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DLN: 93493135004475

# 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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

· FC	n the z	013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30	-2014			
_	eck ıf ap	NORTH CAROLINA PARTNERSHIP FOR CHILDREN INC		D Employe	er iden	tification number
_	dress cha	Doing Business As		56-185	0485	
_	me chan					
_	tial returi	1100 WAVE FOREST DOAD	e	E Telephon	e numb	per
_	rmınated			(919)8	21-79	999
_	ended re	RALEIGH, NC 27604				
Ар	plication	pending				99,123,552
		<b>F</b> Name and address of principal officer ELLEN PRESTON	<b>H(a)</b> Is the subor	s a group r dinates?	eturn	for ┌ Yes ┌ No
		1100 WAKE FOREST ROAD RALEIGH,NC 27604				
		KALLIGII, NC 27004	H(b) Are a		ates	│ Yes │ No
Та	x-exemp	ot status 501(c)(3) 501(c)( ) (insert no ) 4947(a)(1) or 527			lıst (	(see instructions)
w	ebsite:	:► WWW NCSMARTSTART ORG	H(c) Grou	p exemptio	n num	nber ▶-
<b>.</b>	of over	anization	1	mation 1993		
	rt I	Summary	L Year or for	mation 1993	ь   М :	State of legal domicile NC
		riefly describe the organization's mission or most significant activities				
aovemance	T N C	O ADVANCE A HIGH-QUALITY, COMPREHENSIVE, ACCOUNTABLE SYSTE ORTH CAROLINA CHILD BEGINNING WITH A HEALTHY BIRTH WE DO TH AROLINA'S NATIONALLY-RECOGNIZED INITIATIVE, SMART START, AS VICENTIAN OR START	IS PRIMARI	LY BY OVE	RSEE	ING NORTH
Ě						
<u>*</u>						
e O	2 0	heck this box 🔭 if the organization discontinued its operations or disposed of	r more than 2	5% OF ITS I	etass	sets
	3 N	umber of voting members of the governing body (Part VI, line 1a)			з	26
ACHAINES	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		. [	4	26
ş	1	otal number of individuals employed in calendar year 2013 (Part V, line 2a) $$ .			5	55
	1	otal number of volunteers (estimate if necessary)			6	66
		otal unrelated business revenue from Part VIII, column (C), line 12		• •	7a	0
	<b>b</b> N	et unrelated business taxable income from Form 990-T, line 34			7b	0
	8	Contributions and grants (Part VIII, line 1h)	Prior	<b>r Year</b> 98,877,41	3	98,905,183
₫	9	Program service revenue (Part VIII, line 2g)		178,62		205,855
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,02	-	2,288
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5.5	_	10,226
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		00.066.66		00 122 552
	42	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		99,066,60		99,123,552
	13 14	Benefits paid to or for members (Part IX, column (A), lines 1–3)		94,106,72	0	93,377,988
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines			+	
\$		5-10)		3,474,98	_	3,787,289
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0
ठ	Ь	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 50		1 700 45		2.445.010
	17 18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,780,45	$\overline{}$	2,445,919 99,611,196
	19	Revenue less expenses Subtract line 18 from line 12	_	-295,55		-487,644
207 20 AV		Revenue less expenses subtract line to from line 12	Beginning	of Current		
net Assets or Fund Balances				ear	$\perp$	End of Year
3 TE	20	Total assets (Part X, line 16)		4,018,45	$\overline{}$	3,822,170
en d	21	Total liabilities (Part X, line 26)		1,801,35		2,092,709
	22	Net assets or fund balances Subtract line 21 from line 20		2,217,10	5	1,729,461
	rt II	Signature Block	una cahadul-	o and state	mart	c and to the back of
		ties of perjury, I declare that I have examined this return, including accompany ge and belief, it is true, correct, and complete Declaration of preparer (other th				
repa	arer has	s any knowledge				

Sign Here	)	****** Signature of officer  ELLEN PRESTON FINANCE DIRECTOR Type or print name and title	2015-05-14 Date			
Paid Prepare	·	Print/Type preparer's name  Firm's name ► BLACKMAN & SLOOP	Preparer's signature CPAS PA	Date	Check   If PTIN P00098610 Firm's EIN ► 56-1304727	
Use Onl		Firm's address • 1414 RALEIGH RD SU  CHAPEL HILL, NC 27	Phone no (919) 942-8700			
May the IRS	5 d	scuss this return with the preparer				

