efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135028544

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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NORTH CAROLINA PARTNERSHIP FOR CHILDREN INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
1100 WAKE FOREST ROAD

City or town, state or country, and ZIP + 4
RALEIGH, NC 27604

D Employer identification number
56-1850485

E Telephone number
(919)821-7999

G Gross receipts $ 99,066,609

F Name and address of principal officer
LESLIE KARLSSON
1100 WAKE FOREST ROAD
RALEIGH,NC 27604

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **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

Activities & Governance

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 ASSISTANCE FROM 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)	3	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	57
6	Total number of volunteers (estimate if necessary)	6	56
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	98,077,186	98,877,413
	9	Program service revenue (Part VIII, line 2g)	188,785	178,620
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,717	10,026
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	550	550
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	98,281,238	99,066,609
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	94,108,522	94,106,725
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,160,429	3,474,987
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,050		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,298,911	1,780,451
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	99,567,862	99,362,163
	19	Revenue less expenses Subtract line 18 from line 12	-1,286,624	-295,554

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,113,872	4,018,459
	21	Total liabilities (Part X, line 26)	1,601,213	1,801,354
	22	Net assets or fund balances Subtract line 21 from line 20	2,512,659	2,217,105

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

****** | 2014-05-14
Signature of officer | Date

LESLIE KARLSSON SR DIR FINANCE & OPERATIONS
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
APRIL WALKER				P00829419

Firm's name ▶ BLACKMAN & SLOOP CPAS PA | Firm's EIN ▶ 56-1304727

Firm's address ▶ 1414 RALEIGH RD SUITE 300
CHAPEL HILL, NC 27517 | Phone no (919) 942-8700

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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 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 ASSISTANCE FROM PRIVATE 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? . . . . ☐ **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 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 $ 95,135,063 including grants of $ 92,757,387) (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 FAMILIES 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 THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC (NCPC) THAT CREATES INNOVATIVE SOLUTIONS TO MEASURABLY INCREASE LEARNING AND THE HEALTHY DEVELOPMENT OF CHILDREN BIRTH TO FIVE SEVENTY-SIX COMMUNITY-BASED, LOCAL PARTNERSHIPS SERVE ALL 100 NORTH CAROLINA COUNTIES NCPC ESTABLISHES MEASURABLE STATEWIDE GOALS AND COMMUNITIES DETERMINE THE BEST APPROACH TO ACHIEVING THEM NCPC 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 AUDITORS HIRED BY THE STATE, OF NCPC AND SMART START LOCAL PARTNERSHIPS NCPC HAS HAD NO AUDIT FINDINGS FOR THE PAST DECADE THERE HAVE BEEN 37 INDEPENDENTLY CONDUCTED EVALUATIONS OF SMART START ALL WITH POSITIVE RESULTS MOST RECENTLY (2011), DUKE UNIVERSITY RESEARCHERS FOUND - CHILDREN HAD HIGHER THIRD GRADE READING AND MATH SCORES AND LOWER SPECIAL EDUCATION PLACEMENTS IN COUNTIES THAT RECEIVED MORE FUNDING FOR SMART START WHEN THOSE CHILDREN WERE YOUNGER ADDITIONAL ACCOMPLISHMENTS INCLUDE - IMPROVING QUALITY AND ACHIEVING HIGHER STARS ON NC'S RATED LICENSE THROUGH ONSITE TECHNICAL ASSISTANCE, TRAINING, AND SUPPORT FOR CHILD CARE PROFESSIONALS TO OBTAIN HIGHER EDUCATION TODAY, 73% OF CHILDREN IN CHILD CARE ATTEND HIGH QUALITY PROGRAMS AS COMPARED TO 33% IN 2001 - IMPROVING EARLY LITERACY BY COLLABORATING WITH STATE LITERACY ORGANIZATIONS, LOCAL PARTNERSHIPS, PRIVATE CHILD CARE PROGRAMS, AND PEDIATRICIANS TO PROMOTE EARLY LITERACY ACROSS THE STATE THROUGH PROGRAMS LIKE RAISING A READER AND REACH OUT AND READ HIGHER INVESTMENTS IN SMART START INCREASED STUDENTS' THIRD GRADE READING SCORES, ACCORDING TO A 2011 DUKE UNIVERSITY STUDY - HELPING PRIVATE CHILD CARE PROGRAMS IMPROVE THE QUALITY OF THEIR CLASSROOMS SO THEY MAY PARTICIPATE IN NC PRE-K AND PARTNER WITH NC PREK PROVIDERS TO HELP ELIGIBLE FOUR-YEAR-OLDS ACCESS THE PROGRAM IN FISCAL YEAR 2012-2013, SMART START LOCAL PARTNERSHIPS ADMINISTERED NC PREK IN 54 COUNTIES THAT SAME YEAR 62% OF CHILDREN IN NC PREK ATTENDED A PROGRAM ADMINISTERED BY A SMART START LOCAL PARTNERSHIP

4b (Code) (Expenses $ 1,249,755 including grants of $ 481,867) (Revenue $)

THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN (NCPC) CONTINUES TO BUILD UPON THE CAPACITY AND SUCCESSES OF THE PAST SEVERAL YEARS TO FURTHER THE GOALS OF NORTH CAROLINA'S RACE TO THE TOP EARLY LEARNING CHALLENGE (RTT-ELC) REFORM AGENDA LEADERS COLLABORATIVETHE LEADERS COLLABORATIVE IS A PERFORMANCE-DRIVEN LEADERSHIP APPROACH IN WHICH LEADERS FOCUS ON BUILDING THEIR OWN, AND THE EARLY CHILDHOOD SYSTEM'S CAPACITY TO ACHIEVE THE OVERALL RTT-ELC GOAL TO ASSURE EVERY CHILD ARRIVES AT KINDERGARTEN READY TO SUCCEED TRANSFORMATION ZONENCPC, WORKING WITH OTHER PARTICIPATING STATE AND LOCAL AGENCIES, PROVIDES LEADERSHIP AT THE STATE AND LOCAL LEVEL TO CREATE AND IMPLEMENT A TRANSFORMATION ZONE IN SELECTED TIER 1 COUNTIES IN THE NORTHEASTERN REGION OF THE STATE NCPC INITIATED COUNTY PLANNING PROCESSES TO BUILD THE CAPACITY OF TRANSFORMATION ZONE COUNTIES TO IMPROVE EARLY LITERACY SKILLS OF YOUNG CHILDREN AND FUNDED CHILD CARE HEALTH CONSULTATION TO IMPROVE THE HEALTH AND SAFETY OF CHILD CARE CENTERS FAITH SUMMITS NCPC WILL HOST FOUR ALL-DAY SUMMITS FOR FAITH LEADERS FROM AROUND THE STATE SPECIFICALLY TARGETING RELIGIOUS LEADERS WITH CHILD CARE PROGRAMS IN THEIR INSTITUTIONS CHILD CARE HEALTH CONSULATION AND ASSURING BETTER CHILD HEALTH AND DEVELOPMENT (ABCD) NCPC, IN PARTNERSHIP WITH OTHER PARTICIPATING AGENCIES, IS STRENGTHENING STATEWIDE CAPACITY AND EFFECTIVENESS FOR CHILD CARE HEALTH CONSULTATION AS WELL AS HEALTH AND DEVELOPMENT SCREENING FOR YOUNG CHILDREN IN PRIMARY CARE SETTINGS DATA ADVISORY GROUPNCPC IS LEADING THE ASSESSMENT AND ENHANCEMENT OF DATA COLLECTION AND DATA MANAGEMENT CAPABILITIES OF SMART START LOCAL PARTNERSHIPS

4c (Code) (Expenses $ 820,313 including grants of $ 645,183) (Revenue $)

THE PRIVATELY-FUNDED SHAPE NC INITIATIVE HAS LAID THE FOUNDATION FOR A COMPREHENSIVE AND COORDINATED EARLY CHILDHOOD OBESITY 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 THIRD PROJECT YEAR, ONE ADDITIONAL SITE WAS ADDED, FOR A TOTAL OF NINETEEN 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 EARLY CHILDHOOD OBESITY TAILORED 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 ENVIRO1M1ENTS 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 BECOMING 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 PROVIDE LOCAL TECHNICAL ASSISTANCE STAFF WITH KNOWLEDGE AND SKILLS TO TRAIN CHILD CARE STAFF TO IMPROVE NUTRITION, PHYSICAL 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 ACROSS THE STATE, WITH ITS REACH EXTENDING BEYOND THE CENTERS DIRECTLY PARTICIPATING IN THE PROJECT THE FOLLOWING EXAMPLES ILLUSTRATE THIS - SHAPE NC IS CURRENTLY SPONSORING THE HEALTHY STARTS IN EARLY CHILDHOOD CARE AND EDUCATION TRAINING SERIES, A 10-HOUR, ONLINE PROFESSIONAL DEVELOPMENT OPPORTUNITY DESIGNED FOR EARLY EDUCATORS INTERESTED IN CREATING LEARNING ENVIRONMENTS THAT PROMOTE HEALTHY PRACTICES FOR YOUNG CHILDREN AND ROLE MODELING BEST PRACTICES FOR THE CHILDREN IN THEIR CARE PARTICIPANTS WILL RECEIVE 1 0 CONTINUING EDUCATION CREDIT FROM UNC WILMINGTON UPON COMPLETION OF THE SERIES TWO HUNDRED EARLY CHILDHOOD PROFESSIONALS ARE PARTICIPATING AND THERE IS WAITING LIST FOR THE NEXT OFFERING - IN ONE SITE, THE MODEL EARLY LEARNING CENTER HAS INVOLVED SEVERAL LOCAL GARDENING MASTERS WHO ARE LENDING A HAND TO IMPROVE THE OUTDOOR LEARNING ENVIRONMENT AT THE CENTER THIS SITE IS ALSO REACHING OUT TO A NUMBER OF OTHER CHILD CARE CENTERS TO MAKE IMPROVEMENTS IN THE AREAS OF NUTRITION, PHYSICAL ACTIVITY, AND OUTDOOR LEARNING ENVIRONMENTS IN THE LARGER COMMUNITY, A PARENT GROUP IS WORKING ON MAKING IMPROVEMENTS IN LOCAL PLAY GROUND AREAS

