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Form **990**Department of the Treasury
Internal Revenue Service**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)

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

OMB No. 1545-0047

2011**Open to Public
Inspection****A** For the 2011 calendar year, or tax year beginning 07/01/11, and ending 06/30/12**B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**C** Name of organizationPARTNERSHIP FOR CHILDREN OF
CUMBERLAND COUNTY, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

351 WAGONER DRIVE SUITE 200

City or town, state or country, and ZIP + 4

FAYETTEVILLE

NC 28303

F Name and address of principal officer

EVA HANSEN

SAME AS ABOVE

D Employer identification number

56-1845926

E Telephone number

910-867-9700

G Gross receipts \$ 13,519,692**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

Tax-exempt status

☒ 501(c)(3)☐ 501(c)

() (insert no.)

☐ 4947(a)(1) or☐ 527

Website ▶ WWW.CCPFC.ORG

K Form of organization☒ Corporation☐ Trust☐ Association☐ Other ▶**L** Year of formation 1993**M** State of legal domicile NC**Part I Summary****1** Briefly describe the organization's mission or most significant activities

SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a)

3 35

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 21

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)

5 60

6 Total number of volunteers (estimate if necessary)

6 112

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 0

b Net unrelated business taxable income from Form 990-T, line 34

7b 0

8 Contributions and grants (Part VIII, line 1h)

Prior Year

15,364,502

Current Year

13,058,870

9 Program service revenue (Part VIII, line 2g)

149,098

154,649

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

4,695

3,292

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

31,260

95,094

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

15,549,555

13,311,905

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

880,984

389,447

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

2,728,628

2,565,132

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶

0

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

11,498,893

10,850,750

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

15,108,505

13,805,329

19 Revenue less expenses Subtract line 18 from line 12

441,050

-493,424

Net Assets or
Fund Balances**20** Total assets (Part X, line 16)

Beginning of Current Year

5,401,041

End of Year

4,905,084

21 Total liabilities (Part X, line 26)

25,913

23,380

22 Net assets or fund balances Subtract line 21 from line 20

5,375,128

4,881,704

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign
Here

Signature of officer

Type or print name and title

Date

Paid

Preparer
Use Only

Print/Type preparer's name

PAMELA W. VILLEGAS, CPA

Preparer's signature

PAMELA W. VILLEGAS, CPA

Date

05/10/13

Check ☐ if

self-employed

PTIN

Firm's name ▶

COMSTOCK & VILLEGAS, CPAS, PA

Firm's EIN ▶

Firm's address ▶

2545 RAVENHILL DR STE 106

Phone no

910-483-6077

Firm's address ▶ FAYETTEVILLE, NC 28303-5460

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2011)

11 P

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒**1** Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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 ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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.**4a** (Code) (Expenses \$ 2,220,047 including grants of \$ 335,873) (Revenue \$)

CHILD CARE & EDUCATION QUALITY (CONTINUED ON SCHEDULE O) - PROFESSIONAL DEVELOPMENT, QUALITY ENHANCEMENT AND TECHNICAL ASSISTANCE ENCOURAGED EARLY CARE AND EDUCATION PROFESSIONALS TO CONTINUE THEIR PROFESSIONAL GROWTH AND AWARDED THEM PROFESSIONAL DEVELOPMENT SUPPLEMENTS. 201 DIRECT TEACHING STAFF ENROLLED IN COLLEGE COURSES. 89% OF PARTICIPATING TEACHERS EARNED AT LEAST 3 SEMESTER HOURS IN EARLY CHILDHOOD EDUCATION WITH AT LEAST A 2.0 GRADE POINT AVERAGE. 1,472 DIRECT TEACHING STAFF ATTENDED NON-CREDIT BASED TRAINING OR WORKSHOPS. 302 CHILD CARE PROFESSIONALS REPRESENTING 136 CHILD CARE FACILITIES WERE ISSUED A \$726 AVERAGE SIX MONTH EDUCATION-BASED SALARY SUPPLEMENT THROUGH THE WAGES PROGRAM. 84% OF WAGES PARTICIPANTS REMAINED AT THEIR CHILD CARE

4b (Code) (Expenses \$ 9,206,232 including grants of \$ 48,945) (Revenue \$)

CHILD CARE AND EDUCATION AFFORDABILITY (CONTINUED ON SCHEDULE O) - SUBSIDIES OFFSET THE COST OF EARLY LEARNING PROGRAMS FOR 1,183 CHILDREN FROM LOW-INCOME WORKING FAMILIES. THE NC PRE-K (PRE-KINDERGARTEN) PROGRAM OFFERS CHILDREN A HIGH-QUALITY PRESCHOOL EXPERIENCE AT NO CHARGE TO PARENTS, WITH SMOOTHER PRE-K TO KINDERGARTEN TRANSITIONS. THE PROGRAM IS A STATE-FUNDED, COMMUNITY-BASED PRE-KINDERGARTEN PROGRAM DESIGNED TO PROVIDE 4-YEAR-OLD CHILDREN, WHO MAY NOT OTHERWISE BE SERVED, WITH A VALUABLE EDUCATIONAL EXPERIENCE. THIS PART-DAY PROGRAM PROVIDES YOUNG CHILDREN WITH ACCESS TO A SPECIFIC CURRICULUM AND PRESCHOOL EXPERIENCE TO ENHANCE THEIR SCHOOL READINESS. THE NC PRE-K PROGRAM STANDARDS ARE BUILT ON THE PREMISE THAT IN ORDER TO BE