orm 9	0 (2013)	Page <b>2</b>
Part	Statement of Program Service Accomplishments Check If Schedule O contains a response or note to any line in this Part III	<u>.[~</u>
1	riefly describe the organization's mission	
CARO	ANCE A HIGH-QUALITY, COMPREHENSIVE, ACCOUNTABLE SYSTEM OF CARE AND EDUCATION FOR EVERY NORTH NA CHILD BEGINNING WITH A HEALTHY BIRTH WE DO THIS PRIMARILY BY OVERSEEING NORTH CAROLINA'S ALLY-RECOGNIZED INITIATIVE, SMART START, AS WELL AS ASSISTANCE FROM PRIVATE GRANTORS	
	the organization undertake any significant program services during the year which were not listed on prior Form 990 or 990-EZ?	о
	'Yes," describe these new services on Schedule O	
	d the organization cease conducting, or make significant changes in how it conducts, any program rvices?	0
4	'Yes," describe these changes on Schedule O scribe the organization's program services, as measured by penses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, e total expenses, and revenue, if any, for each program service reported	
<b>4</b> a	ONCE OF YOUNG CHILDREN, BUILDING THE FOUNDATION FOR ALL FUTURE LEARNING BY - IMPROVING CHILDREN'S EARLY CARE AND EDUCATION PROGREM AT THEY ARE SAFE, HEALTH AND PROVIDE OPPORTUNITIES FOR CHILDREN SULLS THEY NEED FOR SUCCESS IN SCHOOL - ENSURING THAT THEY ARE SAFE, HEALTHY AND PROVIDE OPPORTUNITIES FOR CHILDREN TO LEARN SKILLS THEY NEED FOR SUCCESS IN SCHOOL - ENSURING THAT HILDREN ARE SCREENED FOR DEVELOPMENTAL DELAYS - PROVIDING PARENTS WITH TOOLS THAT SUPPORT THEM IN RAISING HAPPY, HEALTHY SUCCESS HILDREN FOR A STRONG FOUNDATION, CHILDREN NEED HIGH QUALITY EARLY CARE AND EDUCATION PROGRAMS THAT ARE SAFE AND PROVIDE OPPORT OF LEARNING STRONG FAMILIES AND ENVIRONMENTS THAT SUPPORT HEALTHY OUTCOMES HIGH QUALITY EARLY EDUCATION YIELDS HIGHER GRADUAT ATES, REDUCED CRIME, HIGHER EARNINGS, LESS RELIANCE ON SOCIAL SERVICES, AND BETTER JOBS SMART START IS A PUBLIC/PRIVATE PARTNERSHIP FOR CHILDREN, INC. (NCPC) THAT CREATES INNOVATIVE SOLUTIONS TO MEASURABLY INCREASE LEARNING AND THE EALTHY DEVELOPMENT OF CHILDREN BIRTH TO FIVE SEVENTY-SIX COMMUNITY-BASE, LOCAL PARTNERSHIPS SERVE ALL 100 NORTH CAROLINA COUNTIL STABLISHES MEASURABLE STATEWIDE GOALS AND COMMUNITIES DETERMINE THE BEST APPROACH TO ACHIEVING THEM NCPC ALSO ENSURES THAT SMART LOCAL PARTNERSHIPS FULLY MEET ALL LEGISLATIVELY MANDATED REQUIREMENTS AND OPERATE TO THE HIGHEST STANDARDS OF EFFECTIVENESS COCOUNTABILITY, EFFICIENCY AND INTEGRITY SINCE 2000, THERE HAVE BEEN MORE THAN 500 AUDITS, BY STATE AUDITORS AND /OR INDEPENDENT AU IRED BY THE STATE, OR NCPC AND SMART START LOCAL PARTNERSHIPS FOLLY MEET ALL LEGISLATIVELY MANDATED REQUIREMENTS AND OPERATE TO THE HIGHEST STANDARDS OF EFFECTIVENESS COCOUNTABILITY, EFFICIENCY AND INTEGRITY SINCE 2000, THERE HAVE BEEN MORE THAN 500 AUDITS, BY STATE AUDITORS AND /OR INDEPENDENT AU IRED BY THE STATE, OR NCPC AND SMART START LOCAL PARTNERSHIPS NCPC HAS HAD NO AUDITS, BY STATE AUDITORS AND /OR INDEPENDENT AU IRED BY THE STATE, OR NCPC AND SMART START LOCAL PARTNERSHIPS HOR AND AUDITS, BY STATE AUDITORS AND LOWER SPECIAL EDU	AMS SO  FUL FUNITIES FION LED BY E S NCPC ART  DITORS 2014 FON FORT PARED  READ FILE FORE-K
4b	Code ) (Expenses \$ 2,221,181 including grants of \$ 847,729 ) (Revenue \$ )	
