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Department of the Treasury

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

_			e 2008 calendar year, or tax year beginning JUL 1, 2008 and ending		009					
_										
E		heck if oplicab	Please Use IRS NORTH CAROLINA PARTNERSHIP FOR	Employer Id	lentification number					
1	_	∏Addre	an I label or I							
	늗	_Jchang]Name	type	-	£ 1050405					
	_	Jchang ∏Initial	Booking Business As		56-1850485					
	느	_]return]Termi	Specific	· • • • • • • • • • • • • • • • • • • •						
	<u> </u>	Jation Amen	Instruc-							
	<u> </u>	Jreturn Applic	City or town, state or country, and ZIP + 4	G Gross receipts \$						
١		Jtion pendi	RADEIGH, NC 27004	H(a) Is this a gr	<u> </u>					
			F Name and address of principal officer CONNIE HOLTON	for affiliate	= = = = = = = = = = = = = = = = = = = =					
-			SAME AS C ABOVE	H(b) Are all affilia						
ا			empt status. X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		tach a list (see instructions)					
			te: WWW.NCSMARTSTART.ORG		mption number					
				ear of formation: 19	93 M State of legal domicile; NC					
L	Pa	rt I	Summary	OD 3 III OV						
	ခွ	1	Briefly describe the organization's mission or most significant activities TO ADVAN							
	au		COMPREHENSIVE SYSTEM OF CARE AND EDUCATION F							
	Governance	_	Check this box if the organization discontinued its operations or disposed of m	nore than 25% of its	1 1					
	١٥	_	Number of voting members of the governing body (Part VI, line 1a)		3 25					
	<u>م</u>	-	Number of independent voting members of the governing body (Part VI, line 1b)		4 19					
	Activities &	5	Total number of employees (Part V, line 2a)		5 56					
	<u>₹</u>		Total number of volunteers (estimate if necessary)		6 61					
	₽ct	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)		7a 0.					
_	_	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34							
				Prior Year	Current Year					
	9	8	Contributions and grants (Part VIII, line 1h)	133,043,1						
	en		Program service revenue (Part VIII, line 2g)	324,7						
	Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, app FoC EIVED	216,6						
,	-		Other revenue (Part VIII, column (A), lines 5, 6q, 8 c, 9c, 10c, and 11e)	56,9						
		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) fine 23		72. 126,496,429.					
	ı	13	Grants and similar amounts paid (Part IX, column A), illes 1-3)	127,596,5	<u>59. 121,368,388.</u>					
	- 1		Benefits paid to or for members (Part IX, column (A), line 4)							
	Sa	15	Salaries, other compensation, employee benefits (Part @@@m.W., likes 5-10)	3,482,8	71. 3,817,824.					
	Expenses		Professional fundraising fees (Part IX, column (A), lime 11e)							
ı	ĕ۱	b	Total fundraising expenses (Part IX, column (D), line 25) 38,097.							
	"	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,637,5						
		18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	133,716,9						
		19	Revenue less expenses. Subtract line 18 from line 12	<u>-75,39</u>	<u>981,352,779.</u>					
) č	ances			Beginning of Yea						
, cet	Fund Balar	20	Total assets (Part X, line 16)	8,681,2						
† Ac	25	21	Total liabilities (Part X, line 26)	1,632,3	67. 1,221,049.					
Ž	洁	22_	Net assets or fund balances_Subtract line 21 from line 20	7,048,8	<u>68. 5,696,089.</u>					
L	Pa	<u>rt II</u>	Signature Block							
			Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemer and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my k	nowledge and belief, it is true, correct,					
					111/6/11					
S	ign	ı	DUMY NOUVE		//7/2019					
Н	lere	•	Signature of officer	Date /	./					
			CONNIE HOLTON, ASSISTANT TREASURER							
			Type or print name and title							
D	~: d		Preparer's Date	Check if self-	Preparer's identifying number (see instructions)					
	aid	neor's		employed ▶ □	·					
		arer's	Firm's name (or yours if BLACKMAN & SLOOP, CPAS, P.A.	EIN ▶						
U	se (Only	self-employed), 1414 RALEIGH RD. SUITE 300							
_			address, and ZIP+4 CHAPEL HILL, NC 27517	Phone no.	► (919)942-8700					
_ M	lav	the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No					

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008) 2-18-08 LHA FOR PRIVACY ACT and Paper WORK REGULTION ASSESSMENT CONTINUATION 5-15

Pa	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: TO ADVANCE A HIGH QUALITY, COMPREHENSIVE, ACCOUNTABLE SYSTEM OF CARE
	AND EDUCATION FOR EVERY CHILD BEGINNING WITH A HEALTHY BIRTH.
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
	If "Yes", describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	10 1 10 10 10 10 10 10 10 10 10 10 10 10
4a	(Code) (Expenses \$ 123617016. including grants of \$ 120787457.) (Revenue \$ 12,936.) SMART START: NORTH CAROLINA'S NATIONALLY-RECOGNIZED EARLY CHILDHOOD
	PROGRAMS; CONNECTS FAMILIES TO HIGH-QUALITY CHILD CARE AND OFTEN HELPS
	FAMILIES PAY FOR THIS CARE; CONNECTS FAMILIES TO PHYSICIANS AS WELL AS
	STATE INSURANCE PROGRAMS; AND HELPS IMPROVE PARENTING AND EARLY
	LITERACY SKILLS. IN THE FISCAL YEAR ENDED JUNE 30, WE PROVIDED SUPPORT
	TO IMPROVE THE QUALITY OF CARE TO 3,879 CHILD CARE PROVIDERS
	BENEFITTING APPROXIMATELY 116,000 CHILDREN; PROVIDED ASSISTANCE TO
	TEACHERS TO ATTEND EARLY CHILDHOOD COLLEGE COURSES; AND PROVIDED FAMILY
	SUPPORT PROGRAMS TO 18,269 FAMILIES.
	BOTTORT TROOTERS TO TO TO THE TELEBRANE
4b	(Code) (Expenses \$ 796,510. including grants of \$ 112,085.) (Revenue \$ 4,270.)
	NATIONAL TECHNICAL ASSISTANCE CENTER: PROVIDES ASSISTANCE TO STATES
	THAT WANT TO LEARN HOW TO DEVELOP A HIGH-QUALITY, COMPREHENSIVE EARLY
	CARE AND EDUCATION SYSTEM. IN ADDITION TO WORKING WITH SEVERAL STATES,
	DURING THE FISCAL YEAR ENDED JUNE 30, 2009, THE CENTER LAUNCHED TWO NEW
	INITIATIVES-THE STATE EARLY CHILDHOOD LEADERSHIP NETWORK AND THE
	QUALITY RATING AND IMPROVEMENT SYSTEM (QRIS) LEARNING NETWORK. THE
	LEADERSHIP NETWORK BRINGS TOGETHER STATE EARLY CHILDHOOD LEADERS TO
	PARTICIPATE IN AN ON-GOING SUPPORT AND LEARNING NETWORK. THE ORIS
	NETWORK IS ADVANCING THE USE OF RATING AND IMPROVEMENT STRATEGIES TO
	ELEVATE THE QUALITY OF CARE IN STATE EARLY CARE AND EDUCATION SYSTEMS
	AND TO SUPPORT AND IMPROVE CHILDREN'S DEVELOPMENT.
4c	(Code) (Expenses \$ 733,816. including grants of \$ 18,928.) (Revenue \$)
	CAPACITY BUILDING: THE CAPACITY BUILDING PROGRAM WORKS TO STRENGTHEN
	AND SUSTAIN THE 77 LOCAL NONPROFITS THAT IMPLEMENT SMART START IN ALL 100 NORTH CAROLINA COUNTIES. IT SEEKS TO STRENGTHEN GOVERNANCE AND
	EXECUTIVE LEADERSHIP, INCREASE DIVERSITY AND INCLUSION, EXPAND
	COMMUNITY INVOLVEMENT, AND HELP THESE NONPROFITS DIVERSIFY FINANCIAL
	RESOURCES. IN THE FISCAL YEAR ENDED JUNE 30, 2009, INTENSIVE
	GOVERNANCE, TECHNICAL ASSISTANCE, AND TRAINING WAS PROVIDED TO 22 SMART
	START NONPROFITS AND THEIR BOARDS.
	START MONFROFTID AND THEIR DOARDS:
4d	Other program services. (Describe in Schedule O)
74	(Expenses \$ 982,823. including grants of \$ 449,918.) (Revenue \$ 253,450.)
4e	Total program service expenses ▶ \$ 126,130,165. (Must equal Part IX, Line 25, column (B))
	Form 990 (2008)

Form 990 (2008) CHILDREN, INC.

Part IV | Checklist of Required Schedules Form 990 (2008)

			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_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	<u> </u>	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5_		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
_	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		.,,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		.,
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			.,
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	37	X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?	امدا	v	
40	If "Yes," complete Schedule D, Parts VI, VII, IX, or X as applicable	11	Х	_
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	40	Х	
13	is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12 13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
-	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	_	X
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u> </u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K			
	If "No", go to question 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			3,5
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	_		v
^^	prior year? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			v
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		х
	Contributor, or to a person related to such an individual. II Tes, Complete Schedule L, Fait III		990 a	2008)
			(/

Pa	Triv Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b	X	
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional	ŀ		
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
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, Parts II, III, IV, and V, line 1	34		_X_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>

Form **990** (2008)

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c_	X	
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 56			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a_	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e_		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f_		<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g_		<u>X</u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		<u>X</u>
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a_		
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b_		
10	Section 501(c)(7) organizations. Enter N/A			
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter N/A			
	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		2000	0000
		Form	990 (2008)

56-1850485 Page **6**

Form 990 (2008) CHILDREN, INC. 56-1850485 Pa
Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a				
b	Enter the number of voting members that are independent 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		_ X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
_	to conflicts?	12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	ın Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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			
•	The organization's CEO, Executive Director, or top management official?	15a	x	
h	Other officers or key employees of the organization?	15b	X	
U	Describe the process in Schedule O (see instructions)			
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	;		
a	taxable entity during the year?	16a		X
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	.00		
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec.	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
.0	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
10		d fina	ncial	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, an	u iiiia	iicidi	
~	statements available to the public	-	_	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	IUII 🏴		
	CONNIE HOLTON - 919-821-7999			
	1100 WAKE FOREST ROAD, RALEIGH, NC 27604			

21230__1

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee, or key employee

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

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average hours	_{(c}				app	ılv)	Reportable compensation	Reportable compensation	Estimated amount of
	per	H						from	from related	other
	week	direct						the	organizations	compensation
		tee or	ustee			ensate		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		al trus	nal tr		loyee	E 2		(** 2) 1033 (**100)		and related
		Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ıme			organizations
HON. PHILLIP E. BAZEMORE	-	=	트	0	2	:∓ 5	<u>.</u>			
DIRECTOR	2.00	x						0.	0.	0.
HON. LANIER CANSLER						Ì				
DIRECTOR	2.00	x				<u> </u>		0.	0.	0.
DR. MICHAEL BLACKWELL			i							
DIRECTOR	2.00	X	ļ					0.	0.	0.
MS. FORDHAM BRITT										_
DIRECTOR	2.00	X		_	<u> </u>		-	0.	0.	0.
DR. C. LORANCE HENDERSON DIRECTOR	2.00							0.	0.	0
REVEREND JAMES R. HORTON	2.00	Δ.						0.	U.	0.
DIRECTOR	2.00	Х						0.	0.	0.
MS. SHEILA HOYLE	2.00	-	<u> </u>							
DIRECTOR	2.00	x						0.	0.	0.
MS. MARIE INSCORE										
DIRECTOR	2.00	Х						0.	0.	0.
MS. SUE LYNN LEDFORD		1								
DIRECTOR	2.00	X		_		ļ		0.	0.	<u> </u>
MR. CHARLES MORRIS										_
DIRECTOR	2.00	X		ļ				0.	0.	0.
DR. PETER J. MORRIS DIRECTOR	2.00	x						0.	0.	0.
MR. JAMES R. MORRISON	2.00	^				-				
DIRECTOR	2.00	X						0.	0.	0.
MR. JOHN PRUETTE										
DIRECTOR	2.00	X						0.	0.	0.
MS. SUE RUSSELL								-		
DIRECTOR	2.00	X						0.	0.	0.
DR. SCOTT RALLS								_		_
DIRECTOR	2.00	X						0.	0.	0.
MS. CAROLE WILSON	0 00	97								•
DIRECTOR MR. DEREK D. KELLY	2.00	X						0.	0.	0.
DIRECTOR	2.00	$ \mathbf{x} $						0.	0.	0.
832007 12-18-08	2.00	21								Form 990 (2008)