4c (Code) (Expenses \$ 583,638 including grants of \$ 4,576) (Revenue \$)

FAMILY SUPPORT (CONTINUED ON SCHEDULE O) - 144 PARENTS/GUARDIANS PARTICIPATED IN HOME VISITS. 275 CHILDREN IN 14 CLASSROOMS LOCATED IN 6 CHILD CARE CENTERS WERE SERVED BY RAISING A READER PROGRAM. 78% OF PRESCHOOL-AGED CHILDREN PARTICIPATING IN RAISING A READER PROGRAMS ACHIEVED SIGNIFICANT GAINS IN ORAL LANGUAGE SKILLS. 105 PARENTS/GUARDIANS PARTICIPATED IN AN ONGOING PARENT EDUCATION FOCUS GROUP. 73% OF TEENS N TOTS PARENTS STAYED IN SCHOOL; 19% GRADUATED. 95% OF EARLY INTERVENTION TEAM RESPONDENTS REPORTED THAT THEY LEARNED TO USE DIFFERENT WAYS TO HANDLE THEIR CHILD'S BEHAVIOR. 1,311 PARENTS/GUARDIANS, AND 1,965 CHILDREN AGES 0-12, RECEIVED REFERRALS FOR CHILD CARE SERVICES. 100% OF PARENTS/GUARDIANS INDICATED THAT THEY USED QUALITY INDICATORS IN THEIR

4d Other program services. (Describe in Schedule O)

(Expenses \$ 1,063,457 including grants of \$ 53) (Revenue \$)

4e Total program service expenses ► 13,073,374

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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, Parts II and IV		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, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 107		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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 60		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 instructions for 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
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	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		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7b		
d If "Yes," indicate the number of Forms 8282 filed during the year	7c		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7d		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	7h		
9 Sponsoring organizations maintaining donor advised funds.	8		
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 35		
b Enter the number of voting members included in line 1a, above, who are independent	1b 21		
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 governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 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?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NC
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► MARIE CLARK 351 WAGONER DRIVE, STE. 200
 FAYETTEVILLE NC 28303 910-867-9700

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

Check if Schedule O contains a response to any question in this Part VII

☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONNA BARNETTE BOARD MEMBER	0.16	X						0	0	0
(2) HADEN BOLIEK BOARD MEMBER	0.11	X						0	0	0
(3) LISA CHILDERS BOARD MEMBER	0.19	X						0	0	0
(4) JEANNETTE COUNCIL BOARD MEMBER	0.11	X						0	0	0
(5) DANIEL MCNEILL BOARD MEMBER	0.04	X						0	0	0
(6) HANK DEBNAM BOARD MEMBER	0.15	X						0	0	0
(7) MARK FISHER BOARD MEMBER	0.04	X						0	0	0
(8) LORNA RICOTTA BOARD MEMBER	0.04	X						0	0	0
(9) ANGELA CROSS BOARD MEMBER	0.08	X						0	0	0
(10) ROBERT HINES SECRETARY	0.10	X		X				0	0	0
(11) JEFF HYLLAND CHAIR	0.55	X		X				0	0	0
(12) DANIELLE JOHNSON BOARD MEMBER	0.04	X						0	0	0
(13) ERNIE JOHNSON BOARD MEMBER	0.64	X						0	0	0
(14) LARRY KEEN BOARD MEMBER	0.02	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CHARLES MORRIS BOARD MEMBER	0.00	X						0	0	0
(16) ERICA LITTLE BOARD MEMBER	0.30	X						0	0	0
(17) SHARON MOYER BOARD MEMBER	0.24	X						0	0	0
(18) KAREN MCDONALD BOARD MEMBER	0.19	X						0	0	0
(19) SONDR A MCMILLAN TREASURER	0.40	X		X				0	0	0
(20) TALMADGE BAGGETT BOARD MEMBER	0.20	X						0	0	0
(21) KIMBERLY NAGOWSKI VICE-CHAIR	0.58	X		X				0	0	0
(22) W. T. BROWN BOARD MEMBER	0.00	X						0	0	0
(23) MEREDITH PLAYER-STIEHL BOARD MEMBER	0.34	X						0	0	0
(24) BRENDA REID-JACKSON BOARD MEMBER	0.00	X						0	0	0
(25) JODY RISACHER BOARD MEMBER	0.14	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								183,023		19,896
d Total (add lines 1b and 1c)								183,023		19,896

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CUMBERLAND COUNTY SCHOOLS FAYETTEVILLE NC 28302	P.O. BOX 2537 SEE SCHEDULE O	1,959,475
CUMBERLAND COMMUNITY ACTION PROGRAM FAYETTEVILLE NC 28314	5135 MORGANTON ROAD SEE SCHEDULE O	1,366,180
CHILD DEVELOPMENT SERVICES FT. BRAGG NC 28310	P.O. BOX 70122 SEE SCHEDULE O	770,748
CHILD CARE NETWORK #109 AND #110 FAYETTEVILLE NC 28304	6905 RAEFORD ROAD SEE SCHEDULE O	591,439
TRINITY CHILD CARE FAYETTEVILLE NC 28311	3727 ROSEHILL ROAD SEE SCHEDULE O	547,371