(Code) (Expenses $ 602,914 including grants of $ 222,288) (Revenue $ 178,620)

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

4d Other program services (Describe in Schedule O)

(Expenses $ 602,914 including grants of $ 222,288) (Revenue $ 178,620)

4e **Total program service expenses** ▶ 97,808,045

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *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? *If "Yes," complete Schedule D, Part V*	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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	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 and XII*	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 and XII 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
14a	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, Parts I and IV*	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 United States? *If "Yes," complete Schedule F, Parts 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 United States? *If "Yes," complete Schedule F, Parts 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? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	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 lines 24b through 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, highest 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 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*	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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
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*	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? *If "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, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "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 11b 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 . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	30			
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	
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	57			
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	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			3a		No
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		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
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 as charitable contributions? . . .			6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
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?			8		
9	**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		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . ☑

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	**1a** 25			
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				
b Enter the number of voting members included in line 1a, above, who are independent	**1b** 25			
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**		No
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				
a 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

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	**10a**		No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		No
b Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	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?			
a The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b 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 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

18 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 ☑ Upon request ☐ Other (explain in Schedule O)

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 ▶LESLIE KARLSSON 1100 WAKE FOREST ROAD RALEIGH, NC (919) 821-7999

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, 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 organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								459,964	0	71,621

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶3

			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**		No
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**	Yes	
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**		No

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
UNC CHAPEL HILL SOUTH BUILDING CB 9100 CHAPEL HILL NC 27599	CONSULTING, PROJECT SUPPORT, & EVALUATIO	192,128
CLIFTONLARSENALLEN LLP 3200 BEECHLEAF COURT RALEIGH NC 27604	LOCAL PARTNERSHIP AUDITS	156,672
MCGLYNN ASSOCIATES INC 24 MOUNT BOLUS ROAD CHAPEL HILL NC 27514	EVENT FACILITATION & LOGISTICAL SUPPORT	104,700

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 ▶3

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations . . . 1d					
	e	Government grants (contributions) 1e	97,836,829				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,040,584				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶		98,877,413			
Program Service Revenue			Business Code				
	2a	CONFERENCE REGISTRATIONS	900099	178,620	178,620		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		178,620			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		10,026			10,026
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . ▶					
	8a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a	550				
	b	Less cost of goods sold . . b	0				
	c	Net income or (loss) from sales of inventory . . ▶		550			550
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		99,066,609	178,620	0	10,576

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	94,104,326	94,104,326		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	2,399	2,399		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	539,827	245,657	294,170	
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	2,264,418	1,689,383	575,035	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	135,052	99,188	35,864	
9	Other employee benefits	318,551	219,213	99,338	
10	Payroll taxes	217,139	138,604	78,535	
11	Fees for services (non-employees)				
a	Management	1,153		1,153	
b	Legal	7,798	283	7,515	
c	Accounting	222,601	215,139	7,462	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	603,075	599,800	1,275	2,000
12	Advertising and promotion	5,886	4,377	1,509	
13	Office expenses	131,233	86,313	44,920	
14	Information technology	69,166	69,166		
15	Royalties . .				
16	Occupancy	304,636		304,636	
17	Travel	54,164	46,630	7,534	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	190,583	175,858	14,725	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	53,839		53,839	
23	Insurance	11,241	615	10,626	
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	106,500	98,328	8,172	
b	DUES & SUBSCRIPTIONS	11,301	7,702	3,549	50
c	MISCELLANEOUS	7,275	5,064	2,211	
d					
e	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24e	99,362,163	97,808,045	1,552,068	2,050
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	584,127	1	916,435
	2	Savings and temporary cash investments	2,727,856	2	1,883,983
	3	Pledges and grants receivable, net	10,150	3	564,304
	4	Accounts receivable, net	549,505	4	419,682
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other 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) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	107,490	9	110,410
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 453,277			
	b	Less accumulated depreciation — 10b: 329,632	134,744	10c	123,645
	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)	4,113,872	16	4,018,459
Liabilities	17	Accounts payable and accrued expenses	180,108	17	181,636
	18	Grants payable		18	
	19	Deferred revenue	551,330	19	878,609
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other 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	869,775	25	741,109
	26	**Total liabilities.** Add lines 17 through 25	1,601,213	26	1,801,354
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	2,475,648	27	2,181,613
	28	Temporarily restricted net assets	14,049	28	12,205
	29	Permanently restricted net assets	22,962	29	23,287
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,512,659	33	2,217,105
	34	Total liabilities and net assets/fund balances	4,113,872	34	4,018,459

Part XI Reconcilliation 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	99,066,609
2	Total expenses (must equal Part IX, column (A), line 25)	2	99,362,163
3	Revenue less expenses Subtract line 2 from line 1	3	-295,554
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,512,659
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,217,105

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 ☐ Cash ☑ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		No
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		