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Part VII Section A. Officers, Directors, Tru	stees, Key E	mpl	oyee	es, a	ınd l	High	rest	Compensated Employ	ees (continued)				
(A) (B)			(C)					(D)	(E)		(F)	
Name and title	Average		Position (check all that apply)					Reportable	Reportable		Estima		
	hours per week	ndividual trustee or director					Γ	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)		amou oth compen from organiz	er sation the	
		Individual trus	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	()			and re	lated	
DR. M. ALEC PARKER DIRECTOR	2.00	х			<u>.</u>	<u> </u>	_	0.	0	_		0.	
MR. CLIFTON H. SMITH DIRECTOR	2.00	х				ļ		0.	0			0.	
MR. ASHLEY O. THRIFT CHAIRPERSON	2.00	x		x				0.	0			0.	
MS. TANNIS F. NELSON VICE CHAIRPERSON	2.00	x		х				0.	0			0.	
MR. HAROLD SELLARS SECRETARY	2.00	x		X				0.	0			0.	
MR. ROBERT SHINN TREASURER	2.00	x		x				0.	0	$oxed{\Box}$		0.	
MS. STEPHANIE FANJUL PRESIDENT	40.00			х				146,744.	0			070.	
MS. JOYCE BAFFI VICE PRESIDENT	40.00			х				121,548.	0		24,711.		
MS. CONNIE HOLTON FINANCE DIRECTOR	40.00			X				98,105.	0	•	22,	<u>251.</u>	
1b Total								366,397.	0	<u>.</u>	74,	032.	
2 Total number of individuals (including those	ın 1a) who re	ceiv	ed n	ore	tha	n \$1	00,	000 in reportable					
compensation from the organization	-										Ye	2 s No	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y em	nplo:	yee,	or I	highest compensated en	nployee on		3	x	
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization	L	4 X		
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched	iccrue compei	nsat	ion f						ices rendered to	,	5	x	
Section B. Independent Contractors													
Complete this table for your five highest co the organization	mpensated inc	depe	ende	nt c	ontr	acto	ors 1	that received more than	\$100,000 of compen	satio	on from		
(A) Name and business	address							(B) Description of s	ervices	Corr	(C) pensat	ion	
2 Total number of independent contractors (if from the organization ▶	ncluding those	ın '	1) wł	no re	ecen	ved	mor	e than \$100,000 in com	pensation				
Married Marriage P										-E0	rm 990	(2008)	

		(2008) CHILDREN, INC.			 	<u> 56-1850</u>	<u>485</u> Page 9
Pa	<u>rt VII</u>	Statement of Revenue		<u> </u>			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts ts	1 a	Federated campaigns 1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b					
ts, (С	Fundraising events 1c					
<u>a</u> ë	d						
ns,	е		194197				
er s	f	All other contributions, gifts, grants, and					
들튐		similar amounts not included above 1f 89	1,113.				
를 된	_	Noncash contributions included in lines 1a-1f \$					
OB	h	Total. Add lines 1a-1f		126085310.			
			usiness Code		252 450		
ice	2 a		900099	253,450.	253,450.		
er v	b						
m S	С					-	
Pa	d						
Program Service Revenue	e			· · · -			
_	T	All other program service revenue Total. Add lines 2a-2f	•	253,450.			
	<u>9</u>	Investment income (including dividends, interest		233,430.			
	3	other similar amounts)	., and	146,425.	_146,425.		
	4	Income from investment of tax-exempt bond pro	ceeds	110,120		•	
	5	Royalties	•				
	Ū	(ı) Real	(II) Personal				
	6 a		.,	[
	b						
ŀ	C	5]			
		Net rental income or (loss)	>				
	7 a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
	b	Less cost or other basis					
		and sales expenses	7,575.				
	c	Gain or (loss)	<u>-7,575.</u>	1 I			
	d	Net gain or (loss)		-7,575.			<u>-7,575.</u>
<u>o</u>	8 a	Gross income from fundraising events (not					
e l		ıncludıng \$ of					
<u></u>		contributions reported on line 1c) See					
Other Revenue		Part IV, line 18		ļ į			
됩		Less. direct expenses b					
_		Net income or (loss) from fundraising events					
- 1	9 a	Gross income from gaming activities See					
		Part IV, line 19 a		{			
		Less direct expenses b					
		Net income or (loss) from gaming activities					
ĺ	10 a	Gross sales of inventory, less returns	19,939.				
	L	1	$\frac{13,335.}{11,232.}$				
		_	11,252.	8,707.			8,707.
F	C	Net income or (loss) from sales of inventory Miscellaneous Revenue	usiness Code				0,707.
ŀ	11 2		900099	10,112.	10,112.		
	II a						
	c						
	d	All other revenue					
1	e	Total. Add lines 11a-11d	•	10,112.			
	12_	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c,	and 11e	126496429.	409,987.	0.	1,132.
83200 02-02	09						Form 990 (2008)

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CHILDREN, INC.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must com		(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	121,344,948.	121,344,948.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	23,440.	23,440.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				-
5	Compensation of current officers, directors,	440 777	102 106	206 651	
6	trustees, and key employees Compensation not included above, to disqualified	449,777.	123,126.	326,651.	
Ū	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,627,828.	2,066,393.	530,743.	30,692.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	173,876.		34,359.	1,608.
9	Other employee benefits	361,905.		85,416.	-763.
10	Payroll taxes	204,438.	155,113.	46,980.	2,345.
11	Fees for services (non-employees)				
а	Management				 -
b	Legal	7,350.		7,350.	
C	Accounting	6,933.		6,933.	
d	Lobbying	51,935.	6,117.	45,818.	
е	Professional fundraising services. See Part IV, line 17	3,570.		2 570	
f	Investment management fees	1,312,813.		3,570. 59,368.	150.
g	Other	5,386.		3,996.	150.
12	Advertising and promotion	158,643		84,790.	23.
13	Office expenses Information technology	133,410.		0=,150.	
14 15	Royalties	133,410.	100,410.		
16	Occupancy	336,380.	16,305.	320,075.	
17	Travel	209,843.	1	19,224.	2,745.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	260,168.	256,966.	3,142.	60.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	65,147.		65,147.	
23	Insurance	10,119.		10,119.	· · · · · · · · · · · · · · · · · · ·
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	REPAIRS AND MAINTENANCE	47,971.	40,427.	7,544.	· · · · · · · · · · · · · · · · · · ·
b	DUES & SUBSCRIPTIONS	30,852.		19,079.	_1,237.
С	BOOKS/PUBLICATIONS	22,098.		414.	
d	MISCELLANEOUS	378.	150.	228.	
е					
f	All other expenses	107 040 000	106 100 165	1 600 616	20 005
25	Total functional expenses. Add lines 1 through 24f	127,849,208.	126,130,165.	1,680,946.	_38,097.
26	Joint Costs. Check here I If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		<u></u>		Form 990 (2008)

Form **990** (2008)

Pa	rt X	Balance Sheet							
					(A) Beginning of year		(E End o		
	1	Cash - non-interest-bearing			259,474.	1	26	54,8	19.
	2	Savings and temporary cash investments			4,470,989.	2	4,50		
	3	Pledges and grants receivable, net			2,454,015.	3	1,11		
	4	Accounts receivable, net			1,197,152.	4		75,5	
	5	Receivables from current and former officers, d	rector	s, trustees, key					
		employees, or other related parties. Complete F	Part II c	of Schedule L		5			
	6	Receivables from other disqualified persons (as	define	ed under section					
		4958(f)(1)) and persons described in section 49	58(c)(3)(B) Complete					
		Part II of Schedule L				6			
ţ	7	Notes and loans receivable, net		7					
Assets	8	Inventories for sale or use				8			
ä	9	Prepaid expenses and deferred charges			89,546.	9	3	30,6	54.
	10a	Land, buildings, and equipment cost basis	10a	459,525.					
	ь	Less accumulated depreciation Complete							
		Part VI of Schedule D	10b	283,195.	210,059.	10c	17	76,3	30.
	11	Investments - publicly traded securities				11			
	12	Investments other securities See Part IV, line			12				
	13	Investments - program-related See Part IV, line			13				
	14	Intangible assets		14					
	15	Other assets See Part IV, line 11				15			
	16	Total assets. Add lines 1 through 15 (must equ	34)	8,681,235.	16	6,91	7,1	38.	
	17	Accounts payable and accrued expenses			451,731.	17	40	1,1	71.
	18	Grants payable			18				
	19	Deferred revenue			19	2	22,3	34.	
	20	Tax-exempt bond liabilities		20					
S	21	Escrow account liability Complete Part IV of Sc		21					
Liabilities	22	Payables to current and former officers, directo	rs, trus	tees, key employees,					
iabi		highest compensated employees, and disqualif	ied per	sons Complete Part II					
		of Schedule L				22			
	23	Secured mortgages and notes payable to unrela		23					
	24	Unsecured notes and loans payable			24				
	25	Other liabilities Complete Part X of Schedule D			1,180,636.	25	79	7,5	44.
	26	Total liabilities. Add lines 17 through 25			1,632,367.	26	1,22	1,0	49.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete					
es		lines 27 through 29, and lines 33 and 34.							
anc	27	Unrestricted net assets			2,241,888.	27	2,41		
Balt	28	Temporarily restricted net assets			4,806,980.	28	3,26		
힏	29	Permanently restricted net assets		<u></u>		29	2	20,0	00.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 📖 and					
ō		complete lines 30 through 34.							
šets	30	Capital stock or trust principal, or current funds		<u> </u>		30	_ 		
Ass	31	Paid-in or capital surplus, or land, building, or ed	upme	nt fund		31			
<u>e</u>	32	Retained earnings, endowment, accumulated in	come,	or other funds		32			
~	33	Total net assets or fund balances		-	7,048,868.	33	<u>5,69</u>		
	34	Total liabilities and net assets/fund balances			8,681,235.	34	6,91	<u>7,1</u>	<u> 38.</u>
Pai	rt XI	Financial Statements and Reporting				_		I V.	N.
			—ı .					Yes	No
1		unting method used to prepare the Form 990		ash X Accrual L	Other				l
2a		the organization's financial statements compiled		•	ccountant?		2a	 	X
ь		the organization's financial statements audited by					<u>2b</u>	X	
С		es" to lines 2a or 2b, does the organization have a w, or compilation of its financial statements and s			•	audıt,			1
_			2c	X					
За		result of a federal award, was the organization re-	le Audr	I		•			
		nd OMB Circular A-133?	J				3a	 	X
b	ıt "Ye	s," did the organization undergo the required au	-	. 3b	990	(2000)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of t	the organizat	ion NORTH C	AROLINA PART	CNERSE	IIP FC	R		E	mployer i	dentificati	on nu	mber
			N, INC.							-1850	485	
Part I	Reason	for Public Char	rity Status (All organi	zations mu	ıst comple	te this par	t.) (see ins	tructions)				
The organ	ization is not	a private foundation	because it is (Please ch	neck only o	one organi	zation)						
1 🗂		•	s, or association of chui				(b)(1)(A)(i)).				
2 🗔	•		70(b)(1)(A)(ii). (Attach So					•				
з 🗔			ital service organization			170(b)(1)	(A) (iii), (At	tach Sche	edule H)			
∡ <u> </u>	•	•	operated in conjunction						-	e hospital	's nam	ıe.
-	city, and stat	=			,			(-/(·/(·//	,.			-,
5	•		benefit of a college or u	niversity o	wned or o	perated by	a governi	mental un	it describe	d in		
5	_	(b)(1)(A)(iv). (Compl				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 3					
6			ent or governmental un	it describe	d in sectio	n 170(h)(1γαγν					
7 X	· ·	•	•					or from the	e general p	ublic desc	ribed ii	n
المحمدا ا	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
в 🗀			section 170(b)(1)(A)(vi).	(Complete	Part II \							
9 🗔			eives. (1) more than 33			rom contri	hutione n	namhareh	ın fees and	d arnee ro	nainte :	from
9	-	=	nctions - subject to certi									
		•	axable income (less sec	•		•				•		
			·	lion 5 i i ta	D) 110111 DU	1511162262	acquired b	y lite orga	ariizatiori ai	ter June 3	0, 197	5
40		509(a)(2). (Complete		at for publ	lio cofoty (Poo esetis	- E00/-\/	1) /soo ini	otra (otropo)			
10	•	•	perated exclusively to te	-	-			-	•		fone	~-
11	_		perated exclusively for t							-)î
			ations described in sect				z) See sec	ction 509	(a)(3). Oned	ck the box	tnat	
		_	organization and comp							T	Sal	
	a Type		_ ,,		e III - Fund	-	-			Type III - (_
e		-	at the organization is not									n
			han one or more publicl						9(a)(1) or s	ection 509	(a)(2)	
f	_		tten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				
	•	rganization, check tl							_			
g	•		organization accepted a			•						
		•	lirectly controls, either a	lone or tog	ether with	persons o	lescribed i	ın (ıı) and	(III) below,	Γ.	Yes	No
	=		upported organization?							11g(i)		
			n described in (i) above?			•				11g(ii)		-
	(iii) A 35%	controlled entity of a	person described in (i)	or (II) abov	e?					11g(iii)		<u> </u>
h	Provide the f	ollowing information	about the organizations	the organ	lization su	pports						
						1		,				
(i) Name	of supported	(ii) EIN	(iii) Type of		organization			(vi) !	s the	(vii) Am	ount o	f
	anization	` '	organization (described on lines 1-9		sted in your			organizáti (i) organi	zed in the l		port	
			above or IRC section		document?			0.8	5.7			
			(see instructions))	Yes	No	Yes	No	Yes	No			
				<u> </u>			_					
									1 1			
					L							
	-											
	_				<u></u> _				<u> </u>			
Total				<u> </u>								
	rivacy Act ar	d Paperwork Redu	ction Act Notice, see t	he Instruc	tions for F	orm 990.		Schedu	le A (Form	990 or 99	0-EZ)	2008