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **20**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) FREDRICKA SUTHERLAND BOARD MEMBER	0.02	X						0	0	0
(16) DEBORAH TEASLEY BOARD MEMBER	0.46	X						0	0	0
(17) FRANK TILL BOARD MEMBER	0.04	X						0	0	0
(18) LINDA VANDEVENDER BOARD MEMBER	0.64	X						0	0	0
(19) BRIAN THOMPSON BOARD MEMBER	0.08	X						0	0	0
(20) WANDA WESLEY BOARD MEMBER	0.16	X						0	0	0
(21) BUCK WILSON BOARD MEMBER	0.33	X						0	0	0
(22) AMY CANNON BOARD MEMBER	0.12	X						0	0	0
(23) ALANA WARREN HIX BOARD MEMBER	0.16	X						0	0	0
(24) LISA HEMSTREET BOARD MEMBER	0.20	X						0	0	0
(25) EVA HANSEN PRESIDENT	40.00			X				98,236	0	10,665
1b Sub-total								98,236		10,665
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MARIE CLARK CFO	40.00			X				84,787	0	9,231
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								84,787		9,231
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	12,826,075				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	232,795				
	g Noncash contributions included in lines 1a-1f	\$					
	h Total. Add lines 1a-1f			13,058,870			
Program Service Revenue	2a OTHER MISC. PROGRAM REVENUE	Busn Code		114,688			114,688
	b WORKSHOPS/LIBRARY FEES			39,961			39,961
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			154,649			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,292		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6a Gross rents		(i) Real	(ii) Personal				
b Less rental exps		201,742					
c Rental inc or (loss)		185,972					
d Net rental income or (loss)		15,770		15,770	-539		16,309
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less cost or other basis & sales exps							
c Gain or (loss)							
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a	51,644				
b Less direct expenses		b	21,815				
c Net income or (loss) from fundraising events				29,829			
9a Gross income from gaming activities See Part IV, line 19		a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		a					
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Busn Code				
11a SALES TAX REFUNDS			49,495	49,495			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			49,495				
12 Total revenue. See instructions			13,311,905	48,956	0	174,250	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	254,598	254,598		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	134,849	134,849		
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, trustees, and key employees	202,357		202,357	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,870,785	1,641,835	228,950	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	62,167	45,382	16,785	
9 Other employee benefits	261,513	218,245	43,268	
10 Payroll taxes	168,310	135,305	33,005	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	11,632		11,632	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	2,986	2,451	535	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	53,583	49,973	3,610	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	43,640	29,337	14,303	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,805		46,805	
23 Insurance	19,231	10,271	8,960	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PURCHASE SVCS/CONTRACTS	9,599,324	9,599,324		
b OTHER CONTRACT SERVICES	309,536	305,095	4,441	
c TEMPORARY SERVICES	114,872	87,103	27,769	
d OTHER COMPUTER EXPENSES	84,815	84,116	699	
e All other expenses	564,326	475,490	88,836	
25 Total functional expenses. Add lines 1 through 24e	13,805,329	13,073,374	731,955	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	2,203,518	1	1,295,097
	2 Savings and temporary cash investments	250,000	2	753,126
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	34,606	4	133
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 3,592,545		
	b Less: accumulated depreciation	10b 760,817	2,912,917	10c 2,831,728
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	25,000
16 Total assets. Add lines 1 through 15 (must equal line 34)		5,401,041	16	4,905,084
Liabilities	17 Accounts payable and accrued expenses	13,640	17	9,347
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	12,273	25	14,033
	26 Total liabilities. Add lines 17 through 25	25,913	26	23,380
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☐ and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets			27	
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check here ☒ and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds		5,375,128	32	4,881,704
33 Total net assets or fund balances		5,375,128	33	4,881,704
34 Total liabilities and net assets/fund balances	5,401,041	34	4,905,084	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,311,905
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,805,329
3	Revenue less expenses Subtract line 2 from line 1	3	-493,424
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,375,128
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,881,704

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

- 1** Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c		X
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

PARTNERSHIP FOR CHILDREN OF
CUMBERLAND COUNTY, INC.

Employer identification number

56-1845926

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	14,346,711	16,554,557	16,490,425	15,364,502	13,058,870	75,815,065
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						
4 Total. Add lines 1 through 3	14,346,711	16,554,557	16,490,425	15,364,502	13,058,870	75,815,065
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						75,815,065

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	14,346,711	16,554,557	16,490,425	15,364,502	13,058,870	75,815,065
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,682	4,938	2,659	4,695	3,292	42,266
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					0	
11 Total support. Add lines 7 through 10						75,857,331

12 Gross receipts from related activities, etc. (see instructions)**12** 201,971**13 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 2011 (line 6, column (f) divided by line 11, column (f))	14	99.94%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.90%

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒**b 33 1/3% support test—2010.** 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—2011.** 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—2010.** 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 ► ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2010. 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 ► ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization

PARTNERSHIP FOR CHILDREN OF
CUMBERLAND COUNTY, INC.