Additional Data

Software ID:
Software Version:
EIN: 56-1850485
Name: NORTH CAROLINA PARTNERSHIP FOR CHILDREN INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR REBECCA AYERS DIRECTOR	2 00	X						0	0	0
HON PHILLIP E BAZEMORE DIRECTOR	2 00	X						0	0	0
MS FORDHAM B BRITT DIRECTOR	2 00	X						0	0	0
DR NANCY H BROWN DIRECTOR	2 00	X						0	0	0
HON PEARL BURRIS-FLOYD DIRECTOR	2 00	X						0	0	0
HON LANIER M CANSLER RESIGNED DIRECTOR	2 00	X						0	0	0
DR DEBORAH J CASSIDY DIRECTOR	2 00	X						0	0	0
MR ALBERT A DELIA DIRECTOR	2 00	X						0	0	0
MS MARTHA JANE EBLEN DIRECTOR	2 00	X						0	0	0
REV ADAM HATLEY DIRECTOR	2 00	X						0	0	0
DR C LORANCE HENDERSON DIRECTOR	2 00	X						0	0	0
MS SHEILA HOYLE DIRECTOR	2 00	X						0	0	0
MS MARIE DUNN INSCORE DIRECTOR	2 00	X						0	0	0
MR ANTONIO JORDAN DIRECTOR	2 00	X						0	0	0
MS SUE LYNN LEDFORD DIRECTOR	2 00	X						0	0	0
MR JESSE F MILLIKEN DIRECTOR	2 00	X						0	0	0
DR PETER J MORRIS DIRECTOR	2 00	X						0	0	0
MR JAMES R MORRISON DIRECTOR	2 00	X						0	0	0
MR JOHN PRUETTE DIRECTOR	2 00	X						0	0	0
MS SUE RUSSELL DIRECTOR	2 00	X						0	0	0
MS SUE WHITTY RESIGNED 412 DIRECTOR	2 00	X						0	0	0
MS CAROLE WILSON DIRECTOR	2 00	X						0	0	0
MS DOROTHEA J WYANT DIRECTOR	2 00	X						0	0	0
DR OLSON HUFF CHAIR	2 00	X		X				0	0	0
MS TANNIS NELSON VICE CHAIR	2 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR CHARLES MORRIS TREASURER	2 00	X		X				0	0	0
MR HAROLD SELLARS SECRETARY	2 00	X		X				0	0	0
MS LESLIE KARLSSON ASSISTANT SECRETARY	40 00			X				110,000	0	16,921
MS STEPHANIE FANJUL PRESIDENT	40 00			X				143,435	0	21,868
MS SUSAN PERRY-MANNING VICE PRESIDENT	40 00			X				108,250	0	16,790
MS CONNIE HOLTON ASSISTANT TREASURER	40 00			X				98,279	0	16,042

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135028544

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NORTH CAROLINA PARTNERSHIP FOR CHILDREN INC

Employer identification number
56-1850485

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 - Non-functionally integrated

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?

		Yes	No
(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?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**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 monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	126,085,310	123,412,071	121,408,130	98,077,186	98,877,413	567,860,110
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	126,085,310	123,412,071	121,408,130	98,077,186	98,877,413	567,860,110
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						567,860,110

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	126,085,310	123,412,071	121,408,130	98,077,186	98,877,413	567,860,110
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	146,425	98,421	43,372	14,717	10,026	312,961
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)	18,819	37,482	82,847	550	550	140,248
11 **Total support** (Add lines 7 through 10)						568,313,319

12 Gross receipts from related activities, etc (see instructions) | **12** | 909,825

13 **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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | **14** | 99 920 %

15 Public support percentage for 2011 Schedule A, Part II, line 14 | **15** | 99 860 %

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135028544

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2012

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	**Employer identification number**
NORTH CAROLINA PARTNERSHIP FOR CHILDREN INC	56-1850485

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ ______

3 Volunteer hours ______

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ ______

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ ______

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**

4a Was a correction made? ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ ______

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ ______

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ ______

4 Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B 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.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a 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	20% of the amount on line 1e
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 $17,000,000	$1,000,000

	(a)	(b)
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? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five 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)** 2009	**(b)** 2010	**(c)** 2011	**(d)** 2012	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) 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			
a	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		
e	Publications, or published or broadcast statements?	Yes		300
f	Grants to other organizations for lobbying purposes?	Yes		14,375
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		47,825
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?	Yes		15,943
j	Total Add lines 1c through 1i			78,443
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			
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	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
PART IV, SUPPLEMENTAL INFORMATION		PART II-B, LINE 1I MONITORING LEGISLATIVE ACTIVITY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135028544

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization
NORTH CAROLINA PARTNERSHIP FOR CHILDREN INC

Employer identification number
56-1850485

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______________

(ii) Assets included in Form 990, Part X ▶ $ ______________

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______________

b Assets included in Form 990, Part X ▶ $ ______________

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	23,095	23,113	21,184	20,175	
b Contributions	497	250	2,313	1,151	20,455
c Net investment earnings, gains, and losses	695	732	616	858	720
d Grants or scholarships	1,000	1,000	1,000	1,000	1,000
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	23,287	23,095	23,113	21,184	20,175

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

a Board designated or quasi-endowment ►

b Permanent endowment ► 100 000 %

c Temporarily restricted endowment ►

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

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		453,277	329,632	123,645
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				123,645

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

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

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

(a) Description of investment type	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	**(b)** Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

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

1 **(a)** Description of liability	**(b)** Book value
Federal income taxes	
DUE TO THE STATE OF NC	548,096
FUNDS HELD FOR OTHERS	65,585
COMPENSATED ABSENCES	127,428
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	741,109

