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Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2011

Open to Public  
Inspection

A For the 2011 calendar year, or tax year beginning 07/01/11, and ending 06/30/12

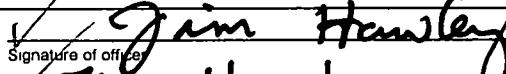
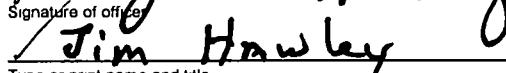
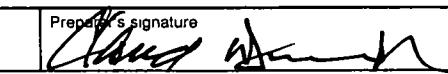
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>WILSON COUNTY PARTNERSHIP FOR CHILDREN, INC.</b>			D Employer identification number <b>56-1942537</b>		
	Doing Business As			E Telephone number <b>252-206-4235</b>		
	Number and street (or P O box if mail is not delivered to street address) <b>PO BOX 2661</b>		Room/suite			
	City or town, state or country, and ZIP + 4 <b>WILSON NC 27894</b>			G Gross receipts \$ <b>2,067,560</b>		
	F Name and address of principal officer <b>JIM HAWLEY PO BOX 2661 WILSON NC 27894</b>			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list (see instructions)			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website ► <b>WWW.WILSONPFC.ORG</b>			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			L Year of formation <b>1994</b>		M State of legal domicile <b>NC</b>	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <b>TO SUPPORT THE DEVELOPMENT OF YOUNG CHILDREN AND FAMILIES IN WILSON COUNTY THROUGH COLLABORATIVE, COMMUNITY-BASED PROGRAMS FOCUSING ON HEALTH, FAMILY SUPPORT SERVICES, AND QUALITY EDUCATION.</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3 15	
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	4 12	
Expenses	4 Number of independent voting members of the governing body (Part VI, line 1b)	5 10	
Net Assets or Fund Balances	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	6 35	
	6 Total number of volunteers (estimate if necessary)	7a 0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b 0	
	b Net unrelated business taxable income from Form 990-T, line 34		
		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	<b>2,310,294</b>	<b>2,051,294</b>
	9 Program service revenue (Part VIII, line 2g)	<b>6,451</b>	<b>6,284</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>137</b>	<b>470</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>4,418</b>	<b>7,710</b>
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,321,300</b>	<b>2,065,758</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,738,754</b>	<b>1,563,189</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>RECEIVED</b>	<b>451,079</b>	<b>425,845</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>17 2013</b>	<b>149,800</b>	<b>107,599</b>
	17 Other expenses (Part IX, column (A), lines 11a-f, 11d, 11f-24e)	<b>2,339,633</b>	<b>2,096,633</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>-18,333</b>	<b>-30,875</b>
	19 Revenue less expenses Subtract line 18 from line 12 <b>OGDEN, UT</b>		
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	<b>110,471</b>	<b>85,644</b>
	21 Total liabilities (Part X, line 26)	<b>-341</b>	<b>5,707</b>
	22 Net assets or fund balances Subtract line 21 from line 20	<b>110,812</b>	<b>79,937</b>

## Part II Signature Block

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

Sign Here	►  Signature of officer	Date <b>1-14-2013</b>		
	►  Jim Hawley Executive Director			
Paid Preparer Use Only	Print/Type preparer's name <b>Claud L. Dunn Jr., CPA</b>	Preparer's signature 	Date <b>01/11/13</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00357450</b>
	Firm's name ► <b>DUNN &amp; DUNN, CPAs, PLLC</b>		Firm's EIN ► <b>20-3978526</b>	
	301 South Second Street Smithfield, NC 27577		Phone no <b>919-934-4607</b>	

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

 Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

DAA

679

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 

1 Briefly describe the organization's mission.

**TO SUPPORT THE DEVELOPMENT OF YOUNG CHILDREN AND FAMILIES IN WILSON COUNTY THROUGH COLLABORATIVE, COMMUNITY-BASED PROGRAMS FOCUSING ON HEALTH, FAMILY SUPPORT SERVICES, AND QUALITY EDUCATION.**

