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Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

benefit trust or private foundation) Department of the Treasury Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 D Employer identification number **B** Check if applicable NORTH CAROLINA PARTNERSHIP FOR CHILDREN INC 56-1850485 Address change Doing Business As E Telephone number Name change (919)821-7999 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 98,281,238 1100 WAKE FOREST ROAD Terminated Amended return City or town, state or country, and ZIP + 4 RALEIGH, NC 27604 Application pending Name and address of principal officer H(a) Is this a group return for CONNIE HOLTON Tes
 ✓ No affiliates? 1100 WAKE FOREST ROAD RALEIGH, NC 27604 H(b) Are all affiliates included? If "No," attach a list (see instructions) **▽** 501(c)(3) **□** 501(c) () **◄** (insert no) Tax-exempt status ☐ 4947(a)(1) or ☐ 527 H(c) Group exemption number ► Website: ► WWW NCSMARTSTART 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 TO ADVANCE A HIGH-QUALITY, COMPREHENSIVE, ACCOUNTABLE SYSTEM OF CARE AND EDUCATION FOR EVERY NORTH CAROLINA CHILD BEGINNING WITH A HEALTHY BIRTH WE DO THIS PRIMARILY BY OVERSEEING NORTH CAROLINA'S NATIONALLY-RECOGNIZED INITIATIVE, SMART START, AS WELL AS ADDITIONAL EARLY CHILDHOOD Activities & Governance INITIATIVES FUNDED BY PRIVATE GRANTORS 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) . . 25 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 17 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 46 **6** Total number of volunteers (estimate if necessary) . . . 6 44 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** Contributions and grants (Part VIII, line 1h) 121,408,129 98,077,186

		<u> </u>		
Revenue	9	Program service revenue (Part VIII, line 2g)	251,820	188,785
<u> </u>	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,372	14,717
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	82,847	550
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	121,786,168	98,281,238
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	116,585,594	94,108,522
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,358,651	3,160,429
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
ੜੇ	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,269,247	2,298,911
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	122,213,492	99,567,862
	19	Revenue less expenses Subtract line 18 from line 12	-427,324	-1,286,624
et Assets or ind Balances			Beginning of Current Year	End of Year
33.48	20	Total assets (Part X, line 16)	5,130,446	4,113,872
절	21	Total liabilities (Part X, line 26)	1,331,163	1,601,213
žĪ	22	Net assets or fund balances Subtract line 21 from line 20	3,799,283	2,512,659

Signature Block Part II

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.

	*****		201	13-05-15
Sign	Signature of officer	Dat	Pate	
Here	CONNIE HOLTON CPA			
	Type or print name and title			
Paid	Preparer's signature APRIL WALKER	Check if self-employed	Preparer's taxpayer identification number (see instructions) P00829419	
Preparer's Use Only	ıf self-employed),	EIN ▶ 56-1304727		
	address, and ZIP + 4 I 1414 RALEIGH RD SUITE 300 CHAPEL HILL, NC 27517	Phone no 🕨 (919) 942-8700		

Forn	n 990 (2011) Page 2
Pai	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
C A R N A T	ADVANCE A HIGH-QUALITY, COMPREHENSIVE, ACCOUNTABLE SYSTEM OF CARE AND EDUCATION FOR EVERY NORTH ROLINA CHILD BEGINNING WITH A HEALTHY BIRTH WE DO THIS PRIMARILY BY OVERSEEING NORTH CAROLINA'S TONALLY-RECOGNIZED INITIATIVE, SMART START, AS WELL AS ADDITIONAL EARLY CHILDHOOD INITIATIVES FUNDED BY VATE GRANTORS
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$ 95,400,646 including grants of \$ 92,980,613) (Revenue \$)
	SMART START NORTH CAROLINA'S NATIONALLY-RECOGNIZED EARLY CHILDHOOD INITIATIVE SMART START MEASURABLY INCREASES THE HEALTH AND WELL-BEING OF YOUNG CHILDREN, BUILDING THE FOUNDATION FOR ALL FUTURE LEARNING, BY - IMPROVING CHILDREN'S EARLY CARE AND EDUCATION PROGRAMS SO THAT THEY ARE SAFE, HEALTHY AND PROVIDE OPPORTUNITIES FOR CHILDREN TO LEARN SKILLS THEY NEED FOR SUCCESS IN SCHOOL ENSURING THAT CHILDREN ARE SCREENED FOR DEVELOPMENTAL DELAYS - PROVIDING PARENTS WITH TOOLS THAT SUPPORT THEM IN RAISING HAPPY, HEALTHY SUCCESSFUL CHILDREN FOR A STRONG FOUNDATION, CHILDREN NEED HIGH QUALITY EARLY CARE AND EDUCATION PROGRAMS THAT ARE SAFE AND PROVIDE OPPORTUNITIES FOR LEARNING, STRONG FAMILES, AND ENVIRONMENTS THAT SUPPORT HEALTHY OUTCOMES HIGH QUALITY EARLY EDUCATION YIELDS HIGHER GRADUATION RATES, REDUCED CRIME, HIGHER EARNINGS, LESS RELIANCE ON SOCIAL SERVICES, AND BETTER JOBS SMART START IS A PUBLIC/PRIVATE PARTNERSHIP LED BY THAT CREATES ON SOCIAL SERVICES, AND BETTER JOBS SMART START IS A PUBLIC/PRIVATE PARTNERSHIP LED BY THE HEALTHY DEVELOPMENT OF CHILDREN BIRTH TO FIVE SEVENTY-SIX COMMUNITY-BASED, LOCAL PARTNERSHIPS SERVE ALL 100 NORTH CAROLINA COUNTES NCPC ESTABLISHES MEASURABLE STATEWIDE GOALS AND COMMUNITIES DETERMINE THE BEST APPROACH TO ACHIEVING THEM INCPC ALSO ENSURES THAT SMART START LOCAL PARTNERSHIPS FULLY MEET ALL LEGISLATIVELY MANDATED REQUIREMENTS AND OPERATE TO THE HIGHEST STANDARDS OF EFFECTIVENESS, ACCOUNTABILITY, EFFICIENCY AND INTEGRITY SINCE 2000, THERE HAVE BEEN MORE THAN 500 AUDITS, BY STATE AUDITORS AND/OR INDEPENDENT A
4b	(Code) (Expenses \$ 917,673 including grants of \$ 693,751) (Revenue \$)
	THE PRIVATELY-FUNDED SHAPE NC INITIATIVE HAS LAID THE FOUNDATION FOR A COMPREHENSIVE AND COORDINATED EARLY CHILDHOOD OBESTY PREVENTION AND HEALTH PROMOTION NETWORK IN NORTH CAROLINA AN IMPLEMENTATION TEAM OF EXPERTS HAVE COMBINED THREE DISTINCT PROGRAMS THAT FOCUS ON NUTRITION, PHYSICAL ACTIVITY AND OUTDOOR LEARNING ENVIRONMENTS, CREATING A MODEL THAT IS INTEGRATED AND COMPREHENSIVE THE TEAM HAS DEVELOPED CORE CONTENT TRAINING MODULES TO DISSEMINATE THE MODEL BOTH NOW AND BEYOND THE CURRENT GRANT INVESTMENT PERIOD. IN THE SECOND PROJECT YEAR, TEN ADDITIONAL SITES WERE ADDED, FOR A TOTAL OF EIGHTEEN SITES PROJECT ACTIVITIES ARE MANAGED AND IMPLEMENTED BY THE LOCAL SMART START PARTNERSHIP IN EACH SITE EVERY SITE HAS DEVELOPED A LOCAL ACTION PLAN TO PREVENT FARLY CHILDHOOD OBESITY TALLORED TO THE NEEDS OF THE COMMUNITY BY ENGAGING STAKEHOLDERS FROM HEALTH CARE, THE SCHOOL SYSTEM AND OTHER SECTORS OF THE COMMUNITY THESE STAKEHOLDERS ARE ADDRESSING IMPROVEMENTS IN NUTRITION, PHYSICAL ACTIVITY AND OUTDOOR LEARNING ENVIRONMENTS EACH SHAPE NC PARTNERSHIP ALSO HAS DESIGNATED A CHILD CARE CENTER THAT, WITH THE SUPPORT OF SHAPE NC TECHNICAL ASSISTANCE AND TRAINING, HAS COMMITTED TO BECCOMING A MODEL EARLY LEARNING CENTER ADHERING TO BEST PRACTICE STANDARDS IN NUTRITION, PHYSICAL ACTIVITY AND OUTDOOR LEARNING ENVIRONMENTS THESE CENTERS WILL SERVE AS DEMONSTRATION SITES FOR NEIGHBORING CENTERS TO MODEL SHAPE NC OFFERS TECHNICAL ASSISTANCE AND COACHING EXPERTISE IN THE FORM OF FOUR SHAPE NC SPECIALISTS TO SUPPORT CHILD CARE CENTERS IN BECOMING MODEL EARLY LEARNING CENTERS SHAPE NC SPECIALISTS TO SUPPORT CHILD CARE CENTERS THE TOTAL ACTIVITY, AND OUTDOOR ENVIRONMENTS IN CHILD CARE CENTERS BY BUILDING THE CAPACITY OF LOCAL TECHNICAL ASSISTANCE STAFF WHO WILL CONTINUE TO BE AVAILABLE TO CENTERS ASSURES SUSTAINABILITY OF THE PROJECT AFTER THE PROJECT GRANT INVESTMENT ENDS SHAPE NC IS HAVING IMPACT IN CHILDCARE CENTERS ACCOSS THE STATE, WITH ITS REACH EXTENDING BEYOND THE CENTERS DIRECTLY PARTICIPATING IN THE PROJECT THE FOLLOWIN
4c	(Code) (Expenses \$ 898,703 including grants of \$ 365,000) (Revenue \$)
	THIS INITIATIVE WAS DESIGNED TO IMPROVE LEADERSHIP AND TO ENGAGE THE COMMUNITY ON BEHALF OF NORTH CAROLINA YOUNG CHILDREN THE PROGRAM WAS AN OPPORTUNITY FOR LEADERS FROM SMART START, NORTH CAROLINA'S EARLY EDUCATION INITIATIVE, TO ENGAGE IN FOCUSED REFLECTION, VISIONING, AND PLANNING TO ENHANCE THE CAPACITY OF NOT-FOR-PROFIT LOCAL PARTNERSHIPS AND THE SMART START SYSTEM AS A WHOLE, TO IMPROVE THE HEALTH, EDUCATION AND WELL-BEING OF ALL NORTH CAROLINA'S YOUNG CHILDREN THE LEADERS' COLLABORATIVE WAS AN OPPORTUNITY FOR LEADERS TO BUILD THEIR INDIVIDUAL LEADERSHIP CAPACITY WHILE ENHANCING THE CAPACITY OF LOCAL NOT-FOR-PROFITS AND THE SMART START SYSTEM AS A WHOLE INTENSIVE LEARNING ACTIVITY FOR THESE SELECTED LEADERS INCLUDED TRAINING ON DEVELOPING COMMUNITIES OF PRACTICE BUILDING ON THE SMART START SYSTEM'S 18 YEARS OF EXPERIENCE, AND RECOGNITION AS A NATIONAL LEADER IN THE FIELD OF EARLY CARE AND EDUCATION, THIS LEADERS' COLLABORATIVE PROJECT EXAMINED HOW SMART START'S STATEWIDE NETWORK OF NOT-FOR-PROFIT LOCAL PARTNERSHIPS CAN EVOLVE AND CONTINUE TO ACHIEVE SUCCESSFUL EARLY LEARNING OUTCOMES FOR ALL OF NORTH CAROLINA'S YOUNG CHILDREN THE COLLABORATIVE WILL CONTINUE TO EXPLORE WAYS TO EFFECTIVELY STRENGTHEN THE WHOLE SYSTEM WHILE HONORING AND SUPPORTING LOCAL VARIATION AND INNOVATION LEADERS FOCUSED ON BUILDING THEIR OWN, AND THE SMART START SYSTEM'S CAPACITY TO - DRIVE RESULTS-BASED ACCOUNTABILITY-THE ABILITY TO USE DATA TO ALIGN PARTNERS AND RESOURCES TO IMPROVE RESULTS FOR YOUNG CHILDREN AND FAMILIES - CLOSE THE GAP ON DISPARITIES-THE ABILITY TO USE DATA TO ILLUMINATE DISPARITIES AND DEVELOP STRATEGIES AND ACTIONS TO ADDRESS THOSE DISPARITIES - BUILD COLLABORATIVE LEADERSHIP-THE ABILITY TO LISTEN, ASK EFFECTIVE QUESTIONS, MAKE PROPOSALS, USE INTEREST-BASED NEGOTIATION, REACH CONSENSUS, AND COMMIT TO SPECIFIC ALIGNED ACTIONS OTHER COMPONENTS OF THIS INITIATIVE INCLUDED 1) TRAINING ON BOARD DEVELOPMENT, FUND-RAISING, STRATEGIC PLANNING, AND 2) AN ON-LINE LEARNING COMMUNITY DESIGNED TO FACILITATE SHARING OF EARLY