Schedule A (Form 990 or 990-EZ) 2008 CHILDREN, INC.

56-1850485 Page 2 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) Section A. Public Support (c) 2006 (d) 2007 (e) 2008 (f) Total (a) 2004 (b) 2005 Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received (Do not 121265369121184280130761603<u>133536436</u>126085<u>310632832</u>998 include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 121265369121184280130761603133536436126085310632832998 4 Total, Add lines 1 · 3 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) 632832998 6 Public Support. Subtract line 5 from line Section B. Total Support (c) 2006 (e) 2008 (d) 2007 Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (f) Total <u>|121265369|121184280|130761603|133536436|126085310|632832998</u> 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 186,607. 146,425. 71,360. 145,084. 138,536. 688,012. and income from similar sources 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 56,958. 18,819. 54,742. 64,105 350,650. 156,026. assets (Explain in Part IV) 633871660 11 Total support. Add lines 7 through 10 12 1,251,945. 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 99.84 14 15 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ► X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2008

	assets (Explain in Part IV)							
13	_ ` ' '		<u> </u>					
14	First five years. If the Form 990 is for	the organization	's first, second, t	hırd, fourth, or fıf	th tax year as a s	section 501(c)(3)	organization,	
	check this box and stop here							ightharpoonup
Se	ction C. Computation of Publ	ic Support Pe	ercentage					
15	Public support percentage for 2008 (I	ine 8, column (f) o	divided by line 13	3, column (f))		15		%
16_	Public support percentage from 2007	Schedule A, Par	t IV-A, line 27g			16		%
Se	ction D. Computation of Inves	stment Incom	ne Percentag	je				
17	Investment income percentage for 20	08 (line 10c, colu	ımn (f) dıvıded by	line 13, column	(f))	17		%
18	Investment income percentage from 2	2007 Schedule A,	, Part IV-A, line 27	7h		18		%
198	a 33 1/3% support tests - 2008. If the	organization did	not check the bo	x on line 14, and	line 15 is more t	han 33 1/3%, ar	id line 17 is not	
	more than 33 1/3%, check this box as	nd stop here. The	e organization qu	ualifies as a public	cly supported org	ganization		ightharpoons

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ.

Inspection

f the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaig	n Activities), then
--	---------------------

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	ations Complete Part III			
Nar	ne of organization NORTH (CAROLINA PARTNER	SHIP FOR	Emp	loyer identification number
	CHILDRE	EN, INC.			56-1850485
P	art I-A To be completed b	y all organizations exer	npt under sectior	n 501(c) and section 5	27 organizations.
	See the instructions for	Schedule C for details	- 		
1	Provide a description of the organi	zation's direct and indirect polit	ical campaign activities	s in Part IV	
2	Political expenditures			▶ \$	S0.
3	Volunteer hours				0.
_	,				
Pa	art i-B To be completed b	y all organizations exer	npt under sectior	n 501(c)(3).	
	See the instructions for S	Schedule C for details			<u>-</u> -
1	Enter the amount of any excise tax	incurred by the organization ur	nder section 4955	▶ \$	<u> </u>
2	Enter the amount of any excise tax	incurred by organization mana	gers under section 495	55 ▶ \$	O.
3	If the organization incurred a section	on 4955 tax, did it file Form 472	0 for this year?		Yes No
48	a Was a correction made?				Yes No
_	If "Yes," describe in Part IV			504()	
Pa	art I-C To be completed b	y all organizations exen	npt under section	1 501(c), except section	on 501(c)(3).
	See the instructions for S				
1	Enter the amount directly expende	d by the filing organization for s	ection 527 exempt fun	ction activities > \$	
2	Enter the amount of the filing organ	nization's funds contributed to c	other organizations for	section 527	
	exempt function activities			▶ \$	
3	•	function expenditures Add line	s 1 and 2 and enter he		
	Form 1120-POL, line 17b			▶ \$	Vos No
4	Did the filing organization file Form	1120-POL for this year?		•	Yes No
5	State the names, addresses and e				• •
	Enter the amount paid and indicate	· · · · · · · · · · · · · · · · · · ·		•	
	promptly and directly delivered to a		, such as a separate se	egregated fund or a political	action committee (PAC).
	If additional space is needed, provi	de information in Part IV			, .
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds If none, enter -0-	delivered to a separate
					political organization
					If none, enter -0-
		··			
			I	i	1

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule C (Form 990 or 990-EZ) 2008

NORTH CAROLINA PARTNERSHIP FOR

Schedule C (Fòrm 990 or 990-EZ) 2008	CHILDREN,	INC.		56-	1850485 Page 2
Part II-A To be completed b				filed Form 576	S8
(election under sec	ction 501(h)). See	the instructions for So	chedule C for details		
A Check ► if the filing organization	ation belongs to an af	filiated group			
B Check ► if the filing organization	ation checked box A a	and "limited control" p	rovisions apply		T -
	its on Lobbying Expe ditures" means amo		i.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence public opinion	(grassroots lobbying)			
b Total lobbying expenditures to infi	luence a legislative bo	dy (direct lobbying)	<u> </u>		
c Total lobbying expenditures (add	lines 1a and 1b)				
d Other exempt purpose expenditui	res				
e Total exempt purpose expenditure	es (add lines 1c and 1	d)	1		
f Lobbying nontaxable amount Ent	er the amount from th	ie following table in bo	oth columns	 	_
If the amount on line 1e, column (a)	or (b) is: The lot	obying nontaxable ar	mount is:		
Not over \$500,000		the amount on line 1			
Over \$500,000 but not over \$1,00		00 plus 15% of the ex	· · · · · · · · · · · · · · · · · · ·		
Over \$1,000,000 but not over \$1,5			cess over \$1,000,000.		
Over \$1,500,000 but not over \$17		00 plus 5% of the exc	cess over \$1,500,000		
Over \$17,000,000	\$1,000	,000			
Overage to protect the constant (a)	ater OEO/ of line 16				
g Grassroots nontaxable amount (e.	•	an line e	-		
 h Subtract line 1g from line 1a Ente i Subtract line 1f from line 1c. Enter 	=				-
j If there is an amount other than ze			zation file Form 4720		
reporting section 4911 tax for this	_	into 11, did the organi	241011 1110 1 01111 47 20		Yes No
Toponting coons, To 17 tax 10. u.m.		eraging Period Unde	r Section 501(h)		
,	zations that made a s	section 501(h) election	on do not have to compl a through 2f of the inst		
	Lobbying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount				-	
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
Grassroots lobbuing expenditures					

Schedule C (Form 990 or 990-EZ) 2008

13100513 783398 21230

Schedule C (Form 990 or 990-EZ) 2008 CHILDREN, INC. 56-1850485 Page 3 Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details

		(a	a)	(I	o)
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter		!		
	or referendum, through the use of:				
а	Volunteers?	X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?	X			<u>1,413.</u>
f	Grants to other organizations for lobbying purposes?	X		4	<u>1,529.</u>
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			<u>321.</u>
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		_		
i	Other activities? If "Yes," describe in Part IV	X		-	<u>5,263.</u>
j	Total lines 1c through 1i			12	<u>2,526.</u>
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A To be completed by all organizations exempt under section 501(c)(4)	, section	501(c)(5)	, or sect	ion
	501(c)(6). See the instructions for Schedule C for details				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1_1_		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4)				
	501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR	if Part III	I-A, ques	ition 3 is	
	answered "Yes." See Schedule C instructions for details				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenditures)	ıcal			
	expenses for which the section 527(f) tax was paid).				
а	Current year .		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5		
Par	t IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, at	nd Part II-B,	line 1i. Also	, complete	this part
	ny additional information				
PAI	RT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:				
<u>TO</u>	PROVIDE LEGISLATIVE STRATEGY TO NORTH CAROLINA'S E	ARLY C	HILDH	00D	
IN:	TIATIVE TO PREPARE CHILDREN FROM BIRTH TO FIVE FOR	SCHOO)L.		
PAI	RT II-B LINE 1I: THE ORGANIZATION FACILITATED MEETI	NGS WI	TH ST	ATE	
<u>LE(</u>	SISLATORS FOR OTHER NONPROFIT ORGANIZATIONS.				
		Schedul	le C (Form	990 or 990	-EZ) 2008