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 942,620 including grants of \$ 869,818 ) (Revenue \$ )

**THE ORGANIZATION SUPPORTS THE "NORTH CAROLINA PREKINDERGARTEN" PROGRAM WHICH PROVIDES QUALITY EDUCATIONAL EXPERIENCES TO 187 AT RISK FOUR YEAR OLDS IN FOUR AND FIVE STAR RATED LICENSED FACILITIES TO ENHANCE KINDERGARTEN READINESS.**

4b (Code ) (Expenses \$ 592,467 including grants of \$ 509,468 ) (Revenue \$ )

**THE "CHILD CARE SUBSIDY SCHOLARSHIP" PROGRAM ASSISTS ELIGIBLE FAMILIES RESIDING IN WILSON COUNTY BY PROVIDING FULL OR PARTIAL SUBSIDY SCHOLARSHIPS FOR QUALITY CHILD CARE. 186 CHILDREN RECEIVED SCHOLARSHIPS TO ATTEND THREE STAR OR HIGHER LICENSED CHILD CARE FACILITIES.**

4c (Code ) (Expenses \$ 119,328 including grants of \$ 119,328 ) (Revenue \$ )

**THE "PARENTS AS TEACHERS" (PAT) PROGRAM IS A NATIONAL FAMILY EDUCATION PROGRAM THAT OFFERS INFORMATION, SUPPORT AND ENCOURAGEMENT TO PARENTS WITH YOUNG CHILDREN TO ENSURE THE CHILDREN DEVELOP OPTIMALLY DURING THE CRUCIAL FIRST YEARS OF LIFE. THE "PAT" PROGRAM OFFERS IN-HOME VISITS, SUPPORT GROUPS, DEVELOPMENTAL AND HEALTH SCREENINGS AND REFERRALS TO COMMUNITY RESOURCES. 69 FAMILIES WERE SERVED WITH 90 CHILDREN BENEFITTING. 249 HOME VISITS WERE MADE BY PARENT EDUCATORS.**

4d Other program services (Describe in Schedule O)

(Expenses \$ 292,100 including grants of \$ 64,575 ) (Revenue \$ )

4e Total program service expenses► 1,946,515

## Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- 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
- 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
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
  - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
  - 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
  - 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
  - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
  - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
  - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII
  - 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
  - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
  - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10		X
11a		X
11b		X
11c		X
11d		X
11e		X
11f		X
12a		X
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		

Form 990 (2011) WILSON COUNTY PARTNERSHIP FOR  
Part IV Checklist of Required Schedules (continued)

56-1942537

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21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25

- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

- 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

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

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)

- a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
- b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
- c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

- 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

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

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

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

	Yes	No
21	X	
22		X
23		X
24a		X
24b		
24c		
24d		
25a		X
25b		X
26		X
27		X
28a		X
28b		X
28c	X	
29		X
30		X
31		X
32		X
33		X
34		X
35a		X
35b		X
36		X
37		X
38		X

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

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  
 1a **10**  
 1b **0**

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  
 1c **X**

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  
 2a **10**

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  
**Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  
 2b **X**

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  
 3a **X**

b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  
 3b

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
 4a **X**

b If "Yes," enter the name of the foreign country. ►  
 See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  
 5a **X**

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  
 5b **X**

c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  
 5c

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  
 6a **X**

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  
 6b

7 **Organizations that may receive deductible contributions under section 170(c).**  
 7a **X**

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  
 7b

b If "Yes," did the organization notify the donor of the value of the goods or services provided?  
 7c **X**

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  
 7d

d If "Yes," indicate the number of Forms 8282 filed during the year  
 7e **X**

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  
 7f **X**

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  
 7g

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  
 7h

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  
 8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  
 9 **Sponsoring organizations maintaining donor advised funds.**  
 a Did the organization make any taxable distributions under section 4966?  
 b Did the organization make a distribution to a donor, donor advisor, or related person?  
 10 **Section 501(c)(7) organizations.** Enter  
 a Initiation fees and capital contributions included on Part VIII, line 12  
 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  
 10a  
 10b