Employer identification number

56-1845926

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	25,000				

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 100.00 %
 c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		345,000		345,000
b Buildings		3,247,545	760,817	2,486,728
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

2,831,728

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TENANT SECURITY DEPOSITS	13,437
(3) FUNDS DUE TO THE STATE	596
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	14,033

2. FIN 48 (ASC 740) Footnote 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 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
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 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE ENDOWMENT FUNDS SHALL BE USED EXCLUSIVELY FOR THE BENEFIT OF THE PARTNERSHIP FOR CHILDREN OF CUMBERLAND COUNTY, INC. AND PRIMARILY FOR PROGRAMS WHICH SUPPORT CHILDREN FROM BIRTH TO AGE 5, NOT IN KINDERGARTEN; PROGRAMS WHICH SUPPORT CHILDREN FROM KINDERGARTEN THROUGH 5TH GRADE; AND SYSTEM SUPPORT AND OTHER NEEDS OF THE PARTNERSHIP TO ACHIEVE ITS MISSION.

Part XIV Supplemental Information (continued)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions.

OMB No 1545-0047

2011

Open To Public
Inspection

Name of the organization

PARTNERSHIP FOR CHILDREN OF
CUMBERLAND COUNTY, INC.

Employer identification number

56-1845926

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 <u>EVENING W/STARS</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	51,644			51,644
2 Less Charitable contributions				
3 Gross income (line 1 minus line 2)	51,644			51,644
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	3,460			3,460
7 Food and beverages	5,427			5,427
8 Entertainment	3,800			3,800
9 Other direct expenses	9,128			9,128
10 Direct expense summary Add lines 4 through 9 in column (d)				21,815
11 Net income summary Combine line 3, column (d), and line 10				29,829

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
7 Direct expense summary Add lines 2 through 5 in column (d)				
8 Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

9a ☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a ☐ Yes ☐ No

b If "Yes," explain

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer
☐ Employee
☐ Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

PARTNERSHIP FOR CHILDREN OF
CUMBERLAND COUNTY, INC.

Employer identification number

56-1845926

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IEC section, if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ANGELA'S HOME DAYCARE 3324 CHANTILLY LANE HOPE MILLS NC 28348	27-0583329			5,908 FMV		EDUC. MATERIALS	INCREASE QUALITY
(2)	ARETHER'S LITTLE M&M CHILD CARE 3389 CUMBERLAND ROAD FAYETTEVILLE NC 28306	20-4359675			8,359 FMV		EDUC. MATERIALS	INCREASE QUALITY
(3)	BETZAIDA'S DAY CARE 6011 JUNCO PLACE FAYETTEVILLE NC 28304	03-0555934			5,921 FMV		EDUC. MATERIALS	INCREASE QUALITY
(4)	CHILD DEVELOPMENT SERVICES P.O. BOX 70122 FT. BRAGG NC 28310	56-1602987			7,046 FMV		EDUC. MATERIALS	INCREASE QUALITY
(5)	CHILDREN'S PLAZONE CHILDCARE 710 SHAMREY STREET FAYETTEVILLE NC 28301	75-3007707			5,908 FMV		EDUC. MATERIALS	INCREASE QUALITY
(6)	CREATIVE ANGELS 566 N. REILLY ROAD FAYETTEVILLE NC 28303	56-2201842			9,069 FMV		EDUC. MATERIALS	INCREASE QUALITY
(7)	CUMBERLAND COUNTY SCHOOLS 2491 GILLESPIE STREET FAYETTEVILLE NC 28306	56-6001015	GOV		11,207 FMV		EDUC. MATERIALS	INCREASE QUALITY
(8)	EARLY BEGINNING CHILDCARE 636 DUNN ROAD FAYETTEVILLE NC 28311	56-2087686			8,358 FMV		EDUC. MATERIALS	INCREASE QUALITY
(9)	FIRST BAPTIST - SPRING LAKE 201 S. MAIN STREET SPRING LAKE NC 28390	56-0711654	3		12,361 FMV		EDUC. MATERIALS	INCREASE QUALITY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

▶ 3

3 Enter total number of other organizations listed in the line 1 table

▶ 21

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

Schedule I (Form 990) (2011)

DAA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

PARTNERSHIP FOR CHILDREN OF
CUMBERLAND COUNTY, INC.