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

NORTH CAROLINA PARTNERSHIP FOR

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise	d Funda or Other Similar Fund	56-1850485
Га			is of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e b (a) Donor advised funds	(b) Funds and other accounts
_		(u) Bollot davisod lands	(b) I dilds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
_	are the organization's property, subject to the organization's	•	└ Yes
6	Did the organization inform all grantees, donors, and donor a		
Pa	for charitable purposes and not for the benefit of the donor of the Conservation Easements. Complete if the organization complete in the organization of the conservation is a complete in the organization.		
	Purpose(s) of conservation easements held by the organization		raitiv, inter
1	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat	· —	fied historic structure
	Preservation of open space	Freservation of Certi	ned historic structure
0	Complete lines 2a-2d if the organization held a qualified cons	convotion contribution in the form of a co	propertion accompant on the last day
2	of the tax year.	servation contribution in the form of a co	iservation easement on the last day
	of the tax year.		Held at the End of the Year
2	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	, ,	2d
3	Number of conservation easements modified, transferred, re		
•	year▶		o organization zamily the tanasio
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		and
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	nd enforcing easements during the year	>
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing easements during the year	\$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections o	•	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	•	
	treasures, or other similar assets held for public exhibition, ed	·	ublic service, provide, in Part XIV, the text of
_	the footnote to its financial statements that describes these i		
ь	If the organization elected, as permitted under SFAS 116, to	<u>'</u>	,
	or other similar assets held for public exhibition, education, o	r research in furtherance of public service	e, provide the following amounts relating to
	these items		.
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X	nourse or other complex counts for five and	
2	If the organization received or held works of art, historical treation following amounts required to be reported under SEAS 1.		ai gairi, provide
_	the following amounts required to be reported under SFAS 1:	ro relating to these items	~ ¢
a	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		► \$ ► \$
b	Additional management of the control		Ψ

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

Schedule D (Form 990) 2008

NORTH CAROLINA PARTNERSHIP FOR

	dule D (Form 990) 2008 CHILDRE								<u> 350485</u>	
Pa	rt III Organizations Maintaining C	Collections of A	rt, His	torical T	reasures,	or Othe	<u>er Simil</u>	ar Asse	ts (contin	ued)
3	Using the organization's accession and other	er records, check any	y of the t	following tha	at are a signi	ficant use	of its col	llection ite	ems (check	all
	that apply)									
а	Public exhibition	ď	; <u> </u>	Loan or exc	change prog	rams				
b	Scholarly research	•		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	ın how ti	ney further t	the organizat	tion's exer	mpt purp	ose in Par	rt XIV	
5	During the year, did the organization solicit of	or receive donations	of art, h	storical trea	asures, or oth	her sımılar	assets			
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's c	ollection?				Yes	No
Par	t IV Trust, Escrow and Custodia	l Arrangements	. Comp	lete if organ	nzation answ	ered "Yes	" to Forn	n 990, Pai	rt IV, line 9,	or
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributio	ns or other a	ssets not	ıncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	217						Yes	□ No
b	If "Yes," explain the arrangement in Part XIV									
Pai	t V Endowment Funds. Complete	f organization answe	ered "Ye	s" to Form	990, Part IV,	line 10				
		(a) Current year	(b) P	rior year	(c) Two year	ars back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	0.						•		
b	Contributions	20,455.								
c	Investment earnings or losses	720.								
d	Grants or scholarships	1,000.		,			•			
	Other expenditures for facilities				1					
•	and programs									
f	Administrative expenses									
g	End of year balance	20,175.								
2	Provide the estimated percentage of the year	· -	ns.							
a	Board designated or quasi-endowment		%							
b	Permanent endowment ► 100.00	 %								
c		^%								
3a	Are there endowment funds not in the posse	-	ation tha	at are held a	and administi	ered for th	e organiz	zation		
-	by						, o o gain		[v	es No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	X
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Scher	lule R?					3b	
4	Describe in Part XIV the intended uses of the								OD	
Par). Part X. line	10.				
	Description of investment	(a) Cost or o			t or other		preciatio	n	(d) Book v	/alue
	occompact of investment	basis (investr	I		(other)	(0,0	, productio	"	(u) DOOK (aluc
12	Land				·					
	Buildings					 				
D	Leasehold improvements							_		
ن بہ	Equipment	459,	525				83,1	95	176	,330.
	Other	=	<u> </u>			-	, , , _, , _, ,	 	1/0	, , , , , , ,
	. Add lines 1a-1e (Column (d) should equal Fo	om 000 Port V coli	mn (P)	line 10(a) 1		1			176	,330.
rotal	, Aud lines Tarte (Columni (d) Snould equal FC	um 330, Fail ∧, COlU	(<i>D)</i> , i	inte TU(C)./						, ,,,,,,

Schedule D (Form 990) 2008

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)

729,768.

729,768.

67,756.

797,544.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

832053 12-23-08

21230__1

Sobo	NORTH CAROLINA PARTNERSHI	FOR	•			E 6	1050	40E	D 4
	t XI Reconciliation of Change in Net Assets from Form 990 t	o Finar	ncial St	ateme	nts	<u> </u>	1850	405	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)	0 1 11141	10.0.	1			126,	196	120
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			$\frac{120}{127}$		
3	Excess or (deficit) for the year Subtract line 2 from line 1			3					208. 779.
4	Net unrealized gains (losses) on investments			4	_			<u>, 20</u>	113.
5	Donated services and use of facilities			5	_				
6	Investment expenses			6					
7	Prior period adjustments			7	-				
8	Other (Describe in Part XIV)			8	_				
9	Total adjustments (net) Add lines 4-8			9	<u> </u>				0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10			-1.	352,	
	t XII Reconciliation of Revenue per Audited Financial Statem	ents W	ith Rev		er R	etur			<u>, , , , , , , , , , , , , , , , , , , </u>
1	Total revenue, gains, and other support per audited financial statements					1	126,	504,	004.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12								
а	Net unrealized gains on investments	2a				1	1		
b	Donated services and use of facilities	2b]			
С	Recoveries of prior year grants	2c					ŀ		
d	Other (Describe in Part XIV)	2d							
е	Add lines 2a through 2d					2e			0.
3	Subtract line 2e from line 1	_				3	126,	504,	004.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIV)	4b		<u>-7,5</u>	75.				
С	Add lines 4a and 4b					4c		-7,	<u>575.</u>
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)						126,4	<u> 196, </u>	<u>429.</u>
Par	t XIII Reconciliation of Expenses per Audited Financial Staten	nents V	Vith Ex	penses	per	Retu	ım		
1	Total expenses and losses per audited financial statements					1	127,	<u>356, '</u>	<u>783.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		l						
а	Donated services and use of facilities	2a							
b	Prior year adjustments	2b							
С	Losses reported on Form 990, Part IX, line 25	2c							
d	Other (Describe in Part XIV)	2d		<u>7,5</u>	75.				
е	Add lines 2a through 2d					2e			<u>575.</u>
3	Subtract line 2e from line 1					3_	127,8	3 <u>49,</u>	208.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	F 1							
	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
	Other (Describe in Part XIV)	4b							_
_	Add lines 4a and 4b					4c	4.05. 4		0.
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			 .		5	127,8	349,	<u> 208.</u>
	t XIV Supplemental Information			D . N		·			
•	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	III, IInes 1	a and 4,	Part IV, III	nes 1	o and	2b; Part	/, line 4,	Part
х, Ра	t XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b								
PAR	T XII, LINE 4B - OTHER ADJUSTMENTS:								
1111	init, line is office individually.								
LOS	S ON DISPOSAL OF ASSETS: -7575.								
							•		
	_								
PAR	T XIII, LINE 2D - OTHER ADJUSTMENTS:								
LOS	S ON DISPOSAL OF ASSETS: 7575.								
		<u> </u>							

SCHEDULE I							OMB No 1545-0047
(Form 990)		Grants and Govern	Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	to Organizations			2008
Department of the Treasury Internal Reviews	▲ Comp	► Complete if the organizatio	n answered "Yes,	" on Form 990, Pa	janization answered "Yes," on Form 990, Part IV, lines 21 or 22.		Open to Public
	-		► Attach to Form 990	n 990.			Inspection
Name of the organization NORTH CAR(CHILDREN.	OLINA INC.	PARTNERSHIP FOR	ቘ			<u></u>	Employer identification number 56 - 185048ち
Part I General Information on Grants and Assistance	and Assistance						000
1 Does the organization maintain records to substantiate the amount of the	s to substantiate the		or assistance, the	grantees' eligibility	for the grants or assi	e grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	5
criteria used to award the grants or assistance?	sistance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use	rocedures for mon		of grant funds in the United States	d States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	o Governments an	d Organizations in the	e United States. C	omplete if the orga	inization answered "Ye	es" on Form 990, Part IV	/, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	1 \$5,000. Check this	s box if no one recipier	it received more th	an \$5,000 Use Pa	rt IV and Schedule I-1	(Form 990) if additional	space is needed
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						Ţ.	TO ENSURE THAT NORTH
ALAMANCE PARTNERSHIP FOR CHILDREN						ช	CAROLINA'S YOUNG CHILDREN
2322 RIVER ROAD						函	ENTER SCHOOL HEALTHY AND
BURLINGTON, NC 27217	56-1884459	501(C)(3)	1,336,286.	0		R	READY TO SUCCEED.
						Ē	TO ENSURE THAT NORTH
4AB						<u></u>	CAROLINA'S YOUNG CHILDREN
				•		<u> </u>	ENTER SCHOOL HEALTHY AND
ELIZABETH CITY NC 27909-6533	56-2088109	501(C)(3)	1,614,314.	0		24	READY TO SUCCEED.
						L	TO ENSURE THAT NORTH
						<u></u>	CAROLINA'S YOUNG CHILDREN
CHILDREN, INC P.O. BOX 1661 -						<u> </u>	ENTER SCHOOL HEALTHY AND
TAYLORSVILLE, NC 28681	56-1995412	501(C)(3)	559 368.	0		8	READY TO SUCCEED.
						Ē	TO ENSURE THAT NORTH
PARTNERSHIP						บ	CAROLINA'S YOUNG CHILDREN
, N			•			<u></u> 된_	ENTER SCHOOL HEALTHY AND
SPARTA, NC 28675	56-1928008	501(C)(3)	210,179.	0		R	READY TO SUCCEED.
	·					Ā	TO ENSURE THAT NORTH
ANSON COUNTY PARTNERSHIP FOR						<u>ti</u>	CAROLINA'S YOUNG CHILDREN
CHILDREN - 117 SOUTH GREENE STREET	H					<u> </u>	ENTER SCHOOL HEALTHY AND
- WADESBORO, NC 28170-9998	56-1987729	501(C)(3)	565,142.	0		R	READY TO SUCCEED.
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DEVELOPMENT & HEALTH BOARD - 4000				-			
N. CENTRAL AVE., SUITE 800 -					, -	Ā	TO SUPPORT ARIZONA'S
PHOENIX AZ 85012	86-6004791	STATE OF ARIZONA	5,000.	0.		ন্	EARLY CHILDHOOD WORK,
2 Enter total number of section 501(c)(3) and government organizations	and government or	rganizations					9 3.