11 **Section 501(c)(12) organizations.** Enter  
 a Gross income from members or shareholders  
 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  
 11a  
 11b

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?  
 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  
 12b

13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**  
 a Is the organization licensed to issue qualified health plans in more than one state?  
**Note.** See the instructions for additional information the organization must report on Schedule O  
 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  
 c Enter the amount of reserves on hand  
 13a  
 13b  
 13c

14a Did the organization receive any payments for indoor tanning services during the tax year?  
 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  
 14a  
 14b

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

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year  
 If there are material differences in voting rights among members of the governing body, or  
 if the governing body delegated broad authority to an executive committee or similar  
 committee, explain in Schedule O

1a **15**

1b Enter the number of voting members included in line 1a, above, who are independent

1b **12**

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

2 **X**

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?

3 **X**

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

4 **X**

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

5 **X**

6 Did the organization have members or stockholders?

6 **X**

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

7a **X**

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

7b **X**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

9 **X**

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

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

10a **X**

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

11a **X**

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

12a **X**

12b **X**

12c **X**

13 Did the organization have a written whistleblower policy?

13 **X**

14 Did the organization have a written document retention and destruction policy?

14 **X**

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

15a **X**

15b **X**

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

16a **X**

16b **X**

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **None**

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

Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **JIM HAWLEY**

PO BOX 2661

NC 27894

252-206-4235

WILSON

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

 Check if Schedule O contains a response to any question in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) KEVIN HINNANT CHAIR	1.00	X					0	0	0
(2) KEN HORNE VICE CHAIR	0.50	X					0	0	0
(3) GARY CARTER TREASURER	1.00	X					0	0	0
(4) WANDA MITCHELL SECRETARY	0.50	X					0	0	0
(5) SYLVIA MIZZELLE BOARD MEMBER	0.50	X					0	0	0
(6) SHARLENA DOWNING BOARD MEMBER	0.50	X					0	0	0
(7) DEBRA HOLLEY BOARD MEMBER	0.50	X					0	0	0
(8) KEN HORNE BOARD MEMBER	0.50	X					0	0	0
(9) TRACY PITTMAN BOARD MEMBER	0.50	X					0	0	0
(10) DR. IMMACULA ST. LOUIS BOARD MEMBER	0.50	X					0	0	0
(11) JULIA WATKINS BOARD MEMBER	0.50	X					0	0	0
(12) DAWN WILKINS BOARD MEMBER	0.50	X					0	0	0
(13) JANEL DIXON BOARD MEMBER	0.50	X					0	0	0
(14) ROB BOYETTE BOARD MEMBER	0.50	X					0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Individual trustee	Officer	Key employee	Highest compensated			
(15) THOMAS HOPKINS BOARD MEMBER	0.50	X					0	0	0
(16) JIM HAWLEY EXECUTIVE DIRECTOR	40.00		X				54,243	0	451
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1b Sub-total							54,243		451
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							54,243		451
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0									