713,013 including grants of \$ Total program service expenses►\$ 4e

) (Expenses \$

Other program services (Describe in Schedule O)

97,930,035

713,013 including grants of \$

OTHER PROGRAMS INCLUDE AN ANNUAL CONFERENCE FOR THOSE DEDICATED TO IMPROVING EARLY EDUCATION SYSTEMS AND PROMOTING CHILDREN'S HEALTHY GROWTH AND DEVELOPMENT, INCLUDING EDUCATION EXPERTS, GOVERNMENT AND BUSINESS LEADERS, AND NOT-FOR-PROFITS, AS WELL AS A PUBLIC AWARENESS AND ENGAGEMENT CAMPAIGN

188,785)

69,158) (Revenue \$

69,158) (Revenue \$

Part IV	Checklist	of Rea	uired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
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.	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		N o
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		N o
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1^2 If "Yes," complete Schedule I, Parts I and II	21	Yes	
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	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If</i> "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		No
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	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
_				
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	Yes	
3	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the cum of lines 15 and 25 is greater than 250, you may be required to a file (one instructions)	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
	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 or securities	4a		N -
L	account)?	- 1 a		No
D	If "Yes," enter the name of the foreign country ►			
	See madactions for iming requirements for Form FD F 30-22 1, Report of Foreign Ballk and Finalicial Accounts			
ı	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
•		5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	Yes	
_	organization solicit any contributions that were not tax deductible?			
ט	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	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	7a		Νo
_	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	<u> </u>			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			110
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	71.		
	Form 1098-C?	7h		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
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		
)	Section 501(c)(7) organizations. Enter			
а	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 Section FO1(a)(12) arganizations. Enter			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
U	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
)-		12-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
D	year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
la	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
	Enterphysical Control of Control of the Control of			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		Νo
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	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		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	16a		N o	
h				
٥	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		
Se	ection C. Disclosure			
17				

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply

Own website Another's website Vpon 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
 CONNIE HOLTON
 1100 WAKE FOREST ROAD
 RALEIGH, NC 27604
 (919) 821-7999

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

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, and **current** key employees 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, or 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 or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(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-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

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

	(A) Name and Title	Average hours more than one box, compen per unless person is both week an officer and a (describe director/trustee) Average Position (do not check Repor compen per unless person is both from organizate director/trustee)							(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	compensati from the		ated fother sation the ion and		
		for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza		
See A	dditional Data Table														
												\perp			
												_			
								Ļ							
1b c	Sub-Total	· · · · ·	tion A	• •	•	•						_			
	Total (add lines 1b and 1c) .				<u>.</u>	<u>.</u>		•		468,414		0		65,308	
2	Total number of individuals (inclu \$100,000 of reportable compens	uding but not lin	nited to	thos	e lıs) who	o receive	d more tha	ın				
													Yes	No	
3	Did the organization list any form on line 1a? If "Yes," complete Sch						mploy •	ee, d	or highes	t compens	ated employee	3		No	
4	For any individual listed on line 1 organization and related organization													110	
5	Individual Did any person listed on line 1a	receive or accri	e comr	• nensa	• etion	fror	n anv	• unre	lated ord	· · ·	or individual for	4	Yes		
,	services rendered to the organize											5		No	
Se	ection B. Independent Cont	tractors													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax yo	the organizatio													
	Nam	(A) ne and business ad	dress							Desc	(B) ription of services		(C Comper		
3200 RALE	ONLARSONALLEN LLP BEECHLEAF COURT IGH, NC 27604									LOCAL PART	NERSHIP AUDITS			173,561	
SOUT	CHAPEL HILL H BUILDING CB 9100 EL HILL, NC 27599									CONSULTING EVALUATION	G, PROJECT SUPPOR	RT &	169,505		