	HE NORTH CAROLINA PARTNERSHIP FOR CHILDREN (NCPC) CONTINUES TO BUILD UPON THE CAPACITY AND SUCCESSES OF THE PAST SEVERAL YEARS TO JUSTINER THE GOALS OF NORTH CAROLINA'S RACE TO THE TOP EARLY LEARNING CHALLENGE (RTT-ELC) REFORM AGENDA LEADERS COLLABORATIVETHE LEADLANGE OF NORTH CAROLINA'S RACE TO THE TOP EARLY LEARNING CHALLENGE (RTT-ELC) REFORM AGENDA LEADERS COLLABORATIVETHE LEADLANGE OF THE OWN, AND THE EARLY CHILDHOOD APACITY TO ACHIEVE THE OVERALL RTT-ELC GOAL TO ASSURE EVERY CHILD ARRIVES AT KINDERGARTEN READY TO SUCCEED TRANSFORMATION ZONEN ORKING WITH OTHER PARTICIPATING STATE AND LOCAL LEVEL TO CREATE AND LOCAL LEVEL TO CREATE AND LOCAL LEVEL TO CREATE AND IMPROVE RANSFORMATION ZONE IN SELECTED TIER 1 COUNTY PLANNING ROCESSES, BUILDS CAPACITY OF TRANSFORMATION ZONE COUNTIES TO IMPROVE EARLY LITERACY SKILLS OF YOUNG CHILDREN, AND FUNDS CHILD CAID EALTH CONSULTATION TO IMPROVE THE HEALTH AND SAFETY OF CHILD CARE CENTERS FAITH SUMMITSNOPC HOSTED FOUR ALL-DAY SUMMITS FOR FAIT ADDRESS FROM AROUND THE STATE SPECIFICALLY TARGETING RELIGIOUS LEADERS WITH CHILD CARE PROGRAMS IN THEIR INSTITUTIONS CHILD CARE HOUSE FROM AROUND THE STATE SPECIFICALLY TARGETING RELIGIOUS LEADERS WITH CHILD CARE PROGRAMS IN THEIR INSTITUTIONS CHILD CARE HOUSE FROM AND ASSURING BETTER CHILD HEALTH AND DEVELOPMENT (ABCD)NOPC, IN PARTNERSHIP WITH OTHER PARTICIPATING AGENCIES, IS STRENGTHENING STATEWIDE CAPACITY AND EFFECTIVENESS FOR CHILD CARE HEALTH CONSULTATION AS WELL AS HEALTH AND DEVELOPMENT SCREENING DUNG CHILDREN IN PRIMARY CARE SETTINGS DATA ADVISORY GROUPNOPC IS LEADING THE ASSESSMENT AND ENHANCEMENT OF DATA COLLECTION AND ANAGEMENT CAPABILITIES OF SMART START LOCAL PARTNERSHIPS	EADERS SYSTEM'S CPC, r A NG RE rH EALTH
4c	Code ) (Expenses \$ 669,545 including grants of \$ 358,481 ) (Revenue \$ )	
	HE PRIVATELY-FUNDED SHAPE NC INITIATIVE HAS LAID THE FOUNDATION FOR A COMPREHENSIVE AND COORDINATED EARLY CHILDHOOD OBESITY PREVIOUS HEALTH PROMOTION NETWORK IN NORTH CAROLINA AN IMPLEMENTATION TEAM OF EXPERTS HAVE COMBINED THREE DISTINCT PROGRAMS THAT FOR INTEGRATION, PHYSICAL ACTIVITY, AND OUTDOOR LEARNING ENVIRONMENTS IN CHILD CARE TO CREATE AN INTEGRATED AND COMPREHENSIVE ODEL THE PROJECT IS IN ITS SECOND PHASE OF FUNDING AND IS FOCUSED ON SPREADING THE WORK STATEWIDE ACTIVITIES ARE MANAGED BY SMARE OF PARTNERSHIPS AND DEVELOP A LOCAL ACTION PLAN FOR HEALTHY WEIGHT PROMOTION EACH SHAPE NC PARTNERSHIPS ALSO HAS DESIGNATED A COMPREHENSIVE OF THE SUPPORT OF SHAPE NC TECHNICAL ASSISTANCE AND TRAINING, HAS COMMITTED TO BECOMING A MODEL EARLY LEARNING ENTER DEMONSTRATION SITE ADHERING TO BEST PRACTICE STANDARDS IN NUTRITION, PHYSICAL ACTIVITY AND OUTDOOR LEARNING ENVIRONMENTS	OCUS ON E T START CHILD
	Code ) (Expenses \$ 812,405 including grants of \$ 411,523 ) (Revenue \$ 205,855 )	
	THER PROGRAMS INCLUDE AN ANNUAL CONFERENCE FOR THOSE DEDICATED TO IMPROVING EARLY EDUCATION SYSTEMS AND PROMOTING CHILDREN'S EALTHY GROWTH AND DEVELOPMENT INCLUDING EDUCATION EXPERTS, GOVERNMENT AND BUSINESS LEADERS, AND NOT-FOR-PROFITS, AS WELL AS A F WARENESS AND ENGAGEMENT CAMPAIGN THE CONFERENCE ANNUALLY HOSTS APPROXIMATELY 1,000 ATTENDEES FROM ACROSS THE COUNTRY AND EN HE NATION'S LEADING EXPERTS IN EARLY CHILDHOOD AS SPEAKERS AND FEATURED PANELIST	
4d	ther program services (Describe in Schedule O )	