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

## Section B. Independent Contractors

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

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

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 ►

0

## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1b Membership dues 1c Fundraising events 1d Related organizations 1e Government grants (contributions) 1f All other contributions, gifts, grants, and similar amounts not included above 1g Noncash contributions included in lines 1a-1f 1h Total. Add lines 1a-1f	1a 1b 1c 1d 1e 2,051,134 1f 160 1g \$ 1h ►			
			2,051,294		
Program Service Revenue	2a SMART START FEES 2b TRAINING FEES 2c 2d 2e 2f All other program service revenue 2g Total. Add lines 2a-2f	Busn. Code 611710 611710	5,384 900	5,384 900	
			6,284		
	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties		50		50
	6a Gross rents 6b Less rental exps 6c Rental inc or (loss) 6d Net rental income or (loss)	(i) Real 6a 6b 6c 6d Net rental income or (loss) ►			
	7a Gross amount from sales of assets other than inventory 7b Less cost or other basis & sales exps 7c Gain or (loss) 7d Net gain or (loss)	(i) Securities 7a 420 7b 7c 7d Net gain or (loss) ►		420	420
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8b Less direct expenses 8c Net income or (loss) from fundraising events	a 3,245 b 1,802 8c Net income or (loss) from fundraising events ►		1,443	
Other Revenue	9a Gross income from gaming activities See Part IV, line 19 9b Less direct expenses 9c Net income or (loss) from gaming activities	a b 9c Net income or (loss) from gaming activities ►			
	10a Gross sales of inventory, less returns and allowances 10b Less cost of goods sold 10c Net income or (loss) from sales of inventory	a b 10c Net income or (loss) from sales of inventory ►			
	Miscellaneous Revenue	Busn. Code			
	11a SALES TAX REFUNDS 11b HEALTH CARE CREDIT REFUND 11c 11d All other revenue 11e Total. Add lines 11a-11d	900099 900099 11e Total. Add lines 11a-11d ►	3,851 2,416 6,267	3,851 2,416	
	12 Total revenue. See instructions	12 Total revenue. See instructions ►	2,065,758	12,971	0
					50

**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>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	<b>1,558,596</b>	<b>1,558,596</b>		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	<b>4,593</b>	<b>4,593</b>		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	<b>56,017</b>		<b>56,017</b>	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	<b>278,154</b>	<b>237,833</b>	<b>40,321</b>	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>18,956</b>	<b>15,474</b>	<b>3,482</b>	
9 Other employee benefits	<b>48,028</b>	<b>36,754</b>	<b>11,274</b>	
10 Payroll taxes	<b>24,690</b>	<b>17,649</b>	<b>7,041</b>	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	<b>3,229</b>	<b>833</b>	<b>2,396</b>	
12 Advertising and promotion	<b>1,594</b>	<b>1,369</b>	<b>225</b>	
13 Office expenses	<b>32,718</b>	<b>26,787</b>	<b>5,931</b>	
14 Information technology				
15 Royalties				
16 Occupancy	<b>10,708</b>	<b>8,673</b>	<b>2,035</b>	
17 Travel	<b>6,113</b>	<b>4,770</b>	<b>1,334</b>	<b>9</b>
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	<b>13,942</b>	<b>12,531</b>	<b>1,411</b>	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	<b>9,872</b>	<b>3,850</b>	<b>6,022</b>	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	<b>14,000</b>	<b>7,502</b>	<b>6,494</b>	<b>4</b>
b EQUIPMENT RENTAL	<b>5,030</b>	<b>4,145</b>	<b>831</b>	<b>54</b>
c DUES & SUBSCRIPTIONS	<b>2,798</b>	<b>1,758</b>	<b>1,040</b>	
d SALES TAX	<b>2,562</b>		<b>2,562</b>	
e All other expenses	<b>5,033</b>	<b>3,398</b>	<b>1,635</b>	
25 Total functional expenses. Add lines 1 through 24e	<b>2,096,633</b>	<b>1,946,515</b>	<b>150,051</b>	<b>67</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	3,680	1	64,835
	2 Savings and temporary cash investments	106,552	2	15,137
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	239	4	5,672
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	110,471	16	85,644
Liabilities	17 Accounts payable and accrued expenses	-341	17	5,707
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	-341	26	5,707
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	110,812	27	79,937
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	110,812	33	79,937
	34 Total liabilities and net assets/fund balances	110,471	34	85,644

**Part XI Reconciliation of Net Assets**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	2,065,758
2 Total expenses (must equal Part IX, column (A), line 25)	2	2,096,633
3 Revenue less expenses Subtract line 2 from line 1	3	-30,875
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	110,812
5 Other changes in net assets or fund balances (explain in Schedule O)	5	
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	79,937