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 \blacktriangleright 2

Part V	4 4 4 1	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
\$ \$	1a	Federated campaigns 1a					
듅듬	Ь	Membership dues 1b					
ಕ್≗	c	Fundraising events 1c					
कुं ह	_						
ਰ_ਵੁ	d	Related organizations 1d					
⊭ું≣	e	Government grants (contributions) 1e	96,905,613				
្ទះ	f	All other contributions, gifts, grants, and 1f	1,171,573	İ	İ		
<u> </u>	g	similar amounts not included above Noncash contributions included in					
<u>∓</u> 0	9	lines 1a-1f \$					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	▶	98,077,186			
<u> </u>							
ë	_		Business Code				
ren	2a	CONFERENCE REGISTRATIO	900099	188,785	188,785		
æ	Ь						
Q.	c						
Ē	d						
ğ.	e						
Program Serwce Revenue	f	All other program service revenue	+				
ē	'	An other program service revenue					
Δ	g	Total. Add lines 2a-2f		188,785			
	3	Investment income (including divident	ds, interest				
		and other similar amounts)	▶ [14,717			14,717
	4	Income from investment of tax-exempt bond i	<u> </u>				
	5	Royalties	▶ ↑				
		(ı) Real	(II) Personal				
	6a	Gross rents	,				
	ь	Less rental					
		expenses Rental income					
	C	or (loss)					
	d	Net rental income or (loss)	🟲 [
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of					
		assets other					
	ь	than inventory Less cost or					
	"	other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)					
	8a						
ψ	"	Gross income from fundraising events (not including					
루		\$					
e X		of contributions reported on line 1c)					
æ		See Part IV, line 18					
Other Revenue	Ь						
₹	C	Less direct expenses b Net income or (loss) from fundraising	events 🕨				
-		ı					
	9a	Gross income from gaming activities See Part IV, line 19					
		a					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activ	vities				
	10a	Gross sales of inventory, less	ļ				
		returns and allowances .					
		а	150				
	ь	Less cost of goods sold b	0				
	С	Net income or (loss) from sales of inve	entory 🟲	150			150
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS INCOME	900099	400			400
	ь						
	c						
	d	All other revenue					
		Total. Add lines 11a-11d					
				400			
	12	Total revenue. See Instructions	▶↑				
	I			98,281,238	188,785	0	15,267

Form 990 (2011) Page **10** 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 (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 94,103,815 94,103,815 Grants and other assistance to individuals in the United States See Part IV, line 22 4,707 4,707 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 552,879 161,908 390,971 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 2,011,928 1,449,566 562,362 Pension plan contributions (include section 401(k) and section 114,492 82,976 403(b) employer contributions) 31,516 Other employee benefits 289,466 187,988 101,478 191,664 114,349 77,315 Fees for services (non-employees) Management 6,740 6,740 3,467 3,467 Legal 3,000 Accounting 3,000 Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees 1,336,519 1,328,319 g 8,200 Advertising and promotion . . . 2,170 600 1,570 Office expenses 42,600 29,806 12,794 125,129 99,089 26,040 Information technology Royalties . . 297,206 297,206 46,473 8,783 37,690 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 227,148 206,670 20,478 Payments to affiliates .

Part X **Balance Sheet** (A) (B) Beginning of year End of year 292,653 584, 127 1 1 4.099.224 2.727.856 2 2 3 10,172 10,150 3 507.317 4 549.505 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 105,479 9 107,490 Prepaid expenses and deferred charges 438.574 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 303,830 115,601 b Less accumulated depreciation 10c 134,744 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 5,130,446 16 16 4,113,872 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 162,893 180,108 17 17 Accounts payable and accrued expenses . 18 18 19 427,464 19 551,330 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 740,806 25 869,775 D 26 1,331,163 26 1,601,213 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 2,732,403 27 2,475,648 Unrestricted net assets 1,044,168 28 14,049 28 Temporarily restricted net assets Fund 29 22,712 29 22,962 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 3.799.283 33 2.512.659 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 5.130.446 34 4.113.872

Ра	Check 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		98,2	281,238
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u> </u>	567,862
3	Revenue less expenses Subtract line 2 from line 1	3		-1,2	286,624
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,7	799,283
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		2,5	512,659
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			৮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, 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 its Schedule O	n	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is				
u	on a separate basis, consolidated basis, or both	Jucu			
	▼ Separate basis				
За	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?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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As Filed Data -

DLN: 93493135048073

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

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.

Inspection **Employer identification number**

		ne organı DLINA PAR		CHILDREN INC	01111 990 01 1	- OIIII 330 EE	осе эсра	att motivation	_	identification	n number		
									56-1850				
	rt I			ıblic Charity Sta						nstructions			
	rganı		•	te foundation becaus	•		J ,	,	,				
1				ion of churches, or a)(1)(A)(i).					
2				d in section 170(b)(1									
3				perative hospital se									
4	1			h organızatıon opera [:] ıty, and state	ted in conjun	iction with a	hospital des	cribed in se d	ction 170(b)	(1)(A)(iii). E	inter the		
5	Γ	_	•	perated for the benefi (A)(iv). (Complete P	_	e or universi	ty owned or o	perated by	a governmer	ital unit desc	:rıbed ın		
6	Γ	A feder	al, state, or	local government o	r government	tal unit desc	rıbed ın secti	on 170(b)(1	L)(A)(v).				
7	~			at normally receives						from the gen	eral public		
		describ sect ior		(A)(vi) (Complete P	art II)								
8	Γ	A com	munity trust	described in section	n 170(b)(1)(A)(vi) (Cor	nplete Part II	.)					
9	\sqcap	Anorg	anızatıon th	at normally receives	(1) more th	ian 331/3%	of its support	from contri	butions, mer	nbership fee:	s, and gross		
		receipt	s from activ	rities related to its e	xempt functı	ons—subjec	t to certain e	xceptions, a	and (2) no m	ore than 331	/3% of		
		ıts sup	port from gr	oss investment inco	me and unre	lated busine	ss taxable ın	come (less	section 511	tax) from bu	ısınesses		
		acquire	ed by the or	ganızatıon after June	30,1975 S	ee section !	509(a)(2). (C	omplete Pa	rt III)				
10		Anorg	anızatıon or	ganized and operated	d exclusively	to test for p	public safety	Seesection	509(a)(4).	609(a)(4).			
11	Γ	one or the box	more public	ganized and operated ly supported organiz ibes the type of supp b Type I	ations descr porting organ	ribed in sect ization and o	ion 509(a)(1) or section s 11e throu	509(a)(2) S gh 11h	See section 5			
e	Γ	other t	han foundat	ox, I certify that the ion managers and ot	_				•	•	•		
f			n 509(a)(2) graanization	received a written de	etermination	from the IR	S that it is a	Tyne I Tyn	e II or Tyne	III sunnortu	na organization		
•			this box	received a writter a	ccciiiiiacioii	nom the m	o chache io a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	c 11 0/ / ypc	III Supporti			
g				2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any	of the				
			ng persons?	rectly or indirectly c	ontrols auth	eralone ort	ogether with	narcone das	cribed in (ii)	,	Yes No		
				governing body of th			_	persons des	scribed iii (ii	, 11g			
		•		er of a person descri			acion.			11g			
		` '	•	lled entity of a perso	` ,		bove?			11g			
h				ng information about		., .,				119	/		
					apport	J. gameut	(- /						
9	(i) Name Suppo Ganiz	e of	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	e Ion In ted In IrnIng	(v) Did you not organizati col (i) of suppor	on in your	(vi Is th organiza col (i) org in the l	ne tion in ganized	(vii) A mount of support?		
				instructions))	Yes	No	Yes	No	Yes	No	7		
				"									

Total

Support Schedule for Organizations Described in IRC 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.)