(Expenses \$

Total program service expenses ►

4e

812,405 including grants of \$

98,100,149

Form **990** (2013)

205,855)

411,523 ) (Revenue \$

art 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 1	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? <i>If "Yes,"</i> 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 $V^{\bullet}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, 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
	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	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		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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? <i>If "Yes," complete Schedule J</i>	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 25a	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		Νo
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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?	20	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			.厂
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 25			
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		,,	
<b>3</b> -	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			
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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, 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			
_				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	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	6a		Νο
	organization solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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
	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			140
_	74   1   1   1   1   1   1   1   1   1	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	-		110
	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.			
	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		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	]		
1	facilities  Section F01(c)(12) organizations Enter			
l a	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. 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			
c	Enter the amount of reserves on hand	[		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Voc " has it filed a Form 720 to report these payments? If "No " provide an evaluation in Schodule O			

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.

	ection A. Governing Body and Management					
					Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a	26			
	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	26			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management coi			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the oi	rganız	ation's assets? .	5		Νo
6	Did the organization have members or stockholders?			6		Νo
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		elect or appoint one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?		members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ui	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	ired by the Internal R	evenu	ue Cod	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization	tıvıtıe	s of such chapters,	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the act	tıvıtıe on's e	s of such chapters, exempt purposes?	10b	Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of it	tivitie on's e s gov	s of such chapters, exempt purposes? erning body before filing	10b	Yes	No
b 11a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie on's e s gov	s of such chapters, exempt purposes? erning body before filing	10b	Yes	No
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990 to all members.	tivitie on's e s gov orm 9	s of such chapters, exempt purposes? erning body before filing	10b		No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually	tivitie on's e s gov  Form 9  ly inte	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a	Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with	tivitie on's e s gov form 9 ly inte	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b	Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	tivitie on's e s gov Form S ly inte	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c	Yes Yes Yes	No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?	tivitie on's ess gov	s of such chapters, exempt purposes? erning body before filing 290 erests that could give olicy? If "Yes," describe and approval by	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revi	tivitie on's e s gov  Form 9  ly inte  the p	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the	tivitie on's e s gov  Form 9  ly inte  the p	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	tivitie on's e s gov  Form 9  ly inte  the p	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization	tivitie on's e s gov  form 9  ly inte the p  lew ar liew ar liew deli	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FDId the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of	tivitie on's e s gov  form 9  ly inte the p  lew arise deli  rise deli  rise step	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organication in joint venture arrangements under applicable federal tax law, and take	tivitie on's e s gov  form 9  ly inte the p  lew arise deli  rise deli  rise step	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	tivitie on's e s gov  form 9  ly inte the p  lew arise deli  rise deli  rise step	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No

- 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)
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►ELLEN PRESTON 1100 WAKE FOREST ROAD

Form 990	(2013	
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#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line 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) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	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

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

	(A) Name and Title	and Title  A verage hours per week (list any hours  A verage hours  Week (list person is both an officer and a director/trustee)						3	Repor comper from organiza	table sation the tion (W-	( <b>E</b> ) Reportable compensation from related organizations (W	compe N- fror		ited f other sation :he
		organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relati organiza	ed
1b	Sub-Total							<u> </u>						
C	Total from continuation sheet	·	· · ection /	٠.	•			Þ						
d	Total (add lines 1b and 1c) .							<b>j</b> -		530,656		0		87,009
2	Total number of individuals (in \$100,000 of reportable comp						d abov	e) w	ho receive	d more th	an			
													Yes	No
3	Did the organization list any <b>f</b> on line 1a? <i>If "Yes," complete S</i>	·				key •	emplo	yee.	or highes .	t compen • •	sated employee	3		No
4	For any individual listed on lin organization and related organ													
_	ındıvıdual	<b></b> .	•		•	•		•				4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anization	or individual for	5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your fi compensation from the organi												tax year	
	Ŋ	(A) Name and business	address							Des	(B) cription of services		(C Comper	
UNC (	CHAPEL HILL SOUTH BUILDING CB 910	0 CHAPEL HILL NC 2	7599								IG, PROJECT SUPPOR	T, &		191,316
	Total number of independent co \$100,000 of compensation fror	•	_	not	lımıt	ed t	o thos	e list	ted above)	who rece	ived more than			

2,288

Form 99		<u> </u>					Page <b>S</b>
Part V	<b>/</b> • • •	Statement of Revenue Check if Schedule O contains a response	co or noto to any lir	o in this Bart VIII			_
		eneck if Senedare & contains a respons		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
w 20	1a	Federated campaigns 1a	4,753				
ant	ь	Membership dues <b>1b</b>					
ي ق	c	Fundraising events 1c					
ffs, FA	d	Related organizations 1d					
i5 iu	e	Government grants (contributions) <b>1e</b>	97,805,272				
Sin			1,095,158				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above					
를	g	Noncash contributions included in lines 1a-1f \$					
no.	h	Total. Add lines 1a-1f		98,905,183			
			Business Code				
Program Serwoe Revenue	2a	CONFERENCE REGISTRATIONS	900099	204,855	204,855		
exe E	ь	FEE FOR SERVICE	900099	1,000	1,000		
- Se F	С						
ē.	d						
တ =	e						
<u>े</u> ह	f	All other program service revenue					
ž	g	L Total. Add lines 2a-2f		205,855			
	3	Investment income (including dividend		2,288			2,288
	4	and other similar amounts)  Income from investment of tax-exempt bond p		2,200			2,200
	5	Royalties	· · · · . · · · · · · · · · · · · · · ·				
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	_	(ı) Securities	(II) Other				
	7a	from sales of					
		assets other than inventory					
	b	Less cost or other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)					
ne	8a	Gross income from fundraising events (not including					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18					
ψ.	_	a					
₹	b c	Less direct expenses b  Net income or (loss) from fundraising e	vents <b>.</b>				
_		Gross income from gaming activities					
		See Part IV, line 19					
	Ь	Less direct expenses b					
		Net income or (loss) from gaming activ	ities				
		Gross sales of inventory, less					
		returns and allowances .	1,375				
	Ь	Less cost of goods sold b	•				
		Net income or (loss) from sales of inve	ntory 🛌	1,375			1,375
		Miscellaneous Revenue	Business Code				
	11a	SALES TAX REFUND	900099	9,003			9,003
	ь	MISCELLANEOUS	900099	-152			-152
	С						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d	🟲	8,851			
	12	<b>Total revenue.</b> See Instructions	· · · •	99,123,552	205,855	(	12,514