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2011)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**
Department of the Treasury  
Internal Revenue Service
**Public Charity Status and Public Support**
Complete if the organization is a section 501(c)(3) organization or a section  
4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

**2011**Open to Public  
Inspection

Name of the organization

**WILSON COUNTY PARTNERSHIP FOR  
CHILDREN, INC.**Employer identification number  
**56-1942537****Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

**h Provide the following information about the supported organization(s)**

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col (I) listed in your governing document?		(V) Did you notify the organization in col (I) of your support?		(VI) Is the organization in col (I) organized in the U.S.?		(VII) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011

## Schedule A (Form 990 or 990-EZ) 2011 WILSON COUNTY PARTNERSHIP FOR

56-1942537

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

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

## Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,508,185	1,712,774	2,154,800	2,310,294	2,051,294	9,737,347
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,508,185	1,712,774	2,154,800	2,310,294	2,051,294	9,737,347
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						9,737,347

## Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,508,185	1,712,774	2,154,800	2,310,294	2,051,294	9,737,347
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,375	588	2,573	137	50	4,723
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	4,193	2,562	3,254	4,418	7,710	22,137
11 Total support. Add lines 7 through 10						9,764,207
12 Gross receipts from related activities, etc (see instructions)					12	15,831
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.72 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

## Schedule A (Form 990 or 990-EZ) 2011 WILSON COUNTY PARTNERSHIP FOR

56-1942537

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12 )						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a <b>33 1/3% support tests—2011.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b <b>33 1/3% support tests—2010.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		

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

**Part II, Line 10 - Other Income Detail**

SALES TAX REFUNDS	\$	18,278
FUNDRAISING	\$	1,443
REFUNDABLE TAX CREDITS	\$	2,416

**SCHEDULE I**  
**(Form 990)**
**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

 Department of the Treasury  
 Internal Revenue Service

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

**2011**
**Open to Public  
Inspection**
**WILSON COUNTY PARTNERSHIP FOR  
CHILDREN, INC.**

 Employer identification number  
**56-1942537**
**Part I General Information on Grants and Assistance**

 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.  
 ▶ 
 Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ABC ACADEMY OF BLACK CREEK PO BOX 265 BLACK CREEK NC 27813	04-3774630		14,144				SUBSIDY SCHOLARSHIP
(2)	CRESTVIEW CHILD CARE CENTER 804 CRESTVIEW AVE. WILSON NC 27893	56-0847470		31,478				SUBSIDY SCHOLARSHIP
(3)	CYNTHIA'S GARDEN OF KNOWLEDGE 1915 STANTONBURG ROAD WILSON NC 27893	56-2211718		11,666				SUBSIDY SCHOLARSHIP
(4)	HATTIE DANIEL'S DAY CARE PO BOX 128 WILSON NC 27893	56-1088981	501 (C)	119,996				SUBSIDY SCHOLARSHIP
(5)	JO ANN'S CHILD CARE 1604 MEDICAL PARK DR. WILSON NC 27893	20-2997028		63,140				SUBSIDY SCHOLARSHIP
(6)	KIDDIE KAMPUS OF WILSON, INC. 1805 FOREST HILLS ROAD WILSON NC 27893	56-1171150		35,090				SUBSIDY SCHOLARSHIP
(7)	KIDSTOWN CHILD CARE & LEARNING CTR 301 S. TARBORO ST. WILSON NC 27893	54-1471621		31,638				SUBSIDY SCHOLARSHIP
(8)	KIDSWORLD LEARNING CENTER 2602 BYERLY DRIVE WILSON NC 27896	56-1471621		51,712				SUBSIDY SCHOLARSHIP
(9)	LAND OF LEARNING CHILD CARE, INC. 3424 AIRPORT BLVD. WILSON NC 27896	56-2030277		43,783				SUBSIDY SCHOLARSHIP

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

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

 ▶ 5  
 ▶ 12  
 Schedule I (Form 990) (2011)

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

**SCHEDULE I**  
**(Form 990)**
**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

 Department of the Treasury  
 Internal Revenue Service

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

► Attach to Form 990.