S	ection A. Public Support		,		, , , , , , , , , , , , , , , , , , ,		•	
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	133,536,43	6 126,085,310	123,412,071	121,408,130	98	,077,186	602,519,133
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 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column	133,536,43	6 126,085,310	123,412,071	121,408,130	98	,077,186	602,519,133
_	(f)							
6	Public Support. Subtract line 5 from line 4							602,519,133
	ection B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	A mounts from line 4	133,536,436	126,085,310	123,412,071	121,408,130	98,	,077,186	602,519,133
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	186,607	146,425	98,421	43,372		14,717	489,542
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	56,958	18,819	37,482	82,847		550	196,656
11	Total support (Add lines 7 through 10)							603,205,331
12	Gross receipts from related activ	ties, etc (See ins	tructions)	•		12	•	1,055,980
13	First Five Years If the Form 990 in check this box and stop here	s for the organizat	cion's first, second	, thırd, fourth, or f	fifth tax year as a	501(c)(3) organı	zation,
	ection C. Computation of Pu							
14	Public Support Percentage for 20			11 column (f))		14		99 890 %
15	Public Support Percentage for 20	•				15		99 860 %
16a	33 1/3% support test—2011. If the and stop here. The organization q				line 14 is 33 1/3%	or more	, check t	this box ► ▼
b	33 1/3% support test-2010. If the	ne organization di	d not check the bo	x on line 13 or 16	sa, and line 15 is	33 1/3%	or more,	- ,
17a	box and stop here . The organizati 10%-facts-and-circumstances tes				ne 13 16a or 16	h and line	14	►
L/a	is 10% or more, and if the organiz							
	in Part IV how the organization m	eets the "facts an	d cırcumstances"	test The organiz	ation qualifies as	a publicl	y suppor	ted ▶□
Ь	organization 10%-facts-and-circumstances tes	st—2010. If the or	ganızatıon dıd not o	check a box on lir	ne 13, 16a, 16b, o	or 17a an	d line	F1
	15 is 10% or more, and if the org	anızatıon meets tl	he "facts and cırcu	mstances" test,	check this box an	d stop he	ere.	
18	Explain in Part IV how the organiz supported organization Private Foundation If the organization				-			▶ □
	instructions		,	•				▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493135048073

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Internal Revenue Service

	•	s," to Form 990, Part IV, Line 3, or	Form 990-EZ, Pa	rt V, line 46 (Political Ca	mpaign Activities),			
ther		mplete Parts I-A and B Do not complet	e Part I C					
		501(c)(3)) organizations Complete Pari		Do not complete Part I-B				
	ction 527 organizations Complete	•		·				
	_	s," to Form 990, Part IV, Line 4, or			•			
	, ,, ,	t have filed Form 5768 (election under t have NOT filed Form 5768 (election u	, , ,	•	•			
lf the	e organization answered "Ye	s," to Form 990, Part IV, Line 5 (Pre						
	ction 501(c)(4), (5), or (6) organi	zations Complete Part III		T				
	me of the organization RTH CAROLINA PARTNERSHIP FOR CHII	LDREN INC		Employer iden	tification number			
				56-1850485				
Par	t I-A Complete if the or	ganization is exempt under :	section 501(c) or is a section 527	organization.			
1		ganization's direct and indirect politic	cal campaign acti	vities on behalf of or				
2	in opposition to candidates for Political expenditures	public office in Part IV		L				
3	Volunteer hours			•	\$			
•	v ordinteer flours							
Par	t I-B Complete if the or	ganization is exempt under s	section 501(c)(3).				
1	Enter the amount of any excise	e tax incurred by the organization und	ler section 4955	▶	\$			
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	4 955 ▶	\$			
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?							
4a	Was a correction made?				☐ Yes ☐ No			
b	If "Yes," describe in Part IV							
Par		ganization is exempt under :			l(c)(3).			
1		ended by the filing organization for se	•		\$			
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed to otl	her organizations	for section 527 ►	\$			
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 1120)-POL, line 17b	\$			
4	Did the filing organization file I	Form 1120-POL for this year?			☐ Yes ☐ No			
5	organization made payments l amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid fror rectly delivered t	n the filing organization's f o a separate political orga	unds Also enter the nization, such as a			
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-			
		1	1	ì	i .			

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Fig. So of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Fig. So of the excess over \$1,000,000 Fig. So of the excess over \$1,000			expenses, and share of excess lob	bying expenditures)		_	•	
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(The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 S11,000,000 S11,000,000 F11,000,000			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S100,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 The lobbying nontaxable amount is: Not over \$500,000 Over \$1,000,000 Over \$1,000,00					l.)		Organization's Totals	Group Totals
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Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
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i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
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(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

•		·	
Part II-B	Complete if the or	ganization is exempt under section 501(c)(3) and has NOT filed Form 576	8
	(election under se	ection 501(h)).	

	, , , , , , , , , , , , , , , , , , ,	(6	a)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		30,448
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?	Yes		16,210
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		8,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		32,100
i	Other activities? If "Yes," describe in Part IV	Yes		
j	Total lines 1c through 1i			86,758
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ľ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

-	Dues, assessments and similar amounts nom members	_	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	,	PROVIDED LEGISLATIVE STRATEGY TO OTHER NOT-FOR- PROFIT ORGANIZATIONS FOR NORTH CAROLINA'S EARLY CHILDHOOD INITIATIVE TO PREPARE CHILDREN FROM BIRTH TO FIVE FOR SCHOOL THROUGH FACILITATION OF MEETINGS WITH STATE LEGISLATORS

DLN: 93493135048073

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

Open to Public

lema	F Attach to Fo	orm 990. F See separate instructions.			riispee	
	me of the organization RTH CAROLINA PARTNERSHIP FOR CHILDREN INC		Empl	oyer identificati	on numbe	er
NOI	CHI CAROLINA PARTNERSHIP FOR CHILDREN INC		56-1	850485		
Pa	rt I Organizations Maintaining Donor Ac		ınds d	r Accounts.	Complet	te if the
	organization answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds		b) Funds and oth	or accou	ntc
	Total number at end of year	(a) Donor advised funds		runus and oti	iei accou	111.5
- <u>!</u>	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
,	Aggregate value at end of year					
;	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		or advis	sed	┌ Yes	Г No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for an	y other	purpose	┌ Yes	┌ No
Pa	rt II Conservation Easements. Complete	-	o Form	990, Part IV,	line 7.	
L <u>2</u>	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualic easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	ertified	historic structu		a
	easement on the last day of the tax year	Γ		Held at the E	nd of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d			
3	Number of conservation easements modified, transfe	ے rred, released, extinguished, or terminate.	d by th	e organization di	ırıng	
	the taxable year 🕨		·	-	_	
Ļ	Number of states where property subject to conserva	ation easement is located ►				
;	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	— Iling of	violations, and	┌ Yes	┌ No
•	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents du	ring the year 🛌		-
,	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during	the year		
	▶ \$					
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
)	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial		•		
ar	t III Organizations Maintaining Collectio Complete if the organization answered "	'Yes" to Form 990, Part IV, line 8.				
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	:h ın fur			≘,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ir				
	(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, histofollowing amounts required to be reported under SFA:		r financ			
а	Revenues included in Form 990, Part VIII, line 1			▶ \$		

b Assets included in Form 990, Part X

Part	IIII Organizations Maintaining Co	llections of Art	<u>, Hist</u>	orical	Treasu	res, or Ot	her S	<u>imilar As</u>	ssets (continued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of the		_	_		of its collec	tion	
а	Public exhibition		d	┌ Lo	an or exch	nange progra	ams			
b	Scholarly research		e	Г о	ther					
c	Preservation for future generations									
4	Provide a description of the organization's co	llections and expla	ın how	they fu	rther the o	rganızatıon'	s exem	pt purpose	ın	
5	During the year, did the organization solicit cassets to be sold to raise funds rather than t								┌ Yes	┌ No
Par		ements. Comple	ete ıf t	he org	anızatıon			to Form	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary f	orcont	rıbutıons o	or other asse	ets not		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	followır	ng table	2					
_								Ai	nount	
С .	Beginning balance					-	1c			
d	Additions during the year					<u> </u>	1d			
e	Distributions during the year					-	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?						☐ Yes	☐ No
	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete								L (-)=	
1a	Beginning of year balance	(a)Current Year 23,113	(b)P	rior Year 21	,184	o Years Back 20,175		e Years Back	(e)Four	Years Back
ь	Contributions	250			,313	1,151		20,455		
_	Investment earnings or losses	732			616	858		720		
c d	Grants or scholarships	1,000		1	,000	1,000		1,000		
u e	Other expenditures for facilities	1,000			,,,,,,	1,000		1,000		
-	and programs									
f	Administrative expenses									
g	End of year balance	23,095		23	,113	21,184		20,175		
2	Provide the estimated percentage of the yea	r end balance held a	is							
а	Board designated or quasi-endowment									
b	Permanent endowment ► 99 000 %									
c	Term endowment ► 1 000 %									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation th	at are	held and a	dmınıstered	for the			
	organization by								Ye	s No
	(i) unrelated organizations							3a		No
	(ii) related organizations							3a		No
	If "Yes" to 3a(II), are the related organization	•						3	b	
4	Describe in Part XIV the intended uses of th									
Раг	Land, Buildings, and Equipme	nt. See Form 99	u, Par			T	. 1 .		. 1	
	Description of property				ost or other investment)	(b) Cost or o basis (othe		c) Accumulate depreciation	ed (d)	Book value
1a l	and									
b E				I		1				
	Buildings		•							
c L	Buildings									
	•		•			438,	574	303,8	330	134,744
d E	easehold improvements					438,	574	303,8	330	134,744