3 Enter total number of other organizations
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2008

NORTH CAROLINA PARTNERSHIP FOR

Schedule I (Form 990) 2008 CHILDREN, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if additional space is needed

Page 2

56-1850485

(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	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the informatio	n required in Part I,	line 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: THE NORTH	RTH CAROLINA		PARTNERSHIP FOR	. CHILDREN,	
INC. (NCPC) HAS A STAFF DEDICATED TO ON-SITE	TO ON-SI		FINANCIAL AND PROGRAMMATIC	GRAMMATIC	
MONITORING OF GRANTEES. POLICIES,	PROCEDURES,		ONITORING	AND MONITORING PROGRAMS HAVE	
BEEN IN PLACE SINCE 2001 AND ARE P	ERIODICA	PERIODICALLY REVIEWED	AND	REVISED AS	
NEEDED. GRANTEES GENERALLY HAVE BIENNIAL YELLOW-BOOK AUDITS	ENNIAL Y	ELLOW-BOOK	AUDITS (F	(FINANCIAL AND	
COMPLIANCE) BY AN INDEPENDENT CERT	TFIED PU	CERTIFIED PUBLIC ACCOUNTING	NTING FIRM.		
ACCORDINGLY, MONITORING IS COORDINATED		H THAT OF	WITH THAT OF THE AUDITORS.	RS.	
MONITORING IS EXTENSIVE AND INCLUDES,		IS NOT LIM	ITED TO, A	BUT IS NOT LIMITED TO, A REVIEW OF	
BOARD OF DIRECTOR OPERATIONS, FINA	NCIAL AC	FINANCIAL ACCOUNTING AND	ND REPORTING,	NG, AND	

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

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

NORTH CAROLINA PARTNERSHIP FOR

Open to Public Inspection

OMB No 1545-0047

Employer identification number 56-1850485

CAROLINA'S YOUNG CHILDREN INTER SCHOOL HEALTHY AND SNTER SCHOOL HEALTHY AND ENTER SCHOOL HEALTHY AND SNTER SCHOOL HEALTHY AND SNTER SCHOOL HEALTHY AND ENTER SCHOOL HEALTHY AND ENTER SCHOOL HEALTHY AND TO IMPROVE AND ADVANCE PUBLIC HEALTH IN NORTH (h) Purpose of grant or assistance TO ENSURE THAT NORTH TO ENSURE THAT NORTH TO ENSURE THAT NORTH FO ENSURE THAT NORTH TO ENSURE THAT NORTH O ENSURE THAT NORTH TO ENSURE THAT NORTH RADY TO SUCCEED. READY TO SUCCEED. READY TO SUCCEED, READY TO SUCCEED. READY TO SUCCEED, READY TO SUCCEED READY TO SUCCEED AROLINA, (g) Description of non-cash assistance appraisal, other) (f) Method of Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II) (book, FMV valuation ö (e) Amount of non-cash assistance 516 814 2,715,136 (d) Amount of cash grant 611 403 458,257 273,551 2,135,050 2,318,687 5,000 56-6001967 CALDWELL COUNTY (c) IRC Code section ıf applicable 56-1892216 501(C)(3) 56-1892570 501(C)(3) 501(C)(3) 56-2048384 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 56-1992257 56-2088223 56-1942178 56-1852721 (p) EIN CHILDREN, INC. ROAD UNIT #1 - JEFFERSON NC 28640 P.O. BOX 630, 304 WEST UNION STREET CHILDREN - 626 ASHE CENTRAL SCHOOL CHILDREN - 2353 CONCORD LAKE ROAD, CALDWELL COUNTY HEALTH DEPARTMENT CHILDREN - 979 WASHINGTON SQUARE BLADEN SMART START-A PARTNERSHIP CHILDREN, INC. - 84 COXE AVENUE BOULEVARD SW - LENOIR, NC 28645 CABARRUS COUNTY PARTNERSHIP FOR BUNCOMBE COUNTY PARTNERSHIP FOR PARTNERSHIP FOR CHILDREN - P.O. BURKE COUNTY SMART START, INC. - CONCORD, NC 28025 2255, 228 B WEST BROAD STREET BEAUFORT/HYDE PARTNERSHIP FOR FOR CHILDREN, INC. - P.O. BOX DENTAL CLINIC - 1966-B MORGAN - WASHINGTON NC 27889 (a) Name and address of organization or government AVERY COUNTY SMART START: A BOX 1455, 405 HARDEES ALLEY ASHE COUNTY PARTNERSHIP FOR - ASHEVILLE, NC ELIZABETHTOWN NC 28337 MORGANTON, NC 28655 NEWLAND NC 28657 28801-4168 SUITE 1A SULTE 160 Part MALL

Enter total number of Section 501(c)(3) and government organizations

Enter total number of other organizations

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

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

NORTH CAROLINA PARTNERSHIP FOR

ZZ

CHILDREN,

Open to Public Inspection

OMB No 1545-0047

Employer identification number 56-1850485

CAROLINA'S YOUNG CHILDREN CAROLINA'S YOUNG CHILDREN CAROLINA'S YOUNG CHILDREN O SUPPORT IMPLEMENTATION AROLINA'S YOUNG CHILDREN SAROLINA'S YOUNG CHILDREN SAROLINA'S YOUNG CHILDREN CAROLINA'S YOUNG CHILDREN INTER SCHOOL HEALTHY AND SNTER SCHOOL HEALTHY AND SNTER SCHOOL HEALTHY AND SNTER SCHOOL HEALTHY AND INTER SCHOOL HEALTHY AND ENTER SCHOOL HEALTHY AND ENTER SCHOOL HEALTHY AND NITIATIVE FOR SCHOOLS. (h) Purpose of grant or assistance O ENSURE THAT NORTH O ENSURE THAT NORTH O ENSURE THAT NORTH TO ENSURE THAT NORTH O ENSURE THAT NORTH O ENSURE THAT NORTH TO ENSURE THAT NORTH EADY TO SUCCEED. READY TO SUCCEED KEADY TO SUCCEED, EADY TO SUCCEED READY TO SUCCEED F READY SCHOOLS READY TO SUCCEED READY TO SUCCEED (g) Description of non-cash assistance appraisal, other) (f) Method of valuation (book, FMV, Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II) ાં o o 0 (e) Amount of non-cash assistance 1,994,052 5 000 1,002,139 362,568 (d) Amount of cash grant 1 655 722 329,829 466,921 890,378 56-6001004 DRANGE COUNTY, N (c) IRC Code section if applicable 58-2139195 501(C)(3) 56-2273396 501(C)(3) 56-2070459 501(C)(3) 501(C)(3) 56-1885127 501(C)(3) 501(C)(3)58-1416331 501(C)(3) 56-1885539 20-1090467 (b) EIN HIGHWAY 86 NORTH - YANCEYVILLE, NC 228 MORGANTON BLVD., SW SUITE A -DARE COUNTY, INC. - P.O. BOX 2539 2400 NORTH CROATAN HIGHWAY, SUITE SCHOOLS - 750 S. MERRITT MILL RD PARTNERSHIP FOR YOUNG CHILDREN -CHILDREN - P.O. BOX 664, 1084 NC CHILDREN & YOUTH PARTNERSHIP FOR - 3328-A BRIDGES STREET COUNTY, INC. - 225 BIRCH STREET, - KILL DEVIL HILLS, NC 27948 CARTERET COUNTY PARTNERSHIP FOR CHILDREN - 200 SANFORD HIGHWAY, CHILDREN - P.O. BOX 3123, 2110 CASWELL COUNTY PARTNERSHIP FOR CATAWBA COUNTY PARTNERSHIP FOR CHATHAM COUNTY PARTNERSHIP FOR - PITTSBORO NC 27312 - HICKORY, NC CALDWELL COUNTY SMART START A CHILDREN'S COUNCIL OF WATAUGA (a) Name and address of organization or government CHAPEL HILL - CARRBORO CITY - BOONE NC 28607 - MOREHEAD CITY, NC 28557 CHAPEL HILL, NC 27516 LENOIR NC 28645 MAIN AVENUE SE CHILDREN SUITE 4 28602

² Enter total number of Section 501(c)(3) and government organizations

^{832241 12-17-08} LHA For Privacy Act and Paperwork Reduction Act Notice, see the InstructionS For Form 990. Enter total number of other organizations

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

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

NORTH CAROLINA PARTNERSHIP FOR

INC

CHILDREN,

OMB No 1545-0047
2008
Open to Public
Inspection

Employer identification number 56–1850485

CAROLINA'S YOUNG CHILDREN CAROLINA'S YOUNG CHILDREN OF THE EMPLOYER-SUPPORTED CAROLINA'S YOUNG CHILDREN CAROLINA'S YOUNG CHILDREN AROLINA'S YOUNG CHILDREN CAROLINA'S YOUNG CHILDREN O SUPPORT IMPLEMENTATION SNTER SCHOOL HEALTHY AND SNTER SCHOOL HEALTHY AND INTER SCHOOL HEALTHY AND ENTER SCHOOL HEALTHY AND INTER SCHOOL HEALTHY AND ENTER SCHOOL HEALTHY AND (h) Purpose of grant or assistance TO ENSURE THAT NORTH TO ENSURE THAT NORTH TO ENSURE THAT NORTH O ENSURE THAT NORTH TO ENSURE THAT NORTH TO ENSURE THAT NORTH TO STRENGTHEN EARLY CHILDHOOD EDUCATION HILD CARE PROJECT. EADY TO SUCCEED. RADY TO SUCCEED. READY TO SUCCEED, LEADY TO SUCCEED, EADY TO SUCCEED LEADY TO SUCCEED (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) ö (e) Amount of non-cash assistance 1,150,255, 12,500 33,750 3 073 272 981,350 3 364 773 (d) Amount of cash grant 619,319 1,575,385 (c) IRC Code if applicable section 56-1859313 501(C)(3) 56-1875246 501(C)(3) 15-0532082 501(C)(3) 501(C)(3) 56-1966108 501(C)(3) 13-1623973 501(C)(3) 501(C)(3)56-2105879 56-1892438 (p) EIN COMMITTEE FOR ECONOMIC DEVELOPMENT DOWN EAST PARTNERSHIP FOR CHILDREN CHILDREN, INCORPORATED - 109 WEST NC DURHAM'S PARTNERSHIP FOR CHILDREN 312 WEST MARION STREET - SHELBY CLEVELAND COUNTY PARTNERSHIP FOR COLUMBUS COUNTY PARTNERSHIP FOR 1201 S. BRIGGS AVENUE SUITE 210 CHILDREN, INC. - P.O. BOX 1468, - KENANSVILLE, MAIN STREET - WHITEVILLE, NC DUPLIN COUNTY PARTNERSHIP FOR CHILDREN - P.O. BOX 989, 149 (a) Name and address of organization or government 2000 L ST., NW, SUITE 700 CRAVEN SMART START, INC. ROCKY MOUNT, NC 27801 1917 TRENT BOULEVARD WASHINGTON, DC 20036 NEW BERN NC 28560 CORNELL UNIVERSITY 373 PINE TREE RD 215 LEXINGTON ST. ITHACA, NY 14850 DURHAM NC 27703 LIMESTONE ROAD NC 28150 28349

² Enter total number of Section 501(c)(3) and government organizations

³ Enter total number of other organizations

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

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

NORTH CAROLINA PARTNERSHIP FOR

CHILDREN, INC.

OMB No 1545-0047 2008 Open to Public Inspection

Employer identification number 56-1850485

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the U.	S. (Schedule I (For	m 990), Part II.)		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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A12 DENDI CONII FUBLIC SCHOOL							TO SUPPORT IMPLEMENTATION
TARRORD NO 27886	56-6001023	VINITOO BENODEDUS	2000	c			OF THE EMPLOIEN-SOFFONIED
FRANKLIN-GRANVILLE-VANCE							TO ENSIRE THAT NORTH
PARTNERSHIP FOR CHILDREN, INC							CAROLINA'S YOUNG CHILDREN
P.O. BOX 142, 125 CHARLES D.							ENTER SCHOOL HEALTHY AND
ROLLINS ROAD - HENDERSON, NC	56-2045172	501(C)(3)	1,705,715.	0			READY TO SUCCEED.
							TO SUPPORT IMPLEMENTATION
GREATER TWIN CITIES UNITED WAY							OF EARLY CHILDHOOD
404 S. EIGHT ST.				-			EDUCATION QUALITY RATING
MINNEAPOLIS MN 55404	41-1973442	501(C)(3)	5,000.	0			AND IMPROVEMENT SYSTEM.
GUILFORD COUNTY PARTNERSHIP FOR							TO ENSURE THAT NORTH
CHILDREN, INC 122 NORTH ELM							CAROLINA'S YOUNG CHILDREN
STREET, SUITE 1010 - GREENSBORO,							ENTER SCHOOL HEALTHY AND
NC 27401	56-1982976	501(C)(3)	4,474,382.	0			READY TO SUCCEED.
							TO ENSURE THAT NORTH
HARNETT COUNTY PARTNERSHIP FOR							CAROLINA'S YOUNG CHILDREN
CHILDREN, INC 1901-G NORTH MAIN							ENTER SCHOOL HEALTHY AND
STREET - LILLINGTON NC 27546	56-2079125	501(C)(3)	1,339,627.	0.			READY TO SUCCEED.
HERTFORD COUNTY PARTNERSHIP FOR							TO ENSURE THAT NORTH
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EAST VANCE STREET - MURFREESBORO,							ENTER SCHOOL HEALTHY AND
NC 27855	56-1865237	501(C)(3)	512,860.	0			READY TO SUCCEED.
HOKE COUNTY PARTNERSHIP FOR							TO ENSURE THAT NORTH
CHILDREN AND FAMILIES - P.O. BOX							CAROLINA'S YOUNG CHILDREN
1209, 1089 EAST CENTRAL AVENUE -							ENTER SCHOOL HEALTHY AND
RAEFORD, NC 28376	56-1898931	501(C)(3)	1,164,433,	0			READY TO SUCCEED.
INSIGHT CENTER FOR COMMUNITY							TO STUDY LINK BETWEEN
ECONOMIC DEVELOPMENT - 2201							EARLY CARE AND EDUCATION
BROADWAY, SUITE 815 - OAKLAND, CA							WITH ECONOMIC
94612	94-2410277	501(C)(3)	22,600.	0.			DEVELOPMENT.