Employer identification number

56-1845926

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

Part II can be duplicated if additional space is needed

☐ Yes ☐ No

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	FSU EARLY CHILDHOOD LEARNING CENTER 1200 MURCHISON ROAD FAYETTEVILLE NC 28301	56-1238736			12,304 FMV		EDUC. MATERIALS	INCREASE QUALITY
(2)	GOD'S LITTLE BLESSINGS 6521 ADDINGHAM COURT FAYETTEVILLE NC 28304	56-2241007			8,359 FMV		EDUC. MATERIALS	INCREASE QUALITY
(3)	HEAVENLY HAVEN CHILD CARE P.O. BOX 9605 FAYETTEVILLE NC 28311	02-0649671			6,008 FMV		EDUC. MATERIALS	INCREASE QUALITY
(4)	JOANNA'S HOME DAY CARE 87 VIKING COURT FT. BRAGG NC 28307	26-0087802			5,908 FMV		EDUC. MATERIALS	INCREASE QUALITY
(5)	KIDS WILL BE KIDS 612 WALLINGFORD COURT FAYETTEVILLE NC 28314	56-1957899			6,380 FMV		EDUC. MATERIALS	INCREASE QUALITY
(6)	KOALA ACADEMY II 7828 RAEFORD ROAD FAYETTEVILLE NC 28304	80-0498408			11,161 FMV		EDUC. MATERIALS	INCREASE QUALITY
(7)	MARY JANE CREATIVE SCHOOL 5136 LONG BRANCH ROAD FAYETTEVILLE NC 28303	56-1568816			9,473 FMV		EDUC. MATERIALS	INCREASE QUALITY
(8)	MARY JANE'S 24 HOUR DAY CARE CENTER 506 BOBWHITE COURT FAYETTEVILLE NC 28303	56-1532677			8,305 FMV		EDUC. MATERIALS	INCREASE QUALITY
(9)	PRECIOUS ANGELS DAYCARE 1815 POWATAN STREET FAYETTEVILLE NC 28301	56-2238334			5,915 FMV		EDUC. MATERIALS	INCREASE QUALITY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

DAA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization	PARTNERSHIP FOR CHILDREN OF CUMBERLAND COUNTY, INC.	Employer identification number	56-1845926
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Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

☐ Yes ☐ No

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PROMISED LAND CHILD CARE 1504 ROYAL SPRINGS STREET FAYETTEVILLE NC 28312	94-3331286			6,510 FMV		EDUC. MATERIALS	INCREASE QUALITY
(2)	RICO'S DAYCARE 809 BERWICK DRIVE FAYETTEVILLE NC 28314	56-2023289			6,120 FMV		EDUC. MATERIALS	INCREASE QUALITY
(3)	SANDY RIDGE CHILD CARE 2514 SAND HILL ROAD FAYETTEVILLE NC 28306	56-2085833			10,604 FMV		EDUC. MATERIALS	INCREASE QUALITY
(4)	SIMON TEMPLE P.O. BOX 11031 FAYETTEVILLE NC 28303	56-2214690			9,436 FMV		EDUC. MATERIALS	INCREASE QUALITY
(5)	TRUTH OUTREACH CENTER DBA TRINITY 3727 ROSEHILL ROAD FAYETTEVILLE NC 28311	56-1286080	3		5,724 FMV		EDUC. MATERIALS	INCREASE QUALITY
(6)	THE HUNNICUTT CORP DBA WONDER YEARS 351 WAGONER DRIVE, STE. 155 FAYETTEVILLE NC 28303	56-1828052			11,429 FMV		EDUC. MATERIALS	INCREASE QUALITY
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

DAA

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 STIPENDS/SCHOLARSHIPS	2	1,000			
2 PARTICIPANT TRAINING	148	126,814			
3 EMERGENCY	1	909			
4 CAR SEAT DISTRIBUTION	100		6,126	FMV	CAR SEATS
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE PARTNERSHIP FOLLOWS ESTABLISHED CRITERIA, POLICIES AND PROCEDURES FOR THE AWARDING AND MONITORING OF GRANT FUNDS. EACH PROGRAM HAS SPECIFIC ELIGIBILITY REQUIREMENTS, PAYMENT METHODS, AND MONITORING POLICIES. THE PARTNERSHIP IS ALSO SUBJECT TO MONITORING BY THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC., AND IS REQUIRED TO MAINTAIN SPECIFIC DOCUMENTATION RELATED TO GRANTS AND OTHER ASSISTANCE.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b
▶ **Attach to Form 990 or Form 990-EZ** ▶ **See separate instructions**

OMB No 1545-0047

2011

Open To Public
Inspection

**PARTNERSHIP FOR CHILDREN OF
CUMBERLAND COUNTY, INC.**

Employer identification number

56-1845926

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total					▶ \$					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues?	
				Yes	No
(1) CUMBERLAND COUNTY SCHOOLS	BOARD MEMBER	1,898,551	SERVICE PROVIDER		X
(2) CUMBERLAND COMMUNITY ACTION PROGRAM	BOARD MEMBER	1,308,600	SERVICE PROVIDER		X
(3) CHILD DEVELOPMENT SERVICES	BOARD MEMBER	1,111,986	SERVICE PROVIDER		X
(4) FAYETTEVILLE TECHNICAL COMM COLLEGE	BOARD MEMBER	442,739	SERVICE PROVIDER		X
(5) TRUTH OUTREACH CENTER, INC.	BOARD MEMBER	583,985	SERVICE PROVIDER		X
(6) CUMBERLAND COUNTY PUBLIC LIBRARY	BOARD MEMBER	90,641	SERVICE PROVIDER		X
(7) CUMBERLAND COUNTY MENTAL HEALTH	BOARD MEMBER	187,212	SERVICE PROVIDER		X
(8) EASTER SEALS UCP	BOARD MEMBER	349,144	SERVICE PROVIDER		X
(9) HIGHLAND PRESB. CHURCH LEARNING CTR	BOARD MEMBER	5,457	SERVICE PROVIDER		X
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