1,375

9,003 -152

Form	990 (2013)				Page <b>10</b>
	t IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns Al			lete column (A )	
	Check if Schedule O contains a response or note to any line in this	Part IX		· · · · · ·	<u> </u>
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	93,377,988	93,377,988		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
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	484,682	228,827	255,855	
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	2,555,950	2,035,618	520,332	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	168,771	134,677	34,094	
9	Other employee benefits	343,632	256,530	87,102	
10	Payroll taxes	234,254	161,936	72,318	
11	Fees for services (non-employees)		,	,	
а	Management	371		371	
b	Legal	6,216	38	6,178	
c	Accounting	323,879	314,628	9,251	
d	Lobbying	323,073	311,020	3,231	
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)	1,064,396	1,010,016	54,380	
12	Advertising and promotion	3,142	1,453	1,689	
13	Office expenses	117,594	71,650	45,944	
14	Information technology	82,080	82,080	43,944	
		82,080	82,080		
15	Royalties	242.252		242.252	
16	Occupancy	312,252		312,252	
17 18	Travel	90,551	85,355	5,196	
19	Conferences, conventions, and meetings	268,020	245,134	22,886	
20	Interest	·			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	48,308		48,308	
23	Insurance	12,115	712	11,403	
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)			,	
а	REPAIRS & MAINTENANCE	84,815	78,085	6,730	
b	DUES & SUBSCRIPTIONS	25,152	11,058	14,044	50
c	MISCELLANEOUS	7,028	4,364	2,664	
d			-		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	99,611,196	98,100,149	1,510,997	50
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)	33,011,130	30,100,149	1,010,007	

Part X Balance Sheet

Par	't X	Check if Schedule O contains a response or note to any line in thi	s Part	х			
		. ,			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			916,435	1	1,109,170
	2	Savings and temporary cash investments			1,883,983	2	1,567,626
	3	Pledges and grants receivable, net			564,304	3	308,992
	4	Accounts receivable, net			419,682	4	581,131
	5	Loans and other receivables from current and former officers, dire employees, and highest compensated employees Complete Part Schedule L	ectors II of	, trustees, key	,	5	
Assets	6	Loans and other receivables from other disqualified persons (as a 4958(f)(1)), persons described in section 4958(c)(3)(B), and co and sponsoring organizations of section $501(c)(9)$ voluntary emporganizations (see instructions) Complete Part II of Schedule L	ing employers		6		
8	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			110,410		122,351
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		·		
	Ь	Less accumulated depreciation	10b	372,936	123,645	10c	132,900
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			4,018,459		3,822,170
	17	Accounts payable and accrued expenses			181,636		288,986
	18	Grants payable			,	18	
	19	Deferred revenue	•		878.609	19	862,396
	20	Tax-exempt bond liabilities		•	3.3,333	20	
	21	Escrow or custodial account liability Complete Part IV of Sched				21	
Liabilities	22	Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualifie	s, trus				<u> </u>
졅		persons Complete Part II of Schedule L				22	
Ï	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 and other liabilities not included on lines 17-24) Complete Part					
		D			741,109		941,327
	26	Total liabilities. Add lines 17 through 25			1,801,354	26	2,092,709
S <del>e</del> S		Organizations that follow SFAS 117 (ASC 958), check here ►   lines 27 through 29, and lines 33 and 34.	and co	omplete			
<u>a</u>	27	Unrestricted net assets		•	2,181,613		1,688,269
8	28	Temporarily restricted net assets		•	12,205	28	17,905
Fund Balance	29	Permanently restricted net assets		•	23,287	29	23,287
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	e <b>►</b>	and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fun	ıds			32	
Net	33	Total net assets or fund balances			2,217,105	33	1,729,461
_	34	Total liabilities and net assets/fund balances			4,018,459	34	3,822,170
							Form 000 (2012)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		99,1	123,552
2	Total expenses (must equal Part IX, column (A), line 25)	2		99,6	511,196
3	Revenue less expenses Subtract line 2 from line 1	3		-4	187,644
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,2	217,105
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		1,7	729,461
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed o	n		
	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 sepbasis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of tl	he <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ne	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		

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

Form 990, Part VII - Compensatio Compensated Employees, and Ind				ıru	ste	es, r	tey	employees, nigi	nest	
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th perso and a	ion (i nan o n is b	ne b oth ctor/	ox, u an of trus	inless fficer tee)		(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,	related organizations
DR REBECCA AYERS	2 00	х						0	0	0
MS LORIE C BARNES	2 00	, , , , , , , , , , , , , , , , , , ,							0	
DIRECTOR MS SHERRY BRADSHER	2 00	×						0	0	0
DIRECTOR	2 00	x						0	o	o
HON PEARL BURRIS-FLOYD	2 00	х						0	0	0
MS LISA EADS	2 00	×						0	0	0
DIRECTOR MR ROBERT L EAGLE	2 00	^								
DIRECTOR		Х						0	0	0
MS MARTHA JANE EBLEN DIRECTOR	2 00	×						0	0	О
MR JOHN ZACHARY EVERHART	2 00	х						0	0	0
MS JOAN GRAHAM	2 00									
DIRECTOR MS MARIE DUNN INSCORE	2 00	×						0	0	0
DIRECTOR	2 00	х						0	0	0
MR ROB KINDSVATTER DIRECTOR	2 00	х						0	0	0
MS SUE LYNN LEDFORD	2 00	х						0	0	0
DIRECTOR REV STANLEY A LEWIS	2 00	X						0	0	0
DIRECTOR MS ANNA J MERCER-MCLEAN	2 00							0		
DIRECTOR		Х						0	0	0
MR JESSE F MILLIKEN DIRECTOR	2 00	x						0	o	О
DR PETER J MORRIS	2 00	х						0	0	0
MR JOHN PRUETTE	2 00	ļ ,,								
DIRECTOR MR DOUGLAS S PUNGER	2 00	×						0	0	0
DIRECTOR	2 00	Х						0	0	0
MS SUE RUSSELL DIRECTOR	2 00	x						0	0	О
DR ROSEMARY FERNANDEZ STEIN	2 00	х						0	0	0
MS CAROLE WILSON	2 00	X						0	0	0
DIRECTOR MS DOROTHEA J WYANT	2 00									
DIRECTOR DR NANCY H BROWN	2 00	X						0	0	0
CHAIR	2 00	х		х				0	0	0
MS TANNIS NELSON VICE CHAIR	2 00	х		х				0	0	0
MR JIM MORRISON	2 00	х		х				0	0	0
SECRETARY										<u> </u>