² Enter total number of Section 501(c)(3) and government organizations

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

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

PARTNERSHIP FOR

NORTH CAROLINA

Open to Public OMB No 1545-0047 2008

Inspection

Employer identification number

CAROLINA'S YOUNG CHILDREN CAROLINA'S YOUNG CHILDREN CAROLINA'S YOUNG CHILDREN TO SUPPORT IMPLEMENTATION CAROLINA'S YOUNG CHILDREN INTER SCHOOL HEALTHY AND ENTER SCHOOL HEALTHY AND ENTER SCHOOL HEALTHY AND ENTER SCHOOL HEALTHY AND TO SUPPORT QUALITY START INITIATIVE FOR SCHOOLS. AND SCHOOL READINESS, (h) Purpose of grant or assistance TO ENSURE THAT NORTH EADY TO SUCCEED. EADY TO SUCCEED, EADY TO SUCCEED, OF READY SCHOOLS READY TO SUCCEED 56-1850485 (g) Description of non-cash assistance ippraisal, other) (f) Method of valuation (book, FMV, Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II) o (e) Amount of non-cash assistance 921,669 5,000 20,750 888 550 305,789 2 039 976 (d) Amount of cash grant LENOIR COUNTY N section if applicable (c) IRC Code - TRENTON, NC 28585 56-1857162 501(C)(3) 501(C)(3) 56-2005160 501(C)(3) 501(c)(3)501(C)(3) 56-2009097 56-1898462 56-6001063 83-0358295 (p) EIN CHILDREN, INC. LOUISIANA PARTNERSHIP FOR CHILDREN LENOIR/GREENE COUNTY PARTNERSHIP - STATESVILLE, NC YOUNG CHILDREN, INC. - 132 EAST FOR CHILDREN - 1465 HIGHWAY 258 IREDELL COUNTY PARTNERSHIP FOR MADISON COUNTY PARTNERSHIP FOR CHILDREN - 143 CHATHAM STREET AND FAMILIES - P.O. BOX 64507 CHILDREN - P.O. BOX 186, 115 JONES COUNTY PARTNERSHIP FOR LENOIR COUNTY PUBLIC SCHOOLS (a) Name and address of organization or government LEE COUNTY PARTNERSHIP FOR - KINSTON NC 28504 BATON ROUGE LA 70896 2017 W. VERNON AVE. SANFORD NC 27330 KINSTON NC 28504 MARKET STREET BROAD STREET

CHILDREN, INC. - 115 EASTBROOK

MARTIN/PITT PARTNERSHIP FOR

DRIVE - GREENVILLE, NC 27858

CAROLINA'S YOUNG CHILDREN

SNTER SCHOOL HEALTHY AND

CAROLINA'S YOUNG CHILDREN

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501(c)(3)

56-2040118

CHILDREN AND FAMILIES, INC. - P.O.

BOX 545, 42 SOUTH MAIN STREET

NC 28753

MARSHALL

ENTER SCHOOL HEALTHY AND

READY TO SUCCEED

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1,929,434

56-1913394 501(C)(3)

Enter total number of Section 501(c)(3) and government organizations

Enter total number of other organizations

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

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

NORTH CAROLINA PARTNERSHIP FOR

2008 Open to Public Inspection

OMB No 1545-0047

Inspecti Employer identification number 56-1850485

CAROLINA'S YOUNG CHILDREN CAROLINA'S YOUNG CHILDREN CAROLINA'S YOUNG CHILDREN AROLINA'S YOUNG CHILDREN CAROLINA'S YOUNG CHILDREN PAROLINA'S YOUNG CHILDREN PAROLINA'S YOUNG CHILDREN SNTER SCHOOL HEALTHY AND INTER SCHOOL HEALTHY AND SNTER SCHOOL HEALTHY AND ENTER SCHOOL HEALTHY AND SNTER SCHOOL HEALTHY AND SNTER SCHOOL HEALTHY AND ENTER SCHOOL HEALTHY AND O IMPROVE AND ADVANCE UBLIC HEALTH IN NORTH (h) Purpose of grant or assistance TO ENSURE THAT NORTH O ENSURE THAT NORTH TO ENSURE THAT NORTH O ENSURE THAT NORTH TO ENSURE THAT NORTH O ENSURE THAT NORTH O ENSURE THAT NORTH READY TO SUCCEED. EADY TO SUCCEED. EADY TO SUCCEED. READY TO SUCCEED, READY TO SUCCEED READY TO SUCCEED READY TO SUCCEED AROLINA. (g) Description of non-cash assistance appraisal, other) (f) Method of (book, FMV, Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II) valuation 0 (e) Amount of non-cash assistance 207, 208, 705 841 5 000 9 534 535 239,199 2,943,852 2 668 467 (d) Amount of cash grant 686,891 56-6000324 NEW HANOVER COUN (c) IRC Code section if applicable 501(C)(3)501(C)(3) 501(C)(3) 56-1900374 501(C)(3) 56-1853108 501(C)(3) 501(C)(3)58-2185898 56-1844192 56-1873332 56-2058409 (b) EIN INC CHILDREN, CHILDREN AND FAMILIES, INC. - P.O. CHILDREN - 404-A NORTH MAIN STREET MONTGOMERY COUNTY PARTNERSHIP FOR PAMLICO PARTNERSHIP FOR CHILDREN, DRAWER 158, 70 NORTH MAIN STREET, - BAYBORO NC 28515-0612 - CHARLOTTE, NC 28202 MCDOWELL COUNTY PARTNERSHIP FOR CHILDREN - 601 EAST 5TH STREET, - JACKSON, NC CHILDREN, INC. - P.O. BOX 997 ORANGE COUNTY PARTNERSHIP FOR INC. - P.O. BOX 612, 205 MAIN DEPARTMENT - 2029 S. 17TH ST. ONSLOW COUNTY PARTNERSHIP FOR - JACKSONVILLE, NC FRANKLIN STREET, SUITE 1200C CHILDREN, INC. - 308 WESTERN (a) Name and address of organization or government MECKLENBURG PARTNERSHIP FOR NORTHAMPTON PARTNERSHIP FOR SUITE 3 - MARION, NC 28752 YOUNG CHILDREN - 1829 EAST NEW HANOVER COUNTY HEALTH CHAPEL HILL, NC 27514 WILMINGTON NC 28401 8380 NC 305 HWY - TROY NC 27371 BOULEVARD SUITE 500 STREET 27845

² Enter total number of Section 501(c)(3) and government organizations

³ Enter total number of other organizations

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

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

NORTH CAROLINA PARTNERSHIP FOR

CHILDREN,

OMB No 1545-0047
2008
Open to Public
Inspection

Employer identification number 56-1850485

CAROLINA'S YOUNG CHILDREN SNTER SCHOOL HEALTHY AND INTER SCHOOL HEALTHY AND ENTER SCHOOL HEALTHY AND ENTER SCHOOL HEALTHY AND ENTER SCHOOL HEALTHY AND SNTER SCHOOL HEALTHY AND ENTER SCHOOL HEALTHY AND TO IMPROVE AND ADVANCE PUBLIC HEALTH IN NORTH (h) Purpose of grant or assistance TO ENSURE THAT NORTH EADY TO SUCCEED. READY TO SUCCEED. EADY TO SUCCEED. READY TO SUCCEED. READY TO SUCCEED. READY TO SUCCEED READY TO SUCCEED AROLINA. (g) Description of non-cash assistance appraisal, other) (f) Method of Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II) (book, FMV valuation o Ö (e) Amount of non-cash assistance 5 710 719 2,049,793 3,257,850, 5,000 1 605 352 1 774 930 1,095,692 721,122 (d) Amount of cash grant PENDER COUNTY N (c) IRC Code section if applicable 56-2063680 501(C)(3) 31-1539832 501(C)(3) 56-1845926 501(C)(3) 501(C)(3) 501(C)(3) 56-1869575 501(C)(3) 58-2139259 501(C)(3) 56-6000329 56-1872882 31-1612024 (p) EIN SELMA NC 27576 INC. (MOORE COUNTY) - 7720 NC HWY REGION A PARTNERSHIP FOR CHILDREN PARTNERS FOR CHILDREN & FAMILIES, JOHNSTON COUNTY, INC. - 1406-A S - ROXBORO, NC 3146 DALLAS-HIGH SHOALS HIGHWAY RANDOLPH COUNTY PARTNERSHIP FOR 22 SUITE C - CARTHAGE, NC 28327 PENDER COUNTY HEALTH DEPARTMENT CUMBERLAND COUNTY, INC. - 351 CHILDREN - P.O. BOX 1791, 111 INC. PERSON COUNTY PARTNERSHIP FOR CHILDREN - 349 SUNSET AVENUE (a) Name and address of organization or government PARTNERSHIP FOR CHILDREN OF PARTNERSHIP FOR CHILDREN OF PARTNERSHIP FOR CHILDREN OF FAYETTEVILLE NC 28303-4608 WAGONER DRIVE, SUITE 200 LINCOLN/GASTON COUNTIES, NC 27203 SOUTH MAIN STREET 803 S. WALKER ST. DALLAS, NC 28034 BURGAW, NC 28425 SYLVA NC 28779 116 JACKSON ST. POLLOCK STREET ASHEBORO, 27573

Enter total number of Section 501(c)(3) and government organizations

³ Enter total number of other organizations

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

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

NORTH CAROLINA PARTNERSHIP FOR

INC

CHILDREN,

OMB No 1545-0047
2008
Open to Pubjic
Inspection

Employer identification number 56-1850485

CAROLINA'S YOUNG CHILDREN MAROLINA'S YOUNG CHILDREN CAROLINA'S YOUNG CHILDREN SNTER SCHOOL HEALTHY AND INTER SCHOOL HEALTHY AND SNTER SCHOOL HEALTHY AND SNTER SCHOOL HEALTHY AND INTER SCHOOL HEALTHY AND ENTER SCHOOL HEALTHY AND SNTER SCHOOL HEALTHY AND ENTER SCHOOL HEALTHY AND (h) Purpose of grant or assistance TO ENSURE THAT NORTH FO ENSURE THAT NORTH TO ENSURE THAT NORTH EADY TO SUCCEED. READY TO SUCCEED. READY TO SUCCEED, READY TO SUCCEED. READY TO SUCCEED. READY TO SUCCEED. EADY TO SUCCEED READY TO SUCCEED (g) Description of non-cash assistance (book, FMV, appraisal, other) (f) Method of Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II) valuation Ö 히 ö o 0 o (e) Amount of non-cash assistance 997, 540, 2 523 773 574.870 (d) Amount of cash grant 943,183 1,203,822 937, 911 2,224,861 1,015,341 (c) IRC Code of applicable 31-1575604 501(C)(3) 501(C)(3) 56-2014947 501(C)(3) 501(C)(3) 56-2094816 501(C)(3) 56-1974269 501(C)(3) 501(c)(3)56-1885097 56-1940920 31-1603397 (b) EIN INC. - P.O. BOX 3050, 5140 SELLERS CHILDREN AND FAMILIES, INC. - P.O. ROCKINGHAM COUNTY PARTNERSHIP FOR SMART START OF BRUNSWICK COUNTY, PARTNERSHIP - P.O. BOX 823, 668 - FOREST CITY, NC CHILDREN - 211 WEST MAIN STREET SCOTLAND COUNTY PARTNERSHIP FOR SMART START OF DAVIDSON COUNTY, RICHMOND COUNTY PARTNERSHIP FOR BOX 586, 303 SOUTH MAIN STREET CHILDREN - 210 EAST 2ND STREET SAMPSON COUNTY PARTNERSHIP FOR ROBESON COUNTY PARTNERSHIP FOR CHILDREN - P.O. BOX 1944, 315 CHILDREN, INC. - P.O. BOX 325, STREET - SHALLOTTE, NC 28470 INC. - 235 EAST CENTER STREET (a) Name and address of organization or government RUTHERFORD/POLK SMART START CLINTON, NC 28328-4049 SOUTH LAWRENCE STREET 7572 NC HIGHWAY 87/65 REIDSVILLE, NC 27320 ROCKINGHAM, NC 28380 LAURINBURG NC 28353 LUMBERTON, NC 28358 LEXINGTON NC 27292 WITHROW ROAD Part

Enter total number of Section 501(c)(3) and government organizations

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

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

NORTH CAROLINA PARTNERSHIP FOR

CHILDREN, INC.