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

1	Total revenue, gains, and other support per audited financial statements			1	99,066,609
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	99,066,609
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	99,066,609

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

1	Total expenses and losses per audited financial statements			1	99,362,163
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	99,362,163
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	99,362,163

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135028544

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NORTH CAROLINA PARTNERSHIP FOR CHILDREN INC

Employer identification number
56-1850485

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . . ☑ **Yes** ☐ **No**

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 82

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

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

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

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 $26,796 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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 56-1850485
Name: NORTH CAROLINA PARTNERSHIP FOR CHILDREN INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALAMANCE PARTNERSHIP FOR CHILDREN2322 RIVER ROAD BURLINGTON, NC 27217	56-1884459	501(C)(3)	917,225				NC YOUNG CHILDREN
ALBEMARLE SMART START PARTNERSHIP INC1403 PARKVIEW DRIVE ELIZABETH CITY, NC 279096533	56-2088109	501(C)(3)	1,860,859				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALEXANDER COUNTY PARTNERSHIP FOR CHILDREN INCPO BOX 1661 TAYLORSVILLE,NC 28681	56-1995412	501(C)(3)	346,756				NC YOUNG CHILDREN
ALLEGHANY PARTNERSHIP FOR CHILDREN INCPO BOX 1643 SPARTA,NC 28675	56-1928008	501(C)(3)	120,071				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANSON COUNTY PARTNERSHIP FOR CHILDREN117 SOUTH GREENE STREET WADESBORO,NC 281709998	56-1987729	501(C)(3)	380,264				NC YOUNG CHILDREN
ASHE COUNTY PARTNERSHIP FOR CHILDREN626 ASHE CENTRAL SCHOOL ROAD UNIT 1 1 JEFFERSON,NC 28640	56-1892216	501(C)(3)	295,359				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AVERY COUNTY SMART START A PARTNERSHIP FOR CHILDRENPO BOX 1455 NEWLAND,NC 28657	56-1892570	501(C)(3)	190,882				NC YOUNG CHILDREN
BEAUFORTHYDE PARTNERSHIP FOR CHILDREN979 WASHINGTON SQUARE MALL WASHINGTON,NC 27889	56-1992257	501(C)(3)	625,188				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BLADEN SMART START-A PARTNERSHIP FOR CHILDREN INCPO BOX 2255 ELIZABETHTOWN,NC 28337	56-2048384	501(C)(3)	360,875				NC YOUNG CHILDREN
BUNCOMBE COUNTY PARTNERSHIP FOR CHILDREN INC2229 RIVERSIDE DRIVE ASHEVILLE,NC 28804	56-1942178	501(C)(3)	1,673,765				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BURKE COUNTY SMART START INCPO BOX 630 MORGANTON,NC 28655	56-1852721	501(C)(3)	1,255,754				NC YOUNG CHILDREN
CABARRUS COUNTY PARTNERSHIP FOR CHILDREN2353 CONCORD LAKE ROAD SUITE 160 CONCORD,NC 28025	56-2088223	501(C)(3)	1,438,969				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALDWELL COUNTY SMART START A PARTNERSHIP FOR YOUNG CHILDRENP O BOX 2128 LENOIR,NC 28645	20-1090467	501(C)(3)	949,580				NC YOUNG CHILDREN
CARTERET COUNTY PARTNERSHIP FOR CHILDREN3328-A BRIDGES STREET MOREHEAD CITY,NC 28557	56-2273396	501(C)(3)	676,752				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CASWELL COUNTY PARTNERSHIP FOR CHILDRENPO BOX 664 YANCEYVILLE,NC 27379	56-2070459	501(C)(3)	230,949				NC YOUNG CHILDREN
CATAWBA COUNTY PARTNERSHIP FOR CHILDRENPO BOX 3123 HICKORY,NC 28602	58-2139195	501(C)(3)	1,552,417				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHATHAM COUNTY PARTNERSHIP FOR CHILDREN200 SANFORD HIGHWAY SUITE 4 PITTSBORO,NC 27312	56-1885127	501(C)(3)	693,906				NC YOUNG CHILDREN
CHILDREN & YOUTH PARTNERSHIP FOR DARE COUNTY INCPO BOX 2539 KILL DEVIL HILLS,NC 27948	56-1885539	501(C)(3)	320,272				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S COUNCIL OF WATAUGA COUNTY INC 225 BIRCH STREET SUITE 3 BOONE,NC 28607	58-1416331	501(C)(3)	270,324				NC YOUNG CHILDREN
CLEVELAND COUNTY PARTNERSHIP FOR CHILDREN INCPO BOX 1468 SHELBY,NC 28150	56-1875246	501(C)(3)	977,174				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COLUMBUS COUNTY PARTNERSHIP FOR CHILDREN INC109 WEST MAIN STREET WHITEVILLE,NC 28472	56-1966108	501(C)(3)	472,800				NC YOUNG CHILDREN