**2011**  
**Open to Public**  
**Inspection**

OMB No 1545-0047

Name of the organization  
WILSON COUNTY CHILDREN, INC.Employer identification number  
**56-1942537**
**Part I General Information on Grants and Assistance**

 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.  
 Part II can be duplicated if additional space is needed  
 ►

1	1 (a) Name and address of organization or government	(b) EIN	(c)IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	LOVING CARE CHILD CARE CENTER 404 WOODARD ST.	NC 27893	57-1139506		25,265			SUBSIDY SCHOLARSHIP
(2)	NEW CREATIONS CHILD CARE 2302 CEDAR RUN ROAD	NC 27893	56-1152824		29,424			SUBSIDY SCHOLARSHIP
(3)	THE GROWING TREE OF WILMED 1705 TARBORO ST.	NC 27893	56-1572076		6,890			SUBSIDY SCHOLARSHIP
(4)	WEE SCHOOL CHILD DEVELOPMENT, INC. 2305 MADISON CENTER DR.	NC 27893	56-1742478		34,469			SUBSIDY SCHOLARSHIP
(5)	HATTIE DANIELS DAY CARE PO BOX 128	NC 27893	56-1088981	501 (C)	283,216			NCPK
(6)	JSL CHILD DEVELOPMENT CENTER PO BOX 1176	NC 27894	56-2251269	501 (C)	107,280			NCPK
(7)	KIDSWORLD LEARNING CENTER 2602 BYERLY DRIVE	NC 27896	56-1471621		214,560			NCPK
(8)	LAND OF LEARNING CHILD CARE, INC. 3424 AIRPORT BLVD.	NC 27896	56-2030277		53,064			NCPK, MAF START UP
(9)	NASH-EDGECOMB ECONOMIC DEVELOPMENT 200 N. CHURCH ST. ROCKY MOUNT	NC 27804	56-0817561	501 (C)	104,400			NCPK

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

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I**  
**(Form 990)**
**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**Department of the Treasury  
Internal Revenue Service**Open to Public  
Inspection**
**WILSON COUNTY PARTNERSHIP FOR  
CHILDREN, INC.**  
 Employer identification number  
**56-1942537**
**Part I General Information on Grants and Assistance**
 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000  
 ▶   
 Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC Section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	WEE SCHOOL CHILD DEVELOPMENT, INC. 2305 MADISON CENTER DR. WILSON NC 27893	56-1742478		107,280				NCPK
(2)	JACKSON CHAPEL FIRST MISSIONARY PO BOX 849 WILSON NC 27893	56-1391577	501 (C)	119,328				PARENTS AS TEACHERS
(3)	SCIENCE MUSEUMS OF WILSON PO BOX 2127 WILSON NC 27894	56-1638334	501 (C)	60,000				CREATIVE OUTREACH
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

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

 ▶ \_\_\_\_\_  
 ▶ \_\_\_\_\_  
**Schedule I (Form 990) (2011)**

Schedule I (Form 990) (2011) **WILSON COUNTY PARTNERSHIP FOR  
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.

**56-1942537** Page 2

**Part III** can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

**Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds**

**REQUIRED DOCUMENTATION IS SUBMITTED PER CONTRACTS AND IS REVIEWED BEFORE PAYMENT IS DISBURSED. ALL ACTIVITIES ARE MONITORED PER THEIR CONTRACTS TO VERIFY COMPLIANCE AND ACCURACY OF DOCUMENTATION. THE ORGANIZATION IS ALSO MONITORED BY FUNDING AGENCIES TO VERIFY CONTRACT COMPLIANCE.**