Open to Public Inspection OMB No 1545-0047 2008

Employer identification number 56-1850485

Part I Continuation of Grants and Other Assistance to Governments	Assistance to Go	vernments and Organ	and Organizations in the U.S. (Schedule I (Form 990), Part II)	S. (Schedule I (For	m 990), Part II)		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMART START OF DAVIE COUNTY, INC.							TO ENSURE THAT NORTH CAROLINA'S YOUNG CHILDREN
965 YADKINVILLE ROAD	1460067		163 163	c			ENTER SCHOOL HEALTHY AND
MOCKSVIERE, NC 27020	/CC000T-TC	(5)(7)(7)	1 CT CD#				READI TO SUCCEED. TO ENSURE THAT NORTH
SMART START OF FORSYTH COUNTY							CAROLINA'S YOUNG CHILDREN
7820 NORTH POINT BOULEVARD, SUITE 2 WINSTON-SALEM NC 27106	56-1899564	501(C)(3)	5 485 036	0			ENTER SCHOOL HEALTHY AND READY TO SUCCEED
							TO ENSURE THAT NORTH
SMART START OF HENDERSON COUNTY,							CAROLINA'S YOUNG CHILDREN
INC 851 CASE STREET, SUITE 208	100000		0 7	c			ENTER SCHOOL HEALTHY AND
- HENDERSONVILLE NO 40172	6767607-06	16/17/19/	T 034 043				READY TO SUCCEED.
SMART START OF NEW HANOVER COUNTY							CAROLINA'S YOUNG CHILDREN
3001-B WRIGHTSVILLE AVENUE							ENTER SCHOOL HEALTHY AND
WILMINGTON, NC 28403	56-1951952	501(C)(3)	1,719,836.	0			READY TO SUCCEED.
			-				TO ENSURE THAT NORTH
SMART START OF PENDER COUNTY, INC.							CAROLINA'S YOUNG CHILDREN
P.O. BOX 429, 600 N. TIMBERLY LANE		, , , , , , , , , , , , , , , , , , ,	, c	c			ENTER SCHOOL HEALTHY AND
BURGAW NC 28423-0429	26-2044083	501(C)(3)	239, 453	'n			KEADY TO SUCCEED.
							TO ENSURE THAT NORTH
SMART START OF TRANSYLVANIA COUNTY							CAROLINA'S YOUNG CHILDREN
181 HILLVIEW EXTENSION							ENTER SCHOOL HEALTHY AND
BREVARD, NC 28712	31-1489864	501(C)(3)	233,962.	0			READY TO SUCCEED.
							TO ENSURE THAT NORTH
SMART START OF YADKIN COUNTY, INC.							CAROLINA'S YOUNG CHILDREN
P.O. BOX 39, 246 EAST MAIN STREET							ENTER SCHOOL HEALTHY AND
YADKINVILLE, NC 27055	56-1864667	501(C)(3)	543,350.	0			READY TO SUCCEED.
							TO ENSURE THAT NORTH
SMART START ROWAN, INC.							CAROLINA'S YOUNG CHILDREN
1839 JAKE ALEXANDER BOULEVARD WEST							ENTER SCHOOL HEALTHY AND
SALISBURY, NC 28147	56-1890324	501(C)(3)	2,255,787.	0			READY TO SUCCEED.
		•					4

² Enter total number of Section 501(c)(3) and government organizations

Schedule I-1 (Form 990) 2008

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

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

NORTH CAROLINA PARTNERSHIP FOR

CHILDREN, INC.

Open to Public OMB No 1545-0047 2008

Inspection Employer identification number 56-1850485

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the U.	S. (Schedule I (For	m 990), Part II.)		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANLY COUNTY PARTNERSHIP FOR CHILDREN - P.O. BOX 2165, 1000 NORTH FIRST STREET, SUITE 8 -							TO ENSURE THAT NORTH CAROLINA'S YOUNG CHILDREN ENTER SCHOOL HEALTHY AND
ALBEMARLE, NC 28001	56-1851138	501(C)(3)	1,258,935.	0			READY TO SUCCEED.
STATE OF MAINE - DEPARTMENT OF HEALTH AND HUMAN SERVICES - 221 STATE ST AUGUSTA, ME 04333	01-6000001	STATE OF MAINE	5,500	0			TO SUPPORT PROJECTS THAT MAY IMPROVE CHILD CARE DELIVERY,
STOKES PARTNERSHIP FOR CHILDREN							TO ENSURE THAT NORTH
ERSON							CAROLINA'S YOUNG CHILDREN
CHURCH ROAD, SUITE 104 - KING, NC 27021-2319	56-1888024	501(0)(3)	317 873	c			ENTER SCHOOL HEALTHY AND
SURRY COUNTY EARLY CHILDHOOD	4	(2) (2) (2)					TO ENSURE THAT NORTH
PARTNERSHIP - P.O. BOX 7050, 817							CAROLINA'S YOUNG CHILDREN
WEST PINE STREET - MT AIRY, NC		_					ENTER SCHOOL HEALTHY AND
27030	56-1938073	501(C)(3)	1,031,679.	0			READY TO SUCCEED.
							TO ENSURE THAT NORTH
THE CHOWAN/PERQUIMANS SMART START	_						CAROLINA'S YOUNG CHILDREN
FARTNERSHIP - 718 NORTH BROAD STREET - EDENTON, NC 27932	31-1622057	501(C)(3)	416,527.	0			ENTER SCHOOL HEALTHY AND READY TO SUCCEED.
							TO ENSURE THAT NORTH
PARTNERSHIP FOR CHILDREN, INC							CAROLINA'S YOUNG CHILDREN
P.O. BOX 339, 1139 ROANOKE AVENUE							ENTER SCHOOL HEALTHY AND
- ROANOKE RAPIDS NC 27870	56-1847375	501(C)(3)	1,014,653.	0			READY TO SUCCEED.
THE MITCHELL-YANCEY COUNTY							TO ENSURE THAT NORTH
PARTNERSHIP FOR CHILDREN, INC							CAROLINA'S YOUNG CHILDREN
P.O. BOX 1387, 131 NORTH MAIN							ENTER SCHOOL HEALTHY AND
STREET - BURNSVILLE, NC 28714	56-1921260	501(C)(3)	423,480.	0			READY TO SUCCEED.
THE PARTNERSHIP FOR CHILDREN OF							TO ENSURE THAT NORTH
WAYNE COUNTY, INC 800 NORTH							CAROLINA'S YOUNG CHILDREN
WILLIAM STREET - GOLDSBORO, NC							ENTER SCHOOL HEALTHY AND
27530	56-2054262	501(C)(3)	1,376,517,	0			READY TO SUCCEED.
9 Enter total number of Section 501(c)(3) as	od government og	a doubt a doubt					4

² Enter total number of Section 501(c)(3) and government organizations

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

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

NORTH CAROLINA PARTNERSHIP FOR

OMB No 1545-0047 2008 Open to Public

Open to Publ Inspection Employer identification number

THE INFRASTRUCTURE NEEDED CAROLINA'S YOUNG CHILDREN CAROLINA'S YOUNG CHILDREN CAROLINA'S YOUNG CHILDREN SAROLINA'S YOUNG CHILDREN O IMPLEMENT LOUISIANA'S INTER SCHOOL HEALTHY AND SNTER SCHOOL HEALTHY AND INTER SCHOOL HEALTHY AND ENTER SCHOOL HEALTHY AND O ASSIST WITH PLANNING (h) Purpose of grant or assistance TO ENSURE THAT NORTH TO ENSURE THAT NORTH O ENSURE THAT NORTH TO ENSURE THAT NORTH CHOOL READINESS TAX READY TO SUCCEED. EADY TO SUCCEED. READY TO SUCCEED, 56-1850485 (g) Description of non-cash assistance appraisal, other) (f) Method of (book, FMV Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II) valuation ୌ o Ö o. (e) Amount of non-cash assistance 1,712,166 7,753,394 (d) Amount of cash grant 6,985 362,351 (c) IRC Code section ıf applicable 56-2052395 |501(C)(3) 56-1862036 501(C)(3) 72-0423889 501(C)(3) 501(C)(3) 56-1949415 (p) EIN CHILDREN, INC. TYRRELL-WASHINGTON PARTNERSHIP FOR DEPARTMENT OF PSYCHIATRY & NEUROL CHILDREN, INC. - 125-B WEST WATER P.O. BOX 988, 105-C CEDAR STREET WILKES COMMUNITY PARTNERSHIP FOR CHILDREN - P.O. BOX 788, 1006 F - 1440 CANAL ST., TB-48, SUITE - NORTH WILKESBORO, NC 1000 - NEW ORLEANS, LA 70112 - PLYMOUTH, NC 27962 (a) Name and address of organization or government 1121 SITUS COURT SUITE 250 TULANE SCHOOL OF MEDICINE WAKE COUNTY SMARTSTART RALEIGH, NC 27606 UNION SMART START MONROE NC 28111 Part 1 STREET STREET

Enter total number of Section 501(c)(3) and government organizations

Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

PAROLINA'S YOUNG CHILDREN

TO ENSURE THAT NORTH

READY TO SUCCEED.

971,250

501(C)(3)

56-1875083

CHILDREN - P.O. BOX 2661, 109 PARK

- WILSON, NC

AVENUE WEST 27893-3844

WILSON COUNTY PARTNERSHIP FOR

734 818

501(c)(3)

56-1942537

YANCEY COUNTY PUBLIC SCHOOLS

BURNSVILLE, NC 28714

P.O. BOX 190

5 000

YANCEY COUNTY N

56-6001138

INTER SCHOOL HEALTHY AND

READY TO SUCCEED TO ASSIST WITH

IMPLEMENTATION OF THE INITIATIVE TO HAVE ALL

SCHOOLS READY FOR ALL

NORTH CAROLINA PARTNERSHIP FOR

Schedule (Form 990) 2008 CHILDREN, INC. 56-1850485 Page 2
Part IV Supplemental Information
PROGRAMMATIC COMPLIANCE. A FORMAL MONITORING REPORT WITH RECOMMENDATIONS
FOR IMPROVEMENT IS PROVIDED TO THE GRANTEE. THROUGHOUT THE YEAR, NCPC'S
AUDIT AND FINANCE COMMITTEE IS PROVIDED WITH A SUMMARY OF YEAR-TO-DATE
GRANTEE MONITORING RESULTS.
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT:
TULANE SCHOOL OF MEDICINE, DEPARTMENT OF PSYCHIATRY & NEUROL
(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PLANNING THE
INFRASTRUCTURE NEEDED TO IMPLEMENT LOUISIANA'S SCHOOL READINESS TAX
CREDITS.
NAME OF ORGANIZATION OR GOVERNMENT: YANCEY COUNTY PUBLIC SCHOOLS
(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH IMPLEMENTATION OF THE
INITIATIVE TO HAVE ALL SCHOOLS READY FOR ALL CHILDREN.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2008

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

Questions Regarding Compensation

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

NORTH CAROLINA PARTNERSHIP FOR Employer identification number CHILDREN, INC. 56-1850485

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision			
	of all of the expenses described above? If "No," complete Part III to explain	_1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	_2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply.			
	Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of.			
а	The organization?	5a_		X
þ	Any related organization?	5b		X
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		<u> </u>
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6º If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ļ		
	initial contract exception described in Regs, section 53 4958.4(a)(3)2 If "Ves," describe in Part III	ا ہ	ļ	Y

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

Schedule J (Form 990) 2008

Page 2

CHILDREN, INC.