CRAVEN SMART START INC 2111F NEUSE BLVD NEW BERN,NC 28560	56-2105879	501(C)(3)	1,042,083				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOWN EAST PARTNERSHIP FOR CHILDREN215 LEXINGTON STREET ROCKY MOUNT,NC 27802	56-1859313	501(C)(3)	2,453,272				NC YOUNG CHILDREN
DUPLIN COUNTY PARTNERSHIP FOR CHILDRENPO BOX 989 KENANSVILLE,NC 28349	56-1892438	501(C)(3)	1,166,435				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DURHAM'S PARTNERSHIP FOR CHILDREN1201 S BRIGGS AVENUE SUITE 210 DURHAM,NC 27703	56-1892432	501(C)(3)	5,181,183				NC YOUNG CHILDREN
FRANKLIN GRANVILLE VANCE SMART START INC PO BOX 142 HENDERSON,NC 27536	56-2045172	501(C)(3)	1,431,199				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC122 NORTH ELM STREET SUITE 1010 GREENSBORO,NC 27401	56-1982976	501(C)(3)	3,241,202				NC YOUNG CHILDREN
HARNETT COUNTY PARTNERSHIP FOR CHILDREN INCPO BOX 70 LILLINGTON,NC 27546	56-2079125	501(C)(3)	957,044				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HERTFORD-NORTHAMPTON SMART START PARTNERSHIP FOR CHILDREN INCPO BOX 504 MURFREESBORO,NC 27855	56-1865237	501(C)(3)	458,776				NC YOUNG CHILDREN
HOKE COUNTY PARTNERSHIP FOR CHILDREN AND FAMILIES PO BOX 1209 RAEFORD,NC 28376	56-1898931	501(C)(3)	779,014				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
IREDELL COUNTY PARTNERSHIP FOR YOUNG CHILDREN INC433 SOUTH MEETING STREET STATESVILLE,NC 28677	56-2005160	501(C)(3)	1,311,384				NC YOUNG CHILDREN
JONES COUNTY PARTNERSHIP FOR CHILDRENPO BOX 186 TRENTON,NC 28585	56-1857162	501(C)(3)	220,055				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEE COUNTY PARTNERSHIP FOR CHILDREN143 CHATHAM STREET SANFORD,NC 27330	56-2009097	501(C)(3)	977,371				NC YOUNG CHILDREN
LENOIRGREENE COUNTY PARTNERSHIP FOR CHILDREN1465 HIGHWAY 258 NORTH KINSTON,NC 28504	56-1898462	501(C)(3)	1,572,792				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MADISON COUNTY PARTNERSHIP FOR CHILDREN AND FAMILIES INCPO BOX 1657 MARS HILL,NC 28754	56-2040118	501(C)(3)	266,502				NC YOUNG CHILDREN
MARTINPITT PARTNERSHIP FOR CHILDREN INC115 EASTBROOK DRIVE GREENVILLE,NC 27858	56-1913394	501(C)(3)	1,475,704				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MECKLENBURG PARTNERSHIP FOR CHILDREN601 EAST 5TH STREET SUITE 500 CHARLOTTE,NC 28202	56-1853108	501(C)(3)	7,647,332				NC YOUNG CHILDREN
MONTGOMERY COUNTY PARTNERSHIP FOR CHILDREN404-A NORTH MAIN STREET TROY,NC 27371	58-2185898	501(C)(3)	547,429				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTH CAROLINA STATE UNIVERSITYCAMPUS BOX 7205 RALEIGH,NC 27695	56-6000756	GOVERNMENT	265,589				PREVENTION OF CHILDHOOD OBESITY
ONSLOW COUNTY PARTNERSHIP FOR CHILDREN INC900 DENNIS ROAD JACKSONVILLE,NC 28546	56-2058409	501(C)(3)	2,620,821				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ORANGE COUNTY PARTNERSHIP FOR YOUNG CHILDREN120 PROVIDENCE PLACE SUITE 101 CHAPEL HILL,NC 27514	56-1844192	501(C)(3)	909,420				NC YOUNG CHILDREN
PAMLICO PARTNERSHIP FOR CHILDREN INCPO BOX 612 BAYBORO,NC 285150612	56-1874658	501(C)(3)	135,037				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARTNERS FOR CHILDREN & FAMILIES INC (MOORE COUNTY)7720 NC HWY 22 SUITE C CARTHAGE,NC 28327	58-2139259	501(C)(3)	684,289				NC YOUNG CHILDREN
PARTNERSHIP FOR CHILDREN OF CUMBERLAND COUNTY INC 351 WAGONER DRIVE SUITE 200 FAYETTEVILLE,NC 283034608	56-1845926	501(C)(3)	4,045,003				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARTNERSHIP FOR CHILDREN OF JOHNSTON COUNTY INC1406-A S POLLOCK STREET SELMA,NC 27576	56-2063680	501(C)(3)	1,398,193				NC YOUNG CHILDREN
PARTNERSHIP FOR CHILDREN OF LINCOLNGASTON COUNTIES INC120 ROECHLING STREET DALLAS,NC 28034	31-1539832	501(C)(3)	2,126,803				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PERSON COUNTY PARTNERSHIP FOR CHILDRENPO BOX 1791 ROXBORO,NC 27573	56-1872882	501(C)(3)	456,512				NC YOUNG CHILDREN
RANDOLPH COUNTY PARTNERSHIP FOR CHILDREN349 SUNSET AVENUE ASHEBORO,NC 27203	31-1612024	501(C)(3)	1,075,017				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REACH OUT AND READ INC56 ROLAND STREET SUITE 100D BOSTON,MA 02129	04-3481253	501(C)(3)	20,000				EARLY LITERACY/BOOKS
REGION A PARTNERSHIP FOR CHILDREN116 JACKSON STREET SYLVA,NC 28779	56-1869575	501(C)(3)	1,251,090				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICHMOND COUNTY PARTNERSHIP FOR CHILDRENPO BOX 1944 ROCKINGHAM,NC 28380	31-1575604	501(C)(3)	764,251				NC YOUNG CHILDREN