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
(1)Financial derivatives			,
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	,		
Part VIII Investments—Program Related. See		<u> </u>	
			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability			
	(b) A mount		
Federal Income Taxes			
DUE TO THE STATE OF NC	675,421		
FUNDS HELD FOR OTHERS	65,585		
COMPENSATED ABSENCES	128,769		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	869,775		

Reconciliation	of Change in Net Assets from F	orm 990 to Financial St	atements	
otal revenue (Form 990	, Part VIII, column (A), line 12)		1	98,281,238
otal expenses (Form 99	0, Part IX, column (A), line 25)		2	99,567,862
ccess or (deficit) for th	e year Subtract line 2 from line 1		3	-1,286,624
et unrealized gains (los	ses) on investments		4	
onated services and us			5	
vestment expenses			6	
nor period adjustments			7	
ther (Describe in Part)			8	
otal adjustments (net)	•		9	
. ,	e year per financial statements Combine I	ines 3 and 9	10	-1,286,624
	of Revenue per Audited Financi			
	d other support per audited financial state		. 1	98,281,238
Amounts included on lii	ie 1 but not on Form 990, Part VIII, line 1	. 2		
let unrealized gains on	investments	2a		
Donated services and u	se of facilities	2b		
Recoveries of prior yea	grants	2c		
ther (Describe in Part	XIV)	2d		
Add lines 2a through 2 d			2e	0
Subtract line 2e from lir	e 1		3	98,281,238
Amounts included on Fo	rm 990, Part VIII, line 12, but not on line	1		
nvestment expenses r	ot included on Form 990, Part VIII, line 7	b . 4a		
Other (Describe in Part	XIV)	. 4b		
Add lines 4a and 4b .			4c	0
	s 3 and 4c. (This should equal Form 990,			98,281,238
	of Expenses per Audited Finance	cial Statements With Ex	penses pe	
otal expenses and lose tatements	ses per audited financial		1	99,567,862
	e 1 but not on Form 990, Part IX, line 25		<u> </u>	
	se of facilities	2a		
		2b		
ther losses		2c		
ther (Describe in Part	XIV)	2d		
dd lines 2a through 2d			2e	0
ubtract line 2e from lin	e 1		3	99,567,862
mounts included on Fo	rm 990, Part IX, line 25, but not on line 1	:		
nvestment expenses n	ot included on Form 990, Part VIII, line 7	b 4a		
ther (Describe in Part	XIV)	4b		
			4c	0
otal expenses Add lin	es 3 and 4c. (This should equal Form 990,	Part I, line 18)	5	99,567,862

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 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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	,	THE ENDOWMENT FUNDS INCLUDED IN PART V ARE TO BE USED TO PROVIDE AN ANNUAL GRANT TO ONE OF THE SMART START NOT-FOR-PROFITS THAT THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN OVERSEES

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Schedule I (Form 990)

Department of the Treasury

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

DLN: 93493135048073

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization NORTH CAROLINA PARTNERSHIP FOR CHILDREN INC 56-1850485 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 82

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. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC (NCPC) HAS A STAFF DEDICATED TO ON-SITE FINANCIAL AND PROGRAMMATIC MONITORING OF GRANTS POLICIES, PROCEDURES, AND MONITORING PROGRAMS HAVE BEEN IN PLACE SINCE 2001 AND ARE PERIODICALLY REVIEWED AND REVISED AS NEEDED OF THE GRANTEES, 76 (REPRESENTING NEARLY 100% OF OUR TOTAL GRANTS) ARE NONPROFITS THAT PROVIDE SERVICES TO NORTH CAROLINA'S YOUNG CHILDREN AND THEIR FAMILIES THROUGH NORTH CAROLINA'S EARLY CHILDHOOD INITIATIVE ("SMART START") AS REQUIRED BY STATE LEGISLATION, THESE GRANTEES GENERALLY HAVE BIENNIAL YELLOW-BOOK AUDITS (FINANCIAL AND COMPLIANCE) BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM ACCORDINGLY, NCPC TYPICALLY COORDINATES ITS MONITORING EFFORT WITH THAT OF THE AUDITORS AND, THEREFORE, ALSO MONITORS THESE GRANTEES MONITORING IS RIGOROUS AND INCLUDES, BUT IS NOT LIMITED TO, A REVIEW OF BOARD OF DIRECTOR OPERATIONS, FINANCIAL ACCOUNTING AND REPORTING, AND PROGRAMMATIC COMPLIANCE A FORMAL CLOSE-OUT CONFERENCE IS HELD WITH BOARD MEMBERS, MANAGEMENT, AND OTHER STAFF SUBSEQUENT TO THE CLOSE-OUT CONFERENCE, A FORMAL MONITORING REPORT WITH RECOMMENDATIONS FOR IMPROVEMENT IS ISSUED TO THE GRANTEE'S BOARD CHAIR, EXECUTIVE COMMITTEE AND EXECUTIVE DIRECTOR DEPENDING UPON THE NATURE AND NUMBER OF ISSUES NOTED IN THE REPORT, A MONITORING VISIT MAY BE HELD IN SIX TO EIGHT MONTHS TO FOLLOW UP ON THE STATUS OF THE ISSUES NOTED IN THE REPORT NCPC'S EXECUTIVE MANAGEMENT IS PROVIDED WITH A SUMMARY OF GRANTEE MONITORING RESULTS
SCHEDULE I, PART II, LINE 1	AGENCY FUNDS	THE NCPC RECEIVED \$27,928 IN FUNDS FROM THE NORTH CAROLINA STATE EMPLOYEES COMBINED CAMPAIGN (SECC) SUCH AGENCY FUNDS WERE PASSED ON TO THE RECIPIENTS LISTED ON LINE 1 HOWEVER, GRANTS MADE WITH AGENCY FUNDS ARE NOT INCLUDED IN THE AMOUNTS LISTED ON LINE 1

Software ID: Software Version:

EIN: 56-1850485

Name: NORTH CAROLINA PARTNERSHIP FOR CHILDREN INC

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALAMANCE PARTNERSHIP FOR CHILDREN2322 RIVER ROAD BURLINGTON, NC 27217	56- 1884459	501(C)(3)	848,214				NC YOUNG CHILDREN
ALBEMARLE SMART START PARTNERSHIP INC 1403 PARKVIEW DRIVE ELIZABETH CITY, NC 279096533	56- 2088109	501(C)(3)	1,834,734				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALEXANDER COUNTY PARTNERSHIP FOR CHILDREN INCPO BOX 1661 TAYLORSVILLE, NC 28681	56- 1995412	501(C)(3)	378,939				NC YOUNG CHILDREN
ALLEGHANY PARTNERSHIP FOR CHILDREN INCPO BOX 1643 SPARTA NC 28675	56- 1928008	501(C)(3)	114,128				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANSON COUNTY PARTNERSHIP FOR CHILDREN117 SOUTH GREENE STREET WADESBORO,NC 281709998	56- 1987729	501(C)(3)	408,775				NC YOUNG CHILDREN
ASHE COUNTY PARTNERSHIP FOR CHILDREN626 ASHE CENTRAL SCHOOL ROAD UNIT 1 1 JEFFERSON, NC 28640	56- 1892216	501(C)(3)	265,783				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVERY COUNTY SMART START A PARTNERSHIP FOR CHILDRENPO BOX 1455 NEWLAND, NC 28657	56- 1892570	501(C)(3)	190,357				NC YOUNG CHILDREN
BEAUFORTHYDE PARTNERSHIP FOR CHILDREN979 WASHINGTON SQUARE MALL WASHINGTON,NC 27889	56- 1992257	501(C)(3)	536,375				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLADEN SMART START-A PARTNERSHIP FOR CHILDREN INCPO BOX 2255 ELIZABETHTOWN, NC 28337	56- 2048384	501(C)(3)	363,336				NC YOUNG CHILDREN
BUNCOMBE COUNTY PARTNERSHIP FOR CHILDREN INC2229 RIVERSIDE DRIVE ASHEVILLE, NC 28804	56- 1942178	501(C)(3)	1,621,517				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BURKE COUNTY SMART START INC PO BOX 630 MORGANTON, NC 28655	56- 1852721	501(C)(3)	1,266,989				NC YOUNG CHILDREN
CABARRUS COUNTY PARTNERSHIP FOR CHILDREN2353 CONCORD LAKE ROAD SUITE 160 CONCORD, NC 28025	56- 2088223	501(C)(3)	1,604,637				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALDWELL COUNTY SMART START A PARTNERSHIP FOR YOUNG CHILDRENP O BOX 2128 LENOIR,NC 28645	20- 1090467	501(C)(3)	949,447				NC YOUNG CHILDREN
CARTERET COUNTY PARTNERSHIP FOR CHILDREN3328-A BRIDGES STREET MOREHEAD CITY, NC. 28557	56- 2273396	501(C)(3)	691,133				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASWELL COUNTY PARTNERSHIP FOR CHILDRENPO BOX 664 YANCEYVILLE, NC 27379	56- 2070459	501(C)(3)	230,208				NC YOUNG CHILDREN
CATAWBA COUNTY PARTNERSHIP FOR CHILDRENPO BOX 3123 HICKORY, NC	58- 2139195	501(C)(3)	1,566,748				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHATHAM COUNTY PARTNERSHIP FOR CHILDREN200 SANFORD HIGHWAY SUITE 4 PITTSBORO, NC 27312	56- 1885127	501(C)(3)	632,500				NC YOUNG CHILDREN
CHILDREN & YOUTH PARTNERSHIP FOR DARE COUNTY INC PO BOX 2539 KILL DEVIL HILLS, NC 27948	56- 1885539	501(C)(3)	325,419				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S COUNCIL OF WATAUGA COUNTY INC225 BIRCH STREET SUITE 3 BOONE,NC 28607	58- 1416331	501(C)(3)	246,961				NC YOUNG CHILDREN
CLEVELAND COUNTY PARTNERSHIP FOR CHILDREN INCPO BOX 1468 SHELBY NC 28150	56- 1875246	501(C)(3)	1,005,690				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS COUNTY PARTNERSHIP FOR CHILDREN INC 109 WEST MAIN STREET WHITEVILLE,NC 28472	56- 1966108	501(C)(3)	440,927				NC YOUNG CHILDREN
CRAVEN SMART START INC2111F NEUSE BLVD NEW BERN,NC 28560	56- 2105879	501(C)(3)	1,051,291				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWN EAST PARTNERSHIP FOR CHILDREN215 LEXINGTON STREET ROCKY MOUNT, NC 27802	56- 1859313	1 5017((3)(3))	2,387,937				NC YOUNG CHILDREN
DUPLIN COUNTY PARTNERSHIP FOR CHILDRENPO BOX 989 KENANSVILLE, NC	56- 1892438	1 5017631	1,015,858				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DURHAM'S PARTNERSHIP FOR CHILDREN1201 S BRIGGS AVENUE SUITE 210 DURHAM,NC 27703	56- 1892432	501(C)(3)	5,218,416				NC YOUNG CHILDREN
FRANKLIN GRANVILLE VANCE SMART START INC PO BOX 142 HENDERSON, NC 27536	56- 2045172	501(C)(3)	1,418,241				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC122 NORTH ELM STREET SUITE 1010 GREENSBORO,NC 27401	56- 1982976	501(C)(3)	3,459,938				NC YOUNG CHILDREN
HARNETT COUNTY PARTNERSHIP FOR CHILDREN INCPO BOX 70 LILLINGTON, NC 27546	56- 2079125	501(C)(3)	940,599				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERTFORD- NORTHAMPTON SMART START PARTNERSHIP FOR CHILDREN INCPO BOX 504 MURFREESBORO,NC 27855	56- 1865237	501(C)(3)	475,623				NC YOUNG CHILDREN
HOKE COUNTY PARTNERSHIP FOR CHILDREN AND FAMILIESPO BOX 1209 RAFFORD NC 28376	56- 1898931	501(C)(3)	776,879				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IREDELL COUNTY PARTNERSHIP FOR YOUNG CHILDREN INC433 SOUTH MEETING STREET STATESVILLE, NC 28677	56- 2005160	501(C)(3)	1,339,800				NC YOUNG CHILDREN
JONES COUNTY PARTNERSHIP FOR CHILDRENPO BOX 186 TRENTON, NC	56- 1857162	501(C)(3)	233,291				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEE COUNTY PARTNERSHIP FOR CHILDREN143 CHATHAM STREET SANFORD, NC 27330	56- 2009097	501(C)(3)	639,062				NC YOUNG CHILDREN
LENOIRGREENE COUNTY PARTNERSHIP FOR CHILDREN1465 HIGHWAY 258 NORTH KINSTON, NC 28504	56- 1898462	501(C)(3)	1,578,067				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MADISON COUNTY PARTNERSHIP FOR CHILDREN AND FAMILIES INCPO BOX 1657 MARS HILL, NC 28754	56- 2040118	501(C)(3)	270,037				NC YOUNG CHILDREN
MARTINPITT PARTNERSHIP FOR CHILDREN INC115 EASTBROOK DRIVE GREENVILLE, NC 27858	56- 1913394	501(C)(3)	1,487,646				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCDOWELL COUNTY PARTNERSHIP FOR CHILDREN AND FAMILIES INCPO DRAWER 158 MARION,NC 28752	56- 1900374	501(C)(3)	453,637				NC YOUNG CHILDREN
MECKLENBURG PARTNERSHIP FOR CHILDREN601 EAST 5TH STREET SUITE 500 CHARLOTTE, NC 28202	56- 1853108	501(C)(3)	7,732,114				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTGOMERY COUNTY PARTNERSHIP FOR CHILDREN404-A NORTH MAIN STREET TROY,NC 27371	58- 2185898	501(C)(3)	549,255				NC YOUNG CHILDREN
NORTH CAROLINA STATE UNIVERSITY CAMPUS BOX 7205 RALEIGH, NC 27695	56- 6000756	GOVERNMENT	224,860				PREVENTION OF CHILDHOOD OBESITY

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONSLOW COUNTY PARTNERSHIP FOR CHILDREN INC900 DENNIS ROAD JACKSONVILLE, NC 28546	56- 2058409	501(C)(3)	2,434,113				NC YOUNG CHILDREN
ORANGE COUNTY PARTNERSHIP FOR YOUNG CHILDREN 120 PROVIDENCE PLACE SUITE 101 CHAPEL HILL, NC 27514	56- 1844192	501(C)(3)	1,316,322				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash	(h) Purpose of grant or assistance
o. government		applicable		ussistance	appraisal, other)	assistance	3. 433.3tullec
PAMLICO PARTNERSHIP FOR CHILDREN INCPO BOX 612 BAYBORO,NC 285150612	56- 1874658	501(C)(3)	135,817				NC YOUNG CHILDREN
PARTNERS FOR CHILDREN & FAMILIES INC (MOORE COUNTY) 7720 NC HWY 22 SUITE C CARTHAGE, NC 28327	58- 2139259	501(C)(3)	673,905				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP FOR CHILDREN OF CUMBERLAND COUNTY INC351 WAGONER DRIVE SUITE 200 FAYETTEVILLE, NC 283034608	56- 1845926	501(C)(3)	4,034,948				NC YOUNG CHILDREN
PARTNERSHIP FOR CHILDREN OF JOHNSTON COUNTY INC1406-A S POLLOCK STREET SELMA,NC 27576	56- 2063680	501(C)(3)	1,288,823				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP FOR CHILDREN OF LINCOLNGASTON COUNTIES INC120 ROECHLING STREET DALLAS,NC 28034	31- 1539832	501(C)(3)	2,112,444				NC YOUNG CHILDREN
PERSON COUNTY PARTNERSHIP FOR CHILDRENPO BOX 1791 ROXBORO NC 27573	56- 1872882	501(C)(3)	446,952				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RANDOLPH COUNTY PARTNERSHIP FOR CHILDREN349 SUNSET AVENUE ASHEBORO, NC 27203	31- 1612024	501(C)(3)	1,074,424				NC YOUNG CHILDREN
REACH OUT AND READ INC56 ROLAND STREET SUITE 100D BOSTON, MA 02129	04- 3481253	501(C)(3)	50,412				EARLY LITERACY

