part XIII.)				
е		es 2a through 2d			2e	349,061.
3	Subtra	ct line 2e from line 1			3	1,002,356.
4		ts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investn	nent expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lin	es 4a and 4b			4c	0.
5	Total re	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		· <u>··</u> ······	5	1,002,356.
Pa		Reconciliation of Expenses per Audited Financial State		Expenses per F	Returi	າ.
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total e	xpenses and losses per audited financial statements			1	1,175,760.
2		ts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	d services and use of facilities				
b	Prior ye		2a	349,061.		
С		ear adjustments		349,061.		
	Other le		2b	349,001.		
d	Other le		2b 2c	349,061.		
d e	Other lo	osses	2b 2c 2d		2e	349,061.
-	Other lo Other (Add lin	Describe in Part XIII.)	2b 2c 2d		2e 3	349,061. 826,699.
е	Other lo Other (Add lin Subtrac	osses Describe in Part XIII.) es 2a through 2d	2b 2c 2d			
e 3	Other lo Other (Add lin Subtrac Amoun	osses Describe in Part XIII.) es 2a through 2d ct line 2e from line 1	2b 2c 2d			
e 3 4	Other le Other (Add lin Subtrac Amoun Investn	Describe in Part XIII.) es 2a through 2d ct line 2e from line 1 ts included on Form 990, Part IX, line 25, but not on line 1:	2b 2c 2d 4a			826,699.
e 3 4 a	Other le Other (Add lin Subtract Amoun Investn Other (Describe in Part XIII.) es 2a through 2d ct line 2e from line 1 ts included on Form 990, Part IX, line 25, but not on line 1: nent expenses not included on Form 990, Part VIII, line 7b	2b 2c 2d 4a 4b			

Part XIII Supplemental Information.

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 ORGANIZATION HAS ADOPTED ACCOUNTING GUIDANCE RELATED TO UNCERTAINTY IN

INCOME TAXES, WHICH PRESCRIBES THE MINIMUM RECOGNITION THRESHOLD THAT A

TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE

ORGANIZATION'S FINANCIAL STATEMENTS. IN ACCORDANCE WITH THIS GUIDANCE,

THE ORGANIZATION DISCLOSES THE EXPECTED FUTURE TAX CONSEQUENCES OF

UNCERTAIN TAX POSITIONS PRESUMING THE TAXING AUTHORITIES' FULL KNOWLEDGE

OF THE FACTS AND THE ORGANIZATION'S POSITION AND RECORDS UNRECOGNIZED TAX

BENEFITS OR LIABILITIES FOR KNOWN, OR ANTICIPATED TAX ISSUES BASED ON THE

ORGANIZATION'S ANALYSIS OF WHETHER ADDITIONAL TAXES WOULD BE DUE TO THE

AUTHORITY GIVEN THEIR FULL KNOWLEDGE OF THE TAX POSITION. THE

ORGANIZATION'S ASSESSMENTS FOR 2019 AND 2018 DETERMINED THAT THERE WERE NO

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Name of	the organization							Employer identification number
	PARTNERSH		E FUTURE					31-1482889
Part I	General Information on Grants a							
1 Do	oes the organization maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	
	teria used to award the grants or assis							X Yes No
	escribe in Part IV the organization's pro							
Part II		_				anization answered "\	es" on Form 990, Parl	: IV, line 21, for any
	recipient that received more than S					(f) Method of	1	1
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 En	nter total number of section 501(c)(3) a	nd government ord	anizations listed in the	e line 1 table	1	1)
	nter total number of other organizations	-						
	or Paperwork Reduction Act Notice							Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.						
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
SCHOLARSHIP MATCH PROGRAM - GRANT IS WIRED TO THE						
VIRGINIA COLLEGE SAVINGS PLAN, THEN DISTRIBUTED TO						
THE STUDENTS' INDIVIDUAL ACCOUNTS.	38	73,634.	0.			
KIRSHNER SCHOLARSHIPS	2	10,000.	0.			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
PFF HELPS STUDENTS TO OPEN A 529 V	IRGINIA E	DUCATION S	SAVINGS TRU	ST (VEST)		
ACCOUNT THROUGH THE VIRGINIA COLLEG	GE SAVING	S PLAN (VC	SP), EXCLU	SIVELY FOR		
COLLEGE SAVINGS. THROUGH PFF AND	ITS BUSIN	ESS SPONSC	RS, A STUD	ENT'S VEST		
ACCOUNT IS MATCHED DOLLAR FOR DOLLAR	AR (UP TO	\$2,000) A	T THE END	OF THE THREE		
YEAR PROGRAM. VEST ACCOUNTS ARE TO	AX-ADVANT	AGED INVES	TMENT ACCO	UNTS FOR		
"QUALIFIED HIGHER EDUCATION EXPENSI	ES" SUCH	AS TUITION	I, MANDATOR	Y FEES, ROOM		
& BOARD, TEXTBOOKS, COMPUTERS, ETC	. VIRGIN	IA 529 VES	T ACCOUNTS	ARE		

MONITORED & ADMINISTERED BY VCSP IN ACCORDANCE WITH SECTION 529 OF THE

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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.