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

( <b>A</b> ) Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	ion (d nan oi n is b	ne bo	ox, u an of	ınless fficer		(D)  Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
MR CHARLES MORRIS	2 00	Х		х				0	0	0
TREASURER										
MS LESLIE KARLSSON	40 00			X				110,000	0	16,958
ASSISTANT SECRETARY										
MS CONNIE HOLTON	40 00			х				98,149	0	16,900
ASSISTANT TREASURER (LEFT 5/2014)										
MS CINDY WATKINS PRESIDENT (FROM 3/2014)	40 00			х				2,430	0	172
MS DONNA WHITE	40 00									
VICE PRESIDENT (FROM 10/2013)	40 00			Х				82,815	0	17,513
MS STEPHANIE FANJUL	40 00			х				143,935	0	21,400
PRESIDENT (LEFT 3/2014)										
MS SUSAN PERRY-MANNING	40 00			х				93,327	0	14,066
VICE PRESIDENT (LEFT 10/2013)	]									

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DLN: 93493135004475

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

## **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public **Inspection** 

		ne organization	Employer identif	ication nu	ımber	
VORT	H CARC	DLINA PARTNERSHIP FOR CHILDREN INC	56-1850485			
Da	rt I	Reason for Public Charity Status (All organizations must complete this pa		tions		
		zation is not a private foundation because it is (For lines 1 through 11, check only one box		uons.		
1		A church, convention of churches, or association of churches described in section 170(b)	•			
2	, T	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E)	(-)(-)(-)-			
3	, _	A hospital or a cooperative hospital service organization described in section 170(b)(1)(	Δ)(iii).			
4	, _	A medical research organization operated in conjunction with a hospital described in sect		iii). Ente	r the	
-	,	hospital's name, city, and state	, =( _ )( _ )( )(	,		
5	Γ	An organization operated for the benefit of a college or university owned or operated by a	governmental unit	describe	d ın	_
		section 170(b)(1)(A)(iv). (Complete Part II )				
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)	(A)(v).			
7	<u>~</u>	An organization that normally receives a substantial part of its support from a governmen	tal unit or from the	e general	public	
_	_	described in section 170(b)(1)(A)(vi). (Complete Part II)				
8	<u> </u>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)		_	•	
9	ı	An organization that normally receives (1) more than 331/3% of its support from contribu		•	_	S
		receipts from activities related to its exempt functions—subject to certain exceptions, an	• •			
		its support from gross investment income and unrelated business taxable income (less s	=	om busine	esses	
	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part				
10	<u> </u>	An organization organized and operated exclusively to test for public safety. See <b>section</b>				
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the funct one or more publicly supported organizations described in section 509(a)(1) or section 5 the box that describes the type of supporting organization and complete lines 11e throug  a Type I b Type II c Type III - Functionally integrated d T	09(a)(2) See <b>sec</b> t h 11h	ion 509(a	a)(3).	Check
е	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)				
f		If the organization received a written determination from the IRS that it is a Type I, Type check this box		pporting (	organız	zation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?	f the			
		(i) A person who directly or indirectly controls, either alone or together with persons desc	rıbed ın (ıı)		Yes	No
		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?		11a(iii)		

(i) Name of supported organization		(iii) Type of organization (described on lines 1-9 above or IRC section (see	(iv) Is i organizati col (i) lis your gove docume	on in ted in rning	(v) Did you the organi in col (i) o suppor	zation of your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of monetary support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

instructions

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 (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 123,412,071 121,408,130 98,077,186 98,877,413 98,905,183 540,679,983 not include any "unusual grants ") 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 123,412,071 121,408,130 98,077,186 98,877,413 98,905,183 540,679,983 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 540,679,983 from line 4 Section B. Total Support Calendar year (or fiscal year (c) 2011 (d) 2012 (e) 2013 (a) 2009 **(b)** 2010 (f) Total beginning in) 🟲 123,412,071 98,077,186 98,877,413 98,905,183 Amounts from line 4 121,408,130 540,679,983 Gross income from interest, dividends, payments received on securities loans, rents, royalties 98,421 43,372 14,717 10,026 2,288 168,824 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 37,482 82,847 550 550 11,226 132,655 capital assets (Explain in Part IV) 11 Total support (Add lines 7 540,981,462 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 861,230 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 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 99 940 % Public support percentage for 2012 Schedule A, Part II, line 14 15 99 920 % 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ►V and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2012. 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 - 2013. 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 - 2012. 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

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

Schedule A (Form 990 or 990-EZ) 2013 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

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						<u> </u>
5	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	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 ) ction B. Total Support						
	ndar year (or fiscal year beginning	( ) 2000	(1) 2010	( ) 2011	(1) 2012	( ) 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	( <b>B)</b> 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	<b>(B)</b> 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2012	(5,232	
9	in)  A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	( <b>b)</b> 2010	(6) 2011	(1) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (	on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here  ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization  ic Support Performance (line 8, column ( 2 Schedule A, Paragraphic Performance)  colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or  13, column (f))  ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or  13, column (f)) <b>ge</b> by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Part IV	<b>Supplemental Information.</b> 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							
Retu	ırn Reference	Explanation							
		Schodulo A / Form 000 o	000 E7) 201						