ROBESON COUNTY PARTNERSHIP FOR CHILDREN210 EAST 2ND STREET LUMBERTON,NC 28358	56-1940920	501(C)(3)	1,711,909				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROCKINGHAM COUNTY PARTNERSHIP FOR CHILDREN INCPO BOX 325 REIDSVILLE,NC 273750325	56-1974269	501(C)(3)	718,958				NC YOUNG CHILDREN
RUTHERFORDPOLK SMART START PARTNERSHIPPO BOX 823 SPINDALE,NC 281600823	56-2014947	501(C)(3)	960,941				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAMPSON COUNTY PARTNERSHIP FOR CHILDREN211 WEST MAIN STREET CLINTON,NC 283284049	31-1603397	501(C)(3)	1,051,496				NC YOUNG CHILDREN
SCOTLAND COUNTY PARTNERSHIP FOR CHILDREN AND FAMILIES INCPO BOX 586 LAURINBURG,NC 28352	56-2094816	501(C)(3)	404,575				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SMART START OF BRUNSWICK COUNTY INC PO BOX 3050 SHALLOTTE,NC 28470	56-1885097	501(C)(3)	668,132				NC YOUNG CHILDREN
SMART START OF DAVIDSON COUNTY INC 235 EAST CENTER STREET LEXINGTON,NC 27292	56-1859989	501(C)(3)	2,680,809				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SMART START OF DAVIE COUNTY INC965 YADKINVILLE ROAD MOCKSVILLE,NC 27028	31-1600557	501(C)(3)	304,478				NC YOUNG CHILDREN
SMART START OF FORSYTH COUNTY7820 NORTH POINT BOULEVARDSTE 200 WINSTONSALEM,NC 27106	56-1899564	501(C)(3)	4,370,112				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SMART START OF HENDERSON COUNTY INC 851 CASE STREET SUITE 208 HENDERSONVILLE,NC 28792	56-2092325	501(C)(3)	657,770				NC YOUNG CHILDREN
SMART START OF NEW HANOVER COUNTY3534-F SOUTH COLLEGE ROAD WILMINGTON,NC 28412	56-1951952	501(C)(3)	1,434,006				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMART START OF PENDER COUNTY INCPO BOX 429 BURGAW,NC 284250429	56-2044085	501(C)(3)	447,112				NC YOUNG CHILDREN
SMART START OF TRANSYLVANIA COUNTY PROFESSIONAL PLAZA 93 N BROAD STREET SUITES D E BREVARD,NC 28712	31-1489864	501(C)(3)	167,646				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SMART START OF YADKIN COUNTY INCPO BOX 39 YADKINVILLE,NC 27055	56-1864667	501(C)(3)	431,028				NC YOUNG CHILDREN
SMART START ROWAN INC 1839 WEST JAKE ALEXANDER BOULEVARD SALISBURY,NC 28147	56-1890324	501(C)(3)	1,786,930				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STANLY COUNTY PARTNERSHIP FOR CHILDRENPO BOX 2165 ALBEMARLE,NC 28002	56-1851138	501(C)(3)	715,365				NC YOUNG CHILDREN
STOKES PARTNERSHIP FOR CHILDRENPO BOX 2319 KING,NC 270212319	56-1888024	501(C)(3)	479,880				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SURRY COUNTY EARLY CHILDHOOD PARTNERSHIP PO BOX 7050 MT AIRY,NC 27030	56-1938073	501(C)(3)	651,230				NC YOUNG CHILDREN
THE CHOWANPERQUIMANS SMART START PARTNERSHIP409 OLD HERTFORD ROAD EDENTON,NC 27932	31-1622057	501(C)(3)	418,572				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE HALIFAX-WARREN SMART START PARTNERSHIP FOR CHILDREN INCPO BOX 339 ROANOKE RAPIDS,NC 27870	56-1847375	501(C)(3)	558,687				NC YOUNG CHILDREN
THE MITCHELL-YANCEY COUNTY PARTNERSHIP FOR CHILDREN INC392 EAST MAIN STREET BURNSVILLE,NC 28714	56-1921260	501(C)(3)	306,320				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE PARTNERSHIP FOR CHILDREN OF WAYNE COUNTY INC800 NORTH WILLIAM STREET GOLDSBORO,NC 27530	56-2054262	501(C)(3)	928,709				NC YOUNG CHILDREN
TYRRELL-WASHINGTON PARTNERSHIP FOR CHILDREN INC125-B WEST WATER STREET PLYMOUTH,NC 27962	56-1862036	501(C)(3)	272,515				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WAKE COUNTY SMARTSTART4901 WATERS EDGE DRIVE SUITE 101 RALEIGH,NC 27606	56-1949415	501(C)(3)	6,182,240				NC YOUNG CHILDREN
WILKES COMMUNITY PARTNERSHIP FOR CHILDRENPO BOX 788 NORTH WILKESBORO,NC 28659	56-1875083	501(C)(3)	801,667				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WILSON COUNTY PARTNERSHIP FOR CHILDRENPO BOX 2661 WILSON,NC 278942661	56-1942537	501(C)(3)	1,262,923				NC YOUNG CHILDREN
ALLIANCE FOR CHILDREN PO BOX 988 MONROE,NC 28111	56-2052395	501(C)(3)	1,400,373				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NC EARLY CHILDHOOD ASSOCIATIONPO BOX 4292 CHAPEL HILL,NC 27515	56-1352826	501(C)(3)	10,000				NC CHILDHOOD ADVOCACY
HYDE COUNTY BOARD OF EDUCATIONPO BOX 217 SWAN QUARTER,NC 27885	56-6001058	GOVERNMENT	25,000				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COVENANT WITH NORTH CAROLINA'S CHILDRENPO BOX 28268 RALEIGH,NC 27611	20-1441136	501(C)(3)	4,000				NC CHILDHOOD ADVOCACY
NORTH CAROLINA EARLY CHILDHOOD FOUNDATION 907 GLENWOOD AVENUE RALEIGH,NC 27605	45-3971534	501(C)(3)	200,000				NC YOUNG CHILDREN