SCHEDULE L, PART V - ADDITIONAL INFORMATION

THE PARTNERSHIP FOR CHILDREN IS A NONPROFIT ORGANIZATION WITH A SUCCESSFUL RECORD OF MAKING A DIFFERENCE FOR CUMBERLAND COUNTY'S CHILDREN. THE PARTNERSHIP IS THE LOCAL ADMINISTRATOR FOR SMART START, NORTH CAROLINA'S EARLY CHILDHOOD INITIATIVE, AND THE NC PRE-K (PRE-KINDERGARTEN) PROGRAM. SMART START IS A PUBLIC-PRIVATE INITIATIVE THAT PROVIDES HIGH-QUALITY EARLY CHILDHOOD EDUCATION FUNDING TO ALL NORTH CAROLINA COUNTIES. SMART START FUNDS ARE USED TO IMPROVE THE QUALITY OF CHILD CARE, MAKE CHILD CARE MORE AFFORDABLE AND ACCESSIBLE, PROVIDE ACCESS TO HEALTH SERVICES AND OFFER FAMILY SUPPORT. THE SMART START PROGRAM IS IMPLEMENTED STATEWIDE BY THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC. AND LOCAL PARTNERSHIPS THAT SERVE EACH COUNTY. THE COMPOSITION OF LOCAL PARTNERSHIP BOARDS IS MANDATED BY THE STATE OF NORTH CAROLINA AND CONSISTS OF SPECIFIC REPRESENTATIVES FROM THE COMMUNITY TO GUARANTEE REPRESENTATION WHICH MOST BROADLY REFLECTS THE MAKE-UP OF THE LOCAL PARTNERSHIP SERVICE AREA, ESPECIALLY IN AREAS OF BUSINESS/COMMUNITY, SERVICE AND GOVERNMENT. IN CARRYING OUT SMART START AND NC PRE-K (PRE-KINDERGARTEN) PROGRAM ACTIVITIES, LOCAL PARTNERSHIPS MAY ENTER INTO SERVICE PROVIDER CONTRACTS WITH, OR PROVIDE GRANTS TO, ENTITIES WHO ARE REPRESENTED ON THE BOARD. IN SO DOING, PARTNERSHIPS ARE TO STRICTLY ADHERE TO ESTABLISHED CONFLICT OF INTEREST POLICIES. BOARD

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

MEMBERS ARE TO ACKNOWLEDGE ANY CONFLICTS OF INTEREST AND DECLARE SUCH
 CONFLICT BEFORE AN AGENDA ITEM IN QUESTION IS DISCUSSED OR VOTED UPON BY
 THE FULL BOARD.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

PARTNERSHIP FOR CHILDREN OF
CUMBERLAND COUNTY, INC.

Employer identification number

56-1845926

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES
TO BUILD PARTNERSHIPS WITH FAMILIES AND THE COMMUNITY SO THAT ALL CHILDREN
HAVE THE OPPORTUNITY TO SUCCEED IN SCHOOL AND BE PREPARED TO CONTRIBUTE TO
OUR SOCIAL AND ECONOMIC FUTURE. THE PARTNERSHIP FOR CHILDREN'S MISSION
TARGETS FOUR KEY AREAS: CHILDREN'S HEALTH; FAMILIES HELPING CHILDREN,
INCLUDING THOSE WITH SPECIAL NEEDS, REACH THEIR FULL POTENTIAL; EDUCATION
AND SUPPORT FOR EARLY CHILDHOOD PROVIDERS; AND SUPPORT FOR ORGANIZATIONS
SERVING YOUNG CHILDREN. THE PARTNERSHIP FOR CHILDREN FULFILLS ITS MISSION
THROUGH ITS NETWORK OF PROVIDERS FUNDED BY SMART START AND THE NC PRE-K
(PRE-KINDERGARTEN) PROGRAM.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT
FACILITIES. 22 CHILD CARE FACILITIES PARTICIPATED IN ACTIVITIES TO
INCREASE THEIR RATING TO 3-STARS, OR MAINTAIN THEIR RATING OF 4-STARS OR
HIGHER, THROUGH TECHNICAL ASSISTANCE AND GRANTS. 87% OF CHILD CARE
FACILITIES PARTICIPATING IN THE QUALITY ENHANCEMENT PROGRAM INCREASED TO OR
MAINTAINED A 4-STAR OR 5-STAR RATING. 93% OF CHILDREN WITH SPECIAL
NEEDS FROM LOW-INCOME FAMILIES WERE IN HIGH-QUALITY CARE. 82% OF CHILDREN
WHOSE FAMILIES RECEIVED HELP PAYING FOR EARLY CHILDHOOD CARE AND EDUCATION
ATTENDED 4- AND 5-STAR CENTERS. 67% OF CHILDREN WERE ENROLLED IN 1-5 STAR
RATED CHILD CARE CENTERS THAT HAD AT LEAST 5 LEAD TEACHER EDUCATION POINTS.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT
ACADEMICALLY SUCCESSFUL IN SCHOOL, CHILDREN NEED TO BE PREPARED IN ALL FIVE
OF THE MAJOR DOMAINS OF DEVELOPMENT OUTLINED BY THE NATIONAL EDUCATIONAL

Name of the organization

PARTNERSHIP FOR CHILDREN OF

Employer identification number

56-1845926

GOALS PANEL. EACH OF THESE DOMAINS IS CRITICAL TO CHILDREN'S WELL-BEING, IN PARTICULAR FOR THEIR SUCCESS IN READING AND MATH AS THEY COME TO SCHOOL.