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493135004475

### OMB No 1545-0047

### **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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 Complete if the organization is exempt under section 501(c) or is a section 527 organization. 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). 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes ┌ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

Sch	nedule C (Form 990 or 990-EZ) 2013					Page <b>2</b>
Pä	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l <b>.</b> )		(a) Filing organization's totals	( <b>b)</b> Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	(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))

Grassroots lobbying expenditures

_		(a	1)	(b)
-or ead activit	ch "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying y.	Yes	No	Amount
_	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?	Yes		15,905
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		8,431
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	O ther activities?	Yes		25,294
j	Total Add lines 1c through 1i			49,630
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			
С	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?			

			res	NO
L	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).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	4	
	political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

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

Taren Binne 2 Though complete this part for any additional mornidation							
Return Reference	Explanation						
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						

201104410 0 (101111 330 01 330 12) 2013	ı ayc				
Part IV Supplemental Information	on <i>(continued)</i>				
Return Reference	Explanation				

Schedule D (Form 990) 2013

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DLN: 93493135004475

OMB No 1545-0047

**SCHEDULE D** 

(Form 990)

Department of the Treasury

# **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. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.aov/form990.

Open to Public

emai	Revenue Service This instruct	10113 13 ut <u>www.nrs.gov/rorm/220</u> .			Tiishect	1011
	ne of the organization TH CAROLINA PARTNERSHIP FOR CHILDREN INC			loyer identifica 1850485	ition numbe	r
a ı	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990				. Complet	e if the
		(a) Donor advised funds		(b) Funds and	other accou	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		nor adv	ısed	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the beneft conferring impermissible private benefit?				☐ Yes	┌ No
i	t II Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part I\	/, line 7.	
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a	or education)  Preservation of a Preservation of a	certifie	d historic struc	ture	
	easement on the last day of the tax year	·				
				Held at the	End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified histor	• •	2c			
	Number of conservation easements included in (c) acq historic structure listed in the National Register		2d		4	
	Number of conservation easements modified, transferrenthe tax year •	ed, released, extinguished, or terminat	ed by tr	ie organization	auring	
	Number of states where property subject to conservati	ion easement is located ►				
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	violations, and	│ │ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspect	cting, and enforcing conservation ease	ments o	during the year		
	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	ts durin	g the year		
	Does each conservation easement reported on line 2(or and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı)	☐ Yes	┌ No
	In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia				
1	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar	Assets.	
-	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education	, or rese	arch in furthera		
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these	16 (ASC 958), to report in its revenue its held for public exhibition, education	statem	ent and balanc		ıc
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, historic following amounts required to be reported under SFAS					
	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	Assets included in Form 990, Part X			<b>▶</b> \$		
	meradea mir omi poo, i ait A			- +		

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tr</u>	easu	res, or O	<u>ther</u>	<u>' Similar As</u>	sets (c	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other recor	ds, cl	neck	any of t	he follo	owing that a	re a	sıgnıfıcant use	of its	
а	Public exhibition		d	Γ	Loan	or exch	nange progr	ams			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w the	y furthe	r the o	rganızatıon	's ex	empt purpose i	n	
5	During the year, did the organization solicit o										
Day	assets to be sold to raise funds rather than t									Yes	│ No
Par	<b>t IV</b> Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	ı Ye	es to form s	190,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other ass	ets n		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing t	able		_				
									An	nount	
С	Beginning balance						_	1c			
d	Additions during the year							1d			
е	Distributions during the year						-	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	•						│ Yes	Г No
ь	If "Yes," explain the arrangement in Part XII	I Check here if the	expl	anatı	on has	been p	rovided in P	art >	KIII		
Pa	rt V Endowment Funds. Complete										
1-	Beginning of year balance	(a)Current year 23,287	(b	)Prior	year 23,095	<b>b</b> (c)Tv	vo years back 23,113	<del>  ` ´</del>	hree years back 21,184	(e)Four	years back 20,175
1a b	Contributions	23,207			497		25,113	$\vdash$	2,313		1,151
c	Net investment earnings, gains, and losses				.,,,				2,515		
		444			695		732	-	616		858
d	Grants or scholarships	354			1,000		1,000		1,000		1,000
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance	23,377			23,287		23,095		23,113		21,184
2	Provide the estimated percentage of the curi	ent year end balan	ce (lır	ne 1 g	, colum	n (a)) h	neld as		L		
а	Board designated or quasi-endowment	,	•	J	•	. ,,					
ь	Permanent endowment ► 100 000 %										
c	Temporarily restricted endowment ►										
_	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiz	atıon	that	are helo	l and a	dmınıstered	l for t	the		
	organization by									Yes	+
	(i) unrelated organizations		•					•	3a(		No No
ь	(ii) related organizations								3a(		1 110
4	Describe in Part XIII the intended uses of th	·				•		•			
Par	t VI Land, Buildings, and Equipme					answ	ered 'Yes	' to I	Form 990, Pa	rt IV, I	ine
	11a. See Form 990, Part X, line	LO.		<del>.</del>			lass :	1			
	Description of property				a) Cost oi sis (inves		(b)Cost or o basis (othe		(c) Accumulated depreciation	d (d) t	Book value
1a	Land										
b	Buildings										
c	Leasehold improvements		•								
d	Equipment						505	,836	372,9	36	132,900
	Other										
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part .	X, colu	ımn (	B), line	10(c).)					132,900
									Schedule [	(Form	990) 2013