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135028544

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NORTH CAROLINA PARTNERSHIP FOR CHILDREN INC

Employer identification number
56-1850485

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	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
c	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 in Part III	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1)MS STEPHANIE FANJUL PRESIDENT	**(i)**	143,435	0	0	10,456	11,412	165,303	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135028544

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NORTH CAROLINA PARTNERSHIP FOR CHILDREN INC

Employer identification number
56-1850485

Identifier	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 GOVERNA NCE 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 I N ITS INTEGRITY, WHICH IS GROUNDED IN FAIR AND RESPONSIBLE DECISION-MAKING THE BOARD OF D IRECTORS OF NCPC BELIEVES IT IS IN THE BEST INTEREST OF NCPC TO ESTABLISH A CLEAR AND CONC ISE CONFLICT OF INTEREST POLICY THE CONFLICT OF INTEREST POLICY IS INTENDED TO PROMOTE TH E 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 O FFICERS 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 THA T HE OR SHE HAS DONE SO THE POLICY IS MONITORED AND ENFORCED THROUGH THE FOLLOWING ACTION S 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 WHEN THERE IS A DOUBT AS TO WHETHER A CONFLIC T EXISTS, THE MATTER SHALL BE RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS EXCLUDING THE P ERSON(S) CONCERNING WHOSE SITUATION THE DOUBT HAS ARISEN C ALL APPOINTED BOARD MEMBERS S HALL 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 F ROM THE NCPC'S DISBURSEMENT OF FUNDS SHALL ABSTAIN FROM PARTICIPATING IN ANY DECISION OR D ELIBERATIONS BY NCPC REGARDING THE DISBURSEMENT OF FUNDS D THE PERSON KNOWN TO HAVE A CO NFLICT OF INTEREST MAY NOT VOTE ON THE CONTRACT OR TRANSACTION AND MUST LEAVE THE ROOM DUR ING THE VOTE UNLESS LEAVING THE ROOM BRINGS ATTENDANCE BELOW THE LEVEL OF A QUORUM THE OF FICIAL MINUTES SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND PERSON(S) WIT H THE CONFLICT WERE NOT PRESENT DURING THE VOTE AND DID NOT VOTE ON THE MATTER
	FORM 990, PART VI, SECTION B, LINE 15	SALARIES AND WAGES OF ALL EMPLOYEES ARE SET IN ACCORDANCE WITH A FORMAL PAY PLAN WHICH INC LUDES 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 PL AN PUBLISHED BY THE MANAGEMENT ASSOCIATIONS OF AMERICA IT IS UPDATED PERIODICALLY BY BENC HMARKING PAY RATES AGAINST DATA FROM CAPITAL ASSOCIATED INDUSTRIES OF RALEIGH, NC, WHICH C ONDUCTS ANNUAL SALARY SURVEYS, AND OCCUPATION-SPECIFIC AND LOCATION-SPECIFIC DATA FROM THE OCCUPATIONAL EMPLOYMENT AND WAGES STATISTICS PROGRAM OF THE EMPLOYMENT SECURITY COMMISSIO N OF NORTH CAROLINA THE PLAN WILL BE REVISED PERIODICALLY TO INCLUDE DATA FROM THE RECENT LY DEVELOPED SURVEY OF SALARIES IN NORTH CAROLINA NONPROFITS SPONSORED BY THE N C CENTER FOR NONPROFITS
	FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE AVAILABLE UPON REQUEST, AND THE FINANCIAL STATEMENTS ARE ALSO AVAILABL E ON THE WEBSITE OF THE NORTH CAROLINA OFFICE OF STATE AUDITOR ADDITIONALLY, THE GOVERNAN CE 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