OVER 1,700 AT-RISK, 4-YEAR-OLD CHILDREN WERE PLACED IN THE PROGRAM, WHICH WAS OFFERED THROUGHOUT THE COUNTY AT 81 VARIOUS FACILITIES, INCLUDING PUBLIC SCHOOLS, HEAD START, DEVELOPMENTAL DAY, MILITARY SITES, OR PRIVATE CHILD CARE CENTERS WITH AT LEAST A 4-STAR OR 5-STAR RATED LICENSE.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

SEARCH FOR CHILD CARE. 93% OF PARENTS/GUARDIANS WHO SELECTED CARE INDICATED THAT THEY CHOSE CARE IN A 3-, 4-, OR 5-STAR RATED LICENSED PROGRAM.

THE PARTNERSHIP FOR CHILDREN RESOURCE CENTER PROVIDED A HUB FOR 15 ORGANIZATIONS PROVIDING 80 PROGRAMS TO 88,700 PATRONS TO STRENGTHEN FAMILIES THROUGH PARENTING SUPPORT, INFORMATION AND REFERRAL, CHILD CARE, CHILD DEVELOPMENT ACTIVITIES, AND OTHER PROGRAMS. IT ALSO PROVIDED A SHARED OFFICE INFRASTRUCTURE AND HIGH-QUALITY TRAINING AND EDUCATIONAL SPACE FOR PARTNERING ORGANIZATIONS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

HEALTH AND SAFETY -

72 INFANTS AND TODDLERS RECEIVED ANNUAL DEVELOPMENTAL SCREENINGS USING THE ASQ, FUNCTIONAL ASSESSMENTS AND HEALTH QUESTIONNAIRES. 1,532 4-YEAR-OLDS RECEIVED DEVELOPMENTAL SCREENINGS. 100% OF SPECIAL NEEDS CHILDREN MADE DEVELOPMENTAL PROGRESS AFTER PARTICIPATING IN THE SPAINHOUR AND CAPE FEAR INCLUSIVE CARE PROGRAMS.

PROGRAM SUPPORT, COORDINATION, AND EVALUATION -

THE PARTNERSHIP IMPLEMENTED A DATA SYSTEM (GRANT EVALUATION MANAGEMENT

Name of the organization

PARTNERSHIP FOR CHILDREN OF

Employer identification number

56-1845926

SOLUTIONS) TO CAPTURE KEY INDICATORS AND BASELINE DATA IN ORDER TO IMPROVE ACCOUNTABILITY FOR SERVICES AND OUTCOMES. PROGRAM MANAGEMENT ACTIVITIES INCLUDED CONDUCTING ON-SITE FISCAL AND PROGRAMMATIC MONITORING OF ALL FUNDED PROJECTS, AS WELL AS THE ONGOING COORDINATION OF PROJECTS AND ACTIVITIES TO DETERMINE IF SHORT-TERM AND LONG-TERM GOALS WERE BEING ACHIEVED. LOGIC MODELS WERE DEVELOPED FOR EACH GRANTEE. THE PARTNERSHIP ASSISTED 60 PROGRAMS WITH SETTING PERFORMANCE MEASURES AND TARGETS. IN ADDITION, THE PARTNERSHIP SUPPORTED 26 COUNTIES WITH ONE OR MORE OF THE FOLLOWING SHARED SERVICES: MULTI-PARTNERSHIP ACCOUNTING AND CONTRACTING (MAC) SERVICES, REGION 5 CHILD CARE RESOURCE AND REFERRAL, INFORMATION TECHNOLOGY SERVICES, AND GRANT EVALUATION MANAGEMENT SOLUTIONS (GEMS) SERVICES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A DRAFT COPY OF FORM 990 IS EMAILED TO ALL BOARD MEMBERS. A DETAILED REVIEW IS PERFORMED AND, AFTER ANY CHANGES ARE MADE, THE FINAL COPY OF FORM 990 IS PRESENTED TO THE BOARD OFFICERS FOR APPROVAL. AFTER FORM 990 IS APPROVED, IT IS THEN REVIEWED AND SIGNED BY A BOARD OFFICER AND PREPARED FOR DELIVERY TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
CONFLICTS OF INTEREST ARE REFLECTED ON THE BOARD MEMBER'S TENT CARD AT THE MEETINGS; EACH AGENDA ITEM IS REVIEWED FOR CONFLICTS OF INTEREST.
SHOULD INSTANCES ARISE WHEN A CONFLICT MAY BE PERCEIVED, ANY MEMBER WHO MAY BENEFIT DIRECTLY OR INDIRECTLY FROM THE PARTNERSHIP'S DISBURSEMENT OF FUNDS RECUSES FROM DELIBERATIONS BY THE PARTNERSHIP REGARDING THE DISBURSEMENT OF FUNDS.