Part VII Investments—Other Securities. Co	emplete if the organization	n answered 'Yes' to For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of v	
(Including name of security) (1)Financial derivatives		Cost or end-of-year	market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>		
Part VIII Investments—Program Related. C	Complete if the organization	on answered 'Yes' to Fo	orm 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of v	aluation
	(2) Doon variab	Cost or end-of-year	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>F</b>		
Part IX Other Assets. Complete if the organizati	on answered 'Yes' to Form 99	0, Part IV, line 11d See	Form 990, Part X, line 15
(a) Desc	ription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. Complete if the org	janization answered 'Yes'	to Form 990, Part IV,	line 11e or 11f. See
Form 990, Part X, line 25.  1 (a) Description of liability	(b) Book value		
Federal income taxes	.,	†	
DUE TO THE STATE OF NC	737,256	1	
FUNDS HELD FOR OTHERS	65,585	]	
COMPENSATED ABSENCES	138,486		
		1	
		1	
		†	
		1	
		1	
Total (Column (h) must sound Fr = 000 Part V (10) 1 CT		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	941,327	<u> </u>	Latata wa a sha sha sh

Par		<b>evenue per Audited Financial Stat</b> vered 'Yes' to Form 990, Part IV, line 1		nts Wi	ith R	even	ue p	er Retu	<b>rn</b> Complete ıf
1		er support per audited financial statements						1	99,123,552
2	Amounts included on line 1 bu	ut not on Form 990, Part VIII, line 12							
а	Net unrealized gains on inves	tments	2a						
b	Donated services and use of f	acılıtıes	2b						
c	Recoveries of prior year grant	s	2c						
d	Other (Describe in Part XIII )		2d						
e	Add lines <b>2a</b> through <b>2d</b> .		·					2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$ .						. [	3	99,123,552
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>							
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a						
b	Other (Describe in Part XIII )		4b						
c	Add lines <b>4a</b> and <b>4b</b>		· · ·					4c	0
5	Total revenue Add lines <b>3</b> and	d <b>4c.</b> (This must equal Form 990, Part I, line	12)				. [	5	99,123,552
Part		xpenses per Audited Financial Sta		nts W	/ith E	xpe	nses	per Re	<b>turn.</b> Complete
1		swered 'Yes' to Form 990, Part IV, line r audited financial statements						1	99,611,196
2		it not on Form 990, Part IX, line 25		•	•	•		_	33,011,130
a		acilities	2a	I					
b	Prior year adjustments		2b						
c	Other losses		2c	+					
d	Other (Describe in Part XIII )		2d	+					
e				<del>.</del>				2e	0
3	-							3	99,611,196
4		O, Part IX, line 25, but not on line 1:							
а		uded on Form 990, Part VIII, line 7b	4a	1					
ь	Other (Describe in Part XIII )		4b						
c				<del>'</del>			$\overline{}$	4c	0
5	Total expenses Add lines 3 a	nd <b>4c.</b> (This must equal Form 990, Part I, lin	e 18 )					5	99,611,196
Par	Supplemental Inf	formation						I	· · · · · · · · · · · · · · · · · · ·
Prov Part	ide the descriptions required for	Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and							ny additional
	Return Reference	Explanation							
PART	V, LINE 4	THE ENDOWMENT FUNDS INCLUDED IN GRANT TO ONE OF THE SMART START PARTNERSHIP FOR CHILDREN OVERSE	NOT-F						

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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Schedule I

(Form 990)

DLN: 93493135004475

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service	Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .								
Name of the organization NORTH CAROLINA PARTNERSHIF	P FOR CHILDREN INC					Employer identificati	on number		
						56-1850485			
1 Does the organization maintain the selection criteria used to Describe in Part IV the organization.	in records to substanti award the grants or as:	ate the amount of the					F Yes □ I		
			<b>rganizations in the</b> more than \$5,000. Pa				es" to		
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance		
See Addıtıonal Data Table									
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other or</li></ul>						· <b>.</b> _	80		

	,			
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>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental Informa	ation Provide the inf	ormation required in D	Part I line 2 Part III co	lumn (h) and any other a	dditional information

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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	THE NCPC RECEIVED \$29,644 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**

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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
ALAMANCE PARTNERSHIP FOR CHILDREN 2322 RIVER ROAD BURLINGTON, NC 27217	56-1884459	501(C)(3)	851,061				NC YOUNG CHILDREN

Form 990, Schedule 1, Part 11, 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	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ALBEMARLE SMART START PARTNERSHIP INC 1403 PARKVIEW DRIVE ELIZABETH CITY,NC 279096533	56-2088109	501(C)(3)	1,832,063				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ALEXANDER COUNTY PARTNERSHIP FOR CHILDREN INC PO BOX 1661 TAYLORSVILLE,NC 28681	56-1995412	501(C)(3)	337,201				NC YOUNG CHILDREN	

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ALLEGHANY PARTNERSHIP FOR CHILDREN INC PO BOX 1643 SPARTA,NC 28675	56-1928008	501(C)(3)	124,932				NC YOUNG CHILDREN	

Form 990,Schedule 1, 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	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ANSON COUNTY PARTNERSHIP FOR CHILDREN 117 SOUTH GREENE STREET WADESBORO, NC 281709998	56-1987729	501(C)(3)	393,619				NC YOUNG CHILDREN	