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

 Department of the Treasury  
 Internal Revenue Service

Name of the organization

**WILSON COUNTY PARTNERSHIP FOR  
CHILDREN, INC.**
**Transactions With Interested Persons**

 ► Complete if the organization answered  
 "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
 or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions

OMB No 1545-0047

**2011**
Open To Public  
Inspection
 Employer identification number  
**56-1942537**
**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)

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

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

 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year  
 under section 4958

► \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

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

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

Total

► \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

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

DAA

Schedule L (Form 990 or 990-EZ) 2011

**Schedule L (Form 990 or 990-EZ) 2011**

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues?	
				Yes	No
(1) WANDA MITCHELL	BOARD MEMBER	403,212	GRANT		X
(2) DR. IMMACULA ST. LOUIS	BOARD MEMBER	119,328	GRANT		X
(3) TRACY PITTMAN	BOARD MEMBER	105,000	GRANT		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**WILSON COUNTY PARTNERSHIP FOR  
CHILDREN, INC.**

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

Open to Public  
for Inspection

Employer identification number  
**56-1942537**

**Form 990, Part III, Line 4d - All Other Accomplishment**

THE ORGANIZATION HELPS SUPPORT A NUMBER OF OTHER ACTIVITIES WHICH HELP  
FURTHER THE ORGANIZATION'S MISSION INCLUDING: "CHILD CARE RESOURCE AND  
REFERRAL" PROGRAM, PROFESSIONAL DEVELOPMENT PROGRAMS, PROVIDER TRAININGS  
AND PROGRAM COORDINATION PROGRAMS.

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**  
**FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND FINANCIAL EMPLOYEES.**

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE  
STATEMENT AND ABSTAIN FROM VOTING ON ISSUES DETERMINED TO BE A CONFLICT OF  
INTEREST.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**  
**THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED, COMPARED AND DETERMINED**  
**BY THE EXECUTIVE COMMITTEE. THE LAST REVIEW WAS COMPLETED IN SEPTEMBER**  
**2010.**

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**  
**ALL GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.**

**Federal Statements**

**Taxable Interest on Investments**

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
<b>INTEREST</b>						
INTEREST ON SMART START FUNDS	\$ 36			14		
				14		
Total	\$ 50					

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<b>Description</b>	<b>Total Expenses</b>	<b>Program Service</b>	<b>Management &amp; General</b>	<b>Fund Raising</b>
TRANSLATION SERVICES	\$ 833	\$ 833	\$ 1,996	\$ 400
PAYROLL SERVICE	1,996			
CONSULTING	400			
<b>Total</b>	<b>\$ 3,229</b>	<b>\$ 833</b>	<b>\$ 2,396</b>	<b>\$ 0</b>

**Form 990, Part IX, Line 24e - All Other Expenses**

<b>Description</b>	<b>Total Expenses</b>	<b>Program Service</b>	<b>Management &amp; General</b>	<b>Fund Raising</b>
EMPLOYEE TRAINING	\$ 2,431	\$ 1,746	\$ 685	\$ 423
FURNITURE & EQUIPMENT	1,218	795		
BOOKS	507	507		
VEHICLE RENTAL	350	350		
BANK SERVICE CHARGES	313	313		
BOARD MEMBER EXPENSES	214	214		
<b>Total</b>	<b>\$ 5,033</b>	<b>\$ 3,398</b>	<b>\$ 1,635</b>	<b>\$ 0</b>

PSC020 WILSON COUNTY PARTNERSHIP FOR  
56-1942537  
FYE: 6/30/2012

**Federal Statements**

1/11/2013, 2:26 PM

**Schedule A, Part II, Line 1(e)**

	<u>Amount</u>
	\$ 160
	1,267,844
	778,290
	5,000
	<u><u>\$ 2,051,294</u></u>

**Schedule A, Part II, Line 8(e)**

<u>Description</u>	<u>Amount</u>
INTEREST	\$ 36
INTEREST ON SMART START FUNDS	14
Total	<u><u>50</u></u>