Name of the organization

PARTNERSHIP FOR CHILDREN OF

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FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE BOARD CHAIR, UNDER THE ADVISEMENT OF THE EXECUTIVE COMMITTEE, SETS THE
COMPENSATION OF THE PRESIDENT OF THE PARTNERSHIP. COMPARATIVE DATA IS
OBTAINED FROM SIMILAR NONPROFIT ORGANIZATIONS, AND THE PRESIDENT'S SALARY
RANGE IS ADJUSTED ACCORDINGLY THROUGH BOARD ACTION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
WITH THE EXCEPTION OF THE PRESIDENT AND CFO, NO OFFICER OR DIRECTOR
RECEIVES ANY COMPENSATION. PER THE BYLAWS, THE PRESIDENT IS AUTHORIZED BY
THE BOARD TO DETERMINE THE COMPENSATION OF ALL OTHER EMPLOYEES OF THE
ORGANIZATION. THE PARTNERSHIP PERIODICALLY REVIEWS PAY LEVELS AT LEAST
EVERY THREE YEARS, AND MAY RETAIN AN INDEPENDENT CONSULTANT FOR SUCH
REVIEW. ALL ADJUSTMENTS TO PAY LEVEL RANGES MUST BE APPROVED BY THE BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
GOVERNING DOCUMENTS AND POLICIES ARE MADE AVAILABLE FOR INSPECTION AT THE
PARTNERSHIP'S OFFICE UPON REQUEST AND ARE ALSO INCLUDED ON THE
PARTNERSHIP'S WEBSITE. FINANCIAL STATEMENTS ARE INCLUDED IN THE
PARTNERSHIP'S PUBLISHED ANNUAL REPORT AS WELL AS IN AUDIT REPORTS MADE
AVAILABLE BY THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC. UPON
REQUEST.

FORM 990, PART VII - ADDITIONAL INFORMATION
SECTION B. INDEPENDENT CONTRACTORS, COL. (B)
CUMBERLAND COUNTY SCHOOLS PROVIDED SUPPORT SERVICES OF CHILDREN IN BLENDED
PRE-SCHOOL CLASSROOMS, PROVIDED A PARENTS EDUCATION PROGRAM, AND PROVIDED

Name of the organization

PARTNERSHIP FOR CHILDREN OF

Employer identification number

56-1845926

ASSISTANCE THROUGH CHILD CARE SUBSIDIES AND PRE-SCHOOL CLASSROOMS.

CUMBERLAND COMMUNITY ACTION PROGRAM (HEAD START) PROVIDED SERVICES TO ASSIST PARTICIPANTS IN TRANSITION TO KINDERGARTEN AND EXTENDED DAY SUPPORT SERVICES, AND ALSO PROVIDED ASSISTANCE THROUGH CHILD CARE SUBSIDIES AND PRE-SCHOOL CLASSROOMS.

CHILD DEVELOPMENT SERVICES PROVIDED SUPPORT SERVICES THROUGH CHILD CARE SUBSIDIES AND PRE-SCHOOL CLASSROOMS.

CHILD CARE NETWORK #109 AND #110 PROVIDED ASSISTANCE THROUGH CHILD CARE SUBSIDIES AND PRE-SCHOOL CLASSROOMS.

TRINITY CHILD CARE PROVIDED ASSISTANCE THROUGH CHILD CARE SUBSIDIES AND PRE-SCHOOL CLASSROOMS.

FORM 990, PART XII - ADDITIONAL INFORMATION

FINANCIAL STATEMENTS AND REPORTING, QUESTION 2

THE PARTNERSHIP WAS AUDITED BY AN INDEPENDENT ACCOUNTING FIRM CONTRACTED BY THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC., WHO WAS RESPONSIBLE FOR THE SELECTION AND OVERSIGHT OF THE AUDITOR. THE FINANCIAL STATEMENTS WERE NOT PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
PARTNERSHIP FOR CHILDREN OF
CUMBERLAND COUNTY, INC.

Employer identification number
56-1845926

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc ?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) OMNI CENTRE OWNERS' ASSOCIATION INC 351 WAGONER DRIVE, STE. 200 FAYETTEVILLE NC 28303 56-2155928	CONDO MGMT	NC	N/A	C	482	6,487	100.000000
(2)							
(3)							
(4)							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Sale of assets to related organization(s)**g** Purchase of assets from related organization(s)**h** Exchange of assets with related organization(s)**i** Lease of facilities, equipment, or other assets to related organization(s)**j** Lease of facilities, equipment, or other assets from related organization(s)**k** Performance of services or membership or fundraising solicitations for related organization(s)**l** Performance of services or membership or fundraising solicitations by related organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**n** Sharing of paid employees with related organization(s)**o** Reimbursement paid to related organization(s) for expenses**p** Reimbursement paid by related organization(s) for expenses**q** Other transfer of cash or property to related organization(s)**r** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

		(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE R - ADDITIONAL INFORMATION

THE PARTNERSHIP IS THE 100% OWNER OF OMNI CENTRE OWNERS' ASSOCIATION, INC., THE CONDOMINIUM ASSOCIATION IN EXISTENCE WHEN THE PARTNERSHIP ACQUIRED THE BUILDING. THE PARTNERSHIP MAINTAINS THE ASSOCIATION'S CHECKING ACCOUNT IN AN AGENCY CAPACITY, BUT OTHERWISE DOES NOT ENGAGE IN ANY TRANSACTIONS WITH THE ASSOCIATION.