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGION A PARTNERSHIP FOR CHILDREN116 JACKSON STREET SYLVA,NC 28779	56- 1869575	501(C)(3)	1,256,993				NC YOUNG CHILDREN
RICHMOND COUNTY PARTNERSHIP FOR CHILDRENPO BOX 1944 ROCKINGHAM, NC	31- 1575604	1 5017731	767,925				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROBESON COUNTY PARTNERSHIP FOR CHILDREN210 EAST 2ND STREET LUMBERTON, NC 28358	56- 1940920	501(C)(3)	1,704,940				NC YOUNG CHILDREN
ROCKINGHAM COUNTY PARTNERSHIP FOR CHILDREN INCPO BOX 325 REIDSVILLE, NC 273750325	56- 1974269	501(C)(3)	749,317				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTHERFORDPOLK SMART START PARTNERSHIPPO BOX 823 SPINDALE,NC 281600823	56- 2014947	501(C)(3)	566,749				NC YOUNG CHILDREN
SAMPSON COUNTY PARTNERSHIP FOR CHILDREN211 WEST MAIN STREET CLINTON, NC 283284049	31- 1603397	501(C)(3)	1,055,055				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCOTLAND COUNTY PARTNERSHIP FOR CHILDREN AND FAMILIES INCPO BOX 586 LAURINBURG, NC 28352	56- 2094816	501(C)(3)	430,838				NC YOUNG CHILDREN
SMART START OF BRUNSWICK COUNTY INCPO BOX 3050 SHALLOTTE, NC 28470	56- 1885097	501(C)(3)	667,506				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMART START OF DAVIDSON COUNTY INC235 EAST CENTER STREET LEXINGTON, NC 27292	56- 1859989	501(C)(3)	2,694,008				NC YOUNG CHILDREN
SMART START OF DAVIE COUNTY INC965 YADKINVILLE ROAD MOCKSVILLE,NC 27028	31- 1600557	501(C)(3)	293,771				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMART START OF FORSYTH COUNTY 7820 NORTH POINT BOULEVARDSTE 200 WINSTONSALEM, NC 27106	56- 1899564	501(C)(3)	4,397,949				NC YOUNG CHILDREN
SMART START OF HENDERSON COUNTY INC851 CASE STREET SUITE 208 HENDERSONVILLE, NC 28792	56- 2092325	501(C)(3)	673,636				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMART START OF NEW HANOVER COUNTY3534-F SOUTH COLLEGE ROAD WILMINGTON,NC 28412	56- 1951952	501(C)(3)	1,431,518				NC YOUNG CHILDREN
SMART START OF PENDER COUNTY INCPO BOX 429 BURGAW, NC	56- 2044085	501(C)(3)	433,788				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMART START OF TRANSYLVANIA COUNTY PROFESSIONAL PLAZA 93 N BROAD STREET SUITES D E BREVARD, NC 28712	31- 1489864	501(C)(3)	200,979				NC YOUNG CHILDREN
SMART START OF YADKIN COUNTY INCPO BOX 39 YADKINVILLE, NC 27055	56- 1864667	501(C)(3)	428,628				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMART START ROWAN INC1839 WEST JAKE ALEXANDER BOULEVARD SALISBURY, NC 28147	56- 1890324	501(C)(3)	1,752,948				NC YOUNG CHILDREN
STANLY COUNTY PARTNERSHIP FOR CHILDRENPO BOX 2165 ALBEMARLE, NC 28002	56- 1851138	501(C)(3)	736,636				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash	(h) Purpose of grant or assistance
					appraisal, other)	assistance	
STOKES PARTNERSHIP FOR CHILDRENPO BOX 2319 KING,NC 270212319	56- 1888024	501(C)(3)	541,778				NC YOUNG CHILDREN
SURRY COUNTY EARLY CHILDHOOD PARTNERSHIPPO BOX 7050 MT AIRY NC 27030	56- 1938073	501(C)(3)	655,871				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHOWANPERQUIMANS SMART START PARTNERSHIP409 OLD HERTFORD ROAD EDENTON,NC 27932	31- 1622057	501(C)(3)	352,596				NC YOUNG CHILDREN
THE HALIFAX-WARREN SMART START PARTNERSHIP FOR CHILDREN INCPO BOX 339 ROANOKE RAPIDS, NC 27870	56- 1847375	501(C)(3)	534,007				NC YOUNG CHILDREN

(a) Name and address	(b) EIN	(c) IRC Code	(d) A mount of	` '		(g) Description	
of organization or government		section if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	of non-cash assistance	grant or assistance
THE MITCHELL- YANCEY COUNTY PARTNERSHIP FOR CHILDREN INCPO BOX 1387 BURNSVILLE, NC 28714	56- 1921260	501(C)(3)	329,344				NC YOUNG CHILDREN
THE PARTNERSHIP FOR CHILDREN OF WAYNE COUNTY INC800 NORTH WILLIAM STREET GOLDSBORO, NC 27530	56- 2054262	501(C)(3)	930,134				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TYRRELL- WASHINGTON PARTNERSHIP FOR CHILDREN INC125- B WEST WATER STREET PLYMOUTH, NC 27962	56- 1862036	501(C)(3)	271,485				NC YOUNG CHILDREN
WAKE COUNTY SMARTSTART4901 WATERS EDGE DRIVE SUITE 101 RALEIGH, NC 27606	56- 1949415	501(C)(3)	6,195,619				NC YOUNG CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILKES COMMUNITY PARTNERSHIP FOR CHILDRENPO BOX 788 NORTH WILKESBORO, NC 28659	56- 1875083	501(C)(3)	829,539				NC YOUNG CHILDREN
WILSON COUNTY PARTNERSHIP FOR CHILDRENPO BOX 2661 WILSON, NC 278942661	56- 1942537	501(C)(3)	1,267,844				NC YOUNG CHILDREN

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR CHILDRENPO BOX 988 MONROE, NC 28111	56- 2052395	501(C)(3)	1,303,844				NC YOUNG CHILDREN
NC EARLY CHILDHOOD ASSOCIATIONPO BOX 4292 CHAPEL HILL,NC	56- 1352826	501(C)(3)	10,000				NC CHILDHOOD ADVOCACY

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NC STATE UNIVERSITY COLLEGE OF DESIGNCAMPUS BOX 7701 RALEIGH, NC 27695	56- 6000756	GOVERNMENT	8,750				NC YOUNG CHILDREN
UNIVERSITY OF FLORIDAPO BOX 117040 GAINESVILLE,FL	59- 6002052	GOVERNMENT	275,000				NC YOUNG CHILDREN

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DLN: 93493135048073

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

ın Part III

section 53 4958-6(c)?

Schedule J (Form 990)

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Na	me of the organization RTH CAROLINA PARTNERSHIP FOR CHILDREN INC	Employer identificati	on nur	nber	
NO	RTH CAROLINA PARTNERSHIP FOR CHILDREN INC	56-1850485			
Pa	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regard First-class or charter travel Travel for companions Payments for business use of pers	ng these items r personal use			
	Tax idemnification and gross-up payments Health or social club dues or initia				
	Discretionary spending account Personal services (e.g., maid, chair	ıffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding reimbursement orprovision of all the expenses described above? If "No," complete Part III to expense the complete Part III to expens		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred be officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in li		2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ A pproval by the board or compensation				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to or a related organization	the filing organization			
а	Receive a severance payment or change-of-control payment?		4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		No
С	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item	ın Part III	4c		Νo
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue compensation contingent on the revenues of				
а	The organization?		5a		Νo
b	Any related organization?		5b		No
6	If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue compensation contingent on the net earnings of	any			
а	The organization?		6a		No
b	Any related organization?		6b		No
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any no payments not described in lines 5 and 6? If "Yes," describe in Part III	on-fixed	7		No

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Νo

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

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

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

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
(1) MS STEPHANIE FANJUL	(I) (II)	142,067		0	10,805	8,316 0	161,188	0 0
				-		-	-	-