Schedule J (Form 990) 2008

56-1850485

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown or v	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	<u>(</u>)	<u>Q</u>	(E)	(F)
(A) Name	· · · ·	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	Deferred compensation	Nontaxable benefits	Total of columns (B)(I)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	Ξ	146,744.	0	0	0	27.070.	173.814.	0
MS. STEPHANIE FANJUL	€		0	0	0	0	0	0
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Schedule J (Form 990) 2008

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

2008Open To Public

Inspection

Name of the organization NORTH CAROLINA PARTNERSHIP FOR Employer identification number 56-1850485 CHILDREN, INC. Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) Approved (g) Written (a) Name of interested (b) Loan to or from (c) Original principal (d) Balance due (e) In by board or default? person and purpose the organization? amount agreement? committee? То Y<u>es</u> From No Yes_ Yes No No Total **▶** \$ Grants or Assistance Benefiting Interested Persons. Part III To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and (c) Amount of grant or type the organization of assistance **Business Transactions Involving Interested Persons.** To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? No_ 112,713 EMPLOYER OF DWIGHT PEEBLES SPOUSE OF BOARD MEM X

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

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

Schedule L (Form 990 or 990-EZ) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 Inspection

Name of the organization

NORTH CAROLINA PARTNERSHIP FOR

Employer identification number

CHILDREN, INC.	56-1850485
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SSION:
BEGINNING WITH A HEALTHY BIRTH, WE DO THIS PRIMARILY BY C	OVERSEEING
NORTH CAROLINA'S NATIONALLY-RECOGNIZED EARLY CHILDHOOD IN	UTIATIVE,
SMART START.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
STRENGTHEN EARLY CHILDHOOD SYSTEM-A PUBLIC ENGAGEMENT INI	TIATIVE TITLED
SMART INVESTING: COMMUNITIES THRIVE WHEN CHILDREN THRIVE	TO ESTABLISH
WHAT NORTH CAROLINA COMMUNITIES WANT FOR THEIR YOUNGEST C	HILDREN AND
THE FUTURE OF THE STATE. SMART INVESTING BRINGS TOGETHER	R A DIVERSE MIX
OF CITIZENS TO DETERMINE EARLY EDUCATION AND CHILDREN'S H	IEALTH
PRIORITIES IN THE STATE.	
SMART START CONFERENCE:	
THE NATIONAL SMART START CONFERENCE BRINGS TOGETHER AMERI	CA'S EARLY
CHILDHOOD DEVELOPMENT PROFESSIONALS EVERY YEAR. MORE THA	N 1,500 EARLY
CHILDHOOD PRACTITIONERS, TEACHERS, PLANNERS AND ADMINISTR	ATORS ATTEND
TO NETWORK, LEARN ABOUT BEST PRACTICES AND DISCUSS THE LA	TEST RESEARCH
IN THE FIELD.	
READY SCHOOLS INITIATIVE-A PARTNERSHIP WITH THE NORTH CA	ROLINA
DEPARTMENT OF PUBLIC INSTRUCTION TO SUPPORT READY SCHOOLS	THROUGHOUT
NORTH CAROLINA. A READY SCHOOL PROVIDES A SEAMLESS CONTI	NUUM OF
LEARNING FOR CHILDREN AGES 3 THROUGH 8 BETWEEN ELEMENTARY	SCHOOLS,
FAMILIES, COMMUNITIES, AND CHILDREN'S EARLY CARE AND EDUC	ATIONAL
EXPERIENCES.	
i i i o i con tigoria anti Alabam di Damamusania Daminia di sa ali Albakia i i anti di la calcinati di la Alba	

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Schedule O (Form 990) 2008

SCHEDULE-O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

FORM 990, PART VI,

NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC.

Employer identification number 56-1850485

EXPENSES \$ 982823. INCLUDING GRANTS OF \$ 449918. REVENUE \$ 253450.

FORM 990, PART VI, SECTION A, LINE 10: PRIOR TO FILING, THE AUDIT AND

FINANCE COMMITTEE OF THE BOARD OF DIRECTORS IS PROVIDED WITH A COPY OF THE

FORM 990 FOR REVIEW.

SECTION B, LINE 12C: THE NORTH CAROLINA PARTNERSHIP FOR

CHILDREN, INC. (NCPC) RECOGNIZES THAT EFFECTIVE GOVERNANCE DEPENDS ON DELIBERATE, THOUGHTFUL, AND DISINTERESTED DECISION-MAKING BY ITS DIRECTORS, OFFICERS AND STAFF. MOREOVER, NCPC'S WORK DEPENDS ON THE CONTINUED TRUST AND CONFIDENCE IN ITS INTEGRITY, WHICH IS GROUNDED IN FAIR AND RESPONSIBLE THE BOARD OF DIRECTORS BELIEVES IT IS IN THE BEST DECISION-MAKING. INTEREST OF NCPC TO ESTABLISH A CLEAR AND CONCISE CONFLICT OF INTEREST THE CONFLICT OF INTEREST POLICY IS INTENDED TO PROMOTE THE AVOIDANCE OF CONFLICTS OF INTEREST AND THE APPEARANCE OF IMPROPRIETY BY NCPC DIRECTORS, OFFICERS AND STAFF. IT SETS THE RULES FOR CONDUCT INCLUDING DISCLOSURE BY DIRECTORS AND OFFICERS OF PERSONAL OR FINANCIAL INTERESTS THAT MAY AFFECT THE BUSINESS OF NCPC. ANNUALLY EACH MEMBER OF THE BOARD IS REQUIRED TO REVIEW A COPY OF THE POLICY AND TO ACKNOWLEDGE THE POLICY IS MONITORED AND ENFORCED THROUGH THAT HE OR SHE HAS DONE SO. THE FOLLOWING ACTIONS:

A. PRIOR TO ACTION ON A CONTRACT OR TRANSACTION, THE BOARD OR COMMITTEE

CHAIR SHALL ASK THE GROUP TO IDENTIFY ACTUAL OR PERCEIVED CONFLICTS OF

INTEREST. A DIRECTOR WHO KNOWS HE OR SHE HAS A CONFLICT OF INTEREST SHALL

DISCLOSE THE CONFLICT AND SUCH DISCLOSURE SHALL BE REFLECTED IN THE MINUTES

OF THE MEETING

13100513 783398 21230

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

Schedule O (Form 990) 2008

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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC.

Employer identification number 56-1850485

B. ALL APPOINTED BOARD MEMBERS SHALL AVOID CONFLICTS OF INTEREST AND THE

APPEARANCE OF IMPROPRIETY. SHOULD INSTANCES ARISE WHEN A CONFLICT MAY BE

PERCEIVED, ANY INDIVIDUAL WHO MAY BENEFIT DIRECTLY OR INDIRECTLY FROM THE

NCPC'S DISBURSEMENT OF FUNDS SHALL ABSTAIN FROM PARTICIPATING IN ANY

DECISION OR DELIBERATIONS BY NCPC REGARDING THE DISBURSEMENT OF FUNDS.

FORM 990, PART VI, SECTION B, LINE 15: SALARIES AND WAGES OF ALL EMPLOYEES

ARE SET IN ACCORDANCE WITH A FORMAL PAY PLAN WHICH INCLUDES PAY GRADES

(WITH MINIMUM, MID-POINT AND MAXIMUM PAY RATES). THE PLAN WAS ORIGINALLY

DEVELOPED BY AN INDEPENDENT CONSULTANT AND IS BASED ON THE NATIONAL

POSITION EVALUATION PLAN PUBLISHED BY THE MANAGEMENT ASSOCIATION OF

AMERICA. IT IS UPDATED PERIODICALLY BY BENCHMARKING PAY RATES AGAINST DATA

FROM AN ORGANIZATION THAT CONDUCTS ANNUAL SALARY SURVEYS, AND

OCCUPATION-SPECIFIC AND LOCATION-SPECIFIC DATA FROM THE OCCUPATIONAL

EMPLOYMENT AND WAGES STATISTICS PROGRAM OF THE EMPLOYMENT SECURITY

COMMISSION OF NORTH CAROLINA. THE PLAN WILL BE REVISED IN 2010 TO INCLUDE

DATA FROM THE RECENTLY DEVELOPED SURVEY OF SALARIES IN NORTH CAROLINA

NONPROFITS SPONSORED BY THE N.C. CENTER FOR NONPROFITS.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

ADDITIONALLY, THE GOVERNANCE STRUCTURE, BOARD COMMITTEE ROLES, AND MEETING

DATES ARE POSTED ON OUR WEBSITE.

FORM 990, PART XI, LINE 2C:

THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT

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

Schedule O (Form 990) 2008

12-18-08

SCHEDULE-O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization	NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC.	Employer identification number 56-1850485
OF THE FINANCIA	AL STATEMENTS.	
		
SCH L, PART IV,	BUSINESS TRANSACTIONS INVOLVING IN	TERESTED PERSONS:
(A) NAME OF PER	RSON: DWIGHT PEEBLES	
(B) RELATIONSHI	IP BETWEEN INTERESTED PERSON AND ORG	ANIZATION:
SPOUSE OF BOARD) MEMBER	
(D) DESCRIPTION	OF TRANSACTION: EMPLOYER OF INTERE	STED PERSON PROVIDES
PROFESSIONAL EV	ALUATION SERVICES	
		· · · · · · · · · · · · · · · · · · ·

 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868 If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed) Name of Exempt Organization NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC. File by the extended due date for filing the extended due date for filing the extended due date for filing the return See City, town or post office, state, and ZIP code For a foreign address, see instructions 	number
Name of Exempt Organization Type or print File by the extended due date for filing the return See Name of Exempt Organization NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC. Number, street, and room or suite no If a P.O box, see instructions 1100 WAKE FOREST ROAD City, town or post office, state, and ZIP code For a foreign address, see instructions	
Type or print NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC. Number, street, and room or suite no. If a P.O. box, see instructions 100 WAKE FOREST ROAD City, town or post office, state, and ZIP code. For a foreign address, see instructions	
extended due date for filing the return See Number, street, and room or suite no. If a P.O. box, see instructions For IRS use only	orm 8870
	orm 8870
RALEIGH, NC 27604	orm 8870
Check type of return to be filed (File a separate application for each return) X Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.	
• The books are in the care of ▶ 1100 WAKE FOREST ROAD, RALEIGH, NC - 27604 Telephone No ▶ 919-821-7999 • 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, c box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is 4 ☐ I request an additional 3-month extension of time until	ng period
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
nonrefundable credits See instructions 8a \$	
b If this application is for Form 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 and any amount paid	
previously with Form 8868	
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit	
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 8c \$	/A
Signature and Verification	· <u> </u>
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and best it is true, correct, and complete, and that I am authorized to prepare this form.	elief.
Signature ► Title ► CPA Date ►	- · · · · · · · · · · · · · · · · · · ·

Form **8868** (Rev. 4-2009)