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

2019 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PARTNERSHIP FOR THE FUTURE

Employer identification number 31 – 1 4 8 2 8 8 9

TAKINEKSHII FOK THE FOTOKE 31 1402009
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
UTILIZES A HOLISTIC APPROACH TO LIFE SKILLS AND EDUCATION. PARTNERSHIP
FOR THE FUTURE'S MISSION IS TO ENSURE THAT EVERY MOTIVATED STUDENT WITH
LIMITED RESOURCES HAS A WORKPLACE INTERNSHIP IN HIGH SCHOOL AND CAN
ATTEND THE COLLEGE OF HIS OR HER CHOICE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ADDITIONALLY, PFF SERVED 155 STUDENTS IN THE COLLEGE SUCCESS
PROGRAMMING, WHERE WE ENSURED THAT OUR ALUMNI HAD THE NECESSARY SUPPORT
SYSTEMS WHILE IN COLLEGE.
FORM 990, PART VI, SECTION A, LINE 2:
THE FOLLOWING BOARD MEMBERS ARE ALL EMPLOYED BY THE MARKEL CORPORATION:
- ALAN KIRSHNER
- CHARLEITA RICHARDSON
- MARY ALLEN WALLER
FORM 990, PART VI, SECTION B, LINE 11B:
THE BUSINESS MANAGER REVIEWS THE 990 WITH THE PRESIDENT & CEO AND THE BOARD
TREASURER. A COPY OF THE DRAFT 990 IS THEN MADE AVAILABLE TO THE FULL
BOARD FOR REVIEW BEFORE FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
ALL PFF BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT

COULD GIVE RISE TO CONFLICTS AND ABSTAIN FROM VOTING WHEN APPROPRIATE.

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

PFF

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization PARTNERSHIP FOR THE FUTURE	Employer identification number 31-1482889				
COLLECTS ANNUALLY FROM EACH PFF BOARD MEMBER A CONFLICT OF	INTEREST				
DISCLOSURE QUESTIONNAIRE, WHICH REQUIRES EACH BOARD MEMBER	TO LIST ANY				
DIRECT OR INDIRECT AFFILIATIONS SUCH BOARD MEMBER OR HIS/H	ER RESPECTIVE				
FAMILY MEMBERS HAVE THAT MIGHT GIVE RISE TO A CONFLICT OF	INTEREST AS				
DEFINED IN THE BOARD-APPROVED CONFLICT OF INTEREST POLICY.	THE BOARD OF				
DIRECTORS OR A COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES IF THERE ARE					
ANY POTENTIAL CONFLICTS OF INTEREST OR VIOLATIONS OF THE CONFLICT OF					
INTEREST POLICY. IF SO, APPROPRIATE ACTION IS TAKEN TO RESOLVE ANY SUCH					
CONFLICTS OR VIOLATIONS.					
FORM 990, PART VI, SECTION C, LINE 19:					
PARTNERSHIP FOR THE FUTURE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF					
INTEREST POLICY & AUDITED FINANCIAL STATEMENTS PUBLIC VIA	THE WEB AND UPON				
REQUEST.					
FORM 990, PART IX, LINE 11G, OTHER FEES:					
BACKGROUND CHECKS:					
PROGRAM SERVICE EXPENSES	988.				
MANAGEMENT AND GENERAL EXPENSES	0.				
FUNDRAISING EXPENSES	0.				
TOTAL EXPENSES	988.				
FUNDRAISING CONSULTING SERVICES:					
PROGRAM SERVICE EXPENSES	0.				
MANAGEMENT AND GENERAL EXPENSES	0.				
FUNDRAISING EXPENSES	90,625.				
TOTAL EXPENSES	90,625.				

Name of the organization PARTNERSHIP FOR THE FUTURE	Employer identification number 31-1482889
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	10,255.
MANAGEMENT AND GENERAL EXPENSES	12,850.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	23,105.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	114,718.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 31-1482889 PARTNERSHIP FOR THE FUTURE File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 4521 HIGHWOODS PARKWAY return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. GLEN ALLEN, VA 23060 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Code Is For Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 CHARLEITA M. RICHARDSON The books are in the care of ► 4521 HIGHWOODS PARKWAY - GLEN ALLEN, VA 23060 Telephone No. ► (804) 965-1705 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 16, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2019 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

923841 12-30-19

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)