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

OMB No 1545-0047

SCHEDULE 0 (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 to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization NORTH CAROLINA PARTNERSHIP FOR CHILDREN INC **Employer identification number**

56-1850485

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO FILING OF THE FORM 990, THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS IS PROVIDED WITH THE FORM 990 FOR REVIEW
	FORM 990, PART VI, SECTION B, LINE 12C	THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC (NCPC) RECOGNIZES THAT EFFECTIVE GOVERNANCE DEPENDS ON DELIBERATE, THOUGHTFUL, AND DISINTERESTED DECISION-MAKING BY ITS DIRECTORS, OFFICERS AND STAFF MOREOVER, NCPC'S WORK DEPENDS ON THE CONTINUED TRUST AND CONFIDENCE IN ITS INTEGRITY, WHICH IS GROUNDED IN FAIR AND RESPONSIBLE DECISION-MAKING THE BOARD OF DIRECTORS OF NCPC BELIEVES IT IS IN THE BEST INTEREST OF NCPC TO ESTABLISH A CLEAR AND CONCISE CONFLICT OF INTEREST POLICY THE CONFLICT OF INTEREST POLICY IS INTENDED TO PROMOTE THE AVOIDANCE OF CONFLICTS OF INTEREST AND THE APPEARANCE OF IMPROPRIETY BY NCPC DIRECTORS, OFFICERS AND STAFF IT SETS THE RULES FOR CONDUCT, INCLUDING DISCLOSURE BY DIRECTORS AND OFFICERS OF PERSONAL OR FINANCIAL INTERESTS THAT MAY AFFECT THE BUSINESS OF NCPC ANNUALLY EACH MEMBER OF THE BOARD IS REQUIRED TO REVIEW A COPY OF THE POLICY AND TO ACKNOWLEDGE THAT HE OR SHE HAS DONE SO THE POLICY IS MONITORED AND ENFORCED THROUGH THE FOLLOWING ACTIONS A PRIOR TO ACTION ON A CONTRACT OR TRANSACTION, THE BOARD OR COMMITTEE CHAIR SHALL ASK THE GROUP TO IDENTIFY ACTUAL OR PERCEIVED CONFLICTS OF INTEREST A DIRECTOR WHO KNOWS HE OR SHE HAS A CONFLICT OF INTEREST SHALL DISCLOSE THE CONFLICT AND SUCH DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING B ALL APPOINTED BOARD MEMBERS SHALL AVOID CONFLICTS OF INTEREST AND THE APPEARANCE OF IMPROPRIETY SHOULD INSTANCES ARISE WHEN A CONFLICT MAY BE PERCEIVED, ANY INDIVIDUAL WHO MAY BENEFIT DIRECTLY OR INDIRECTLY FROM THE NCPC'S DISBURSEMENT OF FUNDS SHALL ABSTAIN FROM PARTICIPATING IN ANY DECISION OR DELIBERATIONS BY NCPC REGARDING THE DISBURSEMENT OF FUNDS
	FORM 990, PART VI, SECTION B, LINE 15	SALARIES AND WAGES OF ALL EMPLOYEES ARE SET IN ACCORDANCE WITH A FORMAL PAY PLAN WHICH INCLUDES PAY GRADES (WITH MINIMUM, MID-POINT AND MAXIMUM PAY RATES) THE PLAN WAS ORIGINALLY DEVELOPED BY AN INDEPENDENT CONSULTANT AND IS BASED ON THE NATIONAL POSITION EVALUATION PLAN PUBLISHED BY THE MANAGEMENT ASSOCIATIONS OF AMERICA IT IS UPDATED PERIODICALLY BY BENCHMARKING PAY RATES AGAINST DATA FROM CAPITAL ASSOCIATED INDUSTRIES OF RALEIGH, NC, WHICH CONDUCTS ANNUAL SALARY SURVEYS, AND OCCUPATION-SPECIFIC AND LOCATION-SPECIFIC DATA FROM THE OCCUPATIONAL EMPLOYMENT AND WAGES STATISTICS PROGRAM OF THE EMPLOYMENT SECURITY COMMISSION OF NORTH CAROLINA THE PLAN WILL BE REVISED PERIODICALLY TO INCLUDE DATA FROM THE RECENTLY DEVELOPED SURVEY OF SALARIES IN NORTH CAROLINA NONPROFITS SPONSORED BY THE N C CENTER FOR NONPROFITS
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE WEBSITE OF THE NORTH CAROLINA OFFICE OF STATE AUDITOR ADDITIONALLY, THE GOVERNANCE STRUCTURE, BOARD COMMITTEE ROLES, AND MEETING DATES ARE POSTED ON OUR WEBSITE
OVERSIGHT OF THE AUDIT	FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS

Additional Data

Software ID: Software Version:

EIN: 56-1850485

Name: NORTH CAROLINA PARTNERSHIP FOR CHILDREN INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 713,013 including grants of \$ 69,158) (Revenue \$ 188,785)

OTHER PROGRAMS INCLUDE AN ANNUAL CONFERENCE FOR THOSE DEDICATED TO IMPROVING EARLY EDUCATION SYSTEMS AND PROMOTING CHILDREN'S HEALTHY GROWTH AND DEVELOPMENT, INCLUDING EDUCATION EXPERTS, GOVERNMENT AND BUSINESS LEADERS, AND NOT-FOR-PROFITS, AS WELL AS A PUBLIC AWARENESS AND ENGAGEMENT CAMPAIGN Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		(ition that a		y)		_	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
MS STEPHANIE FANJUL PRESIDENT	40 00	×		х				142,067	0	19,121		
MS LESLIE KARLSSON ASSISTANT SECRETARY	40 00	х		х				111,957	0	15,162		
MS CONNIE HOLTON ASSISTANT TREASURER	40 00	×		Х				109,752	0	15,837		
MS SUSAN PERRY-MANNING VICE PRESIDENT	40 00	Х		Х				104,638	0	15,188		
DR OLSON HUFF CHAIRPERSON	2 00	Х		Х				0	0	0		
MS TANNIS NELSON VICE CHAIRPERSON	2 00	х		х				0	0	0		
MR HAROLD SELLARS SECRETARY	2 00	Х		Х				0	0	0		
MR CHARLES MORRIS TREASURER	2 00	x		х				0	0	0		
MS KELLY BAXTER DIRECTOR	2 00	Х						0	0	0		
HON PHILIP BAZEMORE DIRECTOR	2 00	Х						0	0	0		
DR MICHAEL BLACKWELL DIRECTOR	2 00	Х						0	0	0		
MS AMANDA BOWMAN DIRECTOR	2 00	Х						0	0	0		
MS FORDHAM BRITT DIRECTOR	2 00	Х						0	0	0		
DR NANCY BROWN DIRECTOR	2 00	Х						0	0	0		
HON PEARL BURRIS-FLOYD DIRECTOR	2 00	х						0	0	0		
HON LANIER CANSLER DIRECTOR	2 00	Х						0	0	0		
HON CHARLES CARTER DIRECTOR	2 00	Х						0	0	0		
DR DEBORAH CASSIDY DIRECTOR	2 00	Х						0	0	0		
DR LORANCE HENDERSON DIRECTOR	2 00	Х						0	0	0		
REV JAMES HORTON DIRECTOR	2 00	Х						0	0	0		
MS SHEILA HOYLE DIRECTOR	2 00	Х						0	0	0		
MS MARIE INSCORE DIRECTOR	2 00	Х						0	0	0		
MR ANTONIO JORDAN DIRECTOR	2 00	Х						0	0	0		
MS SUE LYNN LEDFORD DIRECTOR	2 00	Х						0	0	0		
DR PETER MORRIS DIRECTOR	2 00	x						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	T					-				
(A) Name and Title	(B) (C) Average Position (check all that apply)							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MR JAMES MORRISON DIRECTOR	2 00	Х						0	0	0
DR ALEC PARKER DIRECTOR	2 00	Х						0	0	0
MS EVA PHILLIPS DIRECTOR	2 00	Х						0	0	0
MR JOHN PRUETTE DIRECTOR	2 00	Х						0	0	0
MS SUE RUSSELL DIRECTOR	2 00	Х						0	0	0
MR CLIFTON SMITH DIRECTOR	2 00	Х						0	0	0
MS SUE WHITTY DIRECTOR	2 00	Х						0	0	0
MS CAROLE WILSON DIRECTOR	2 00	х						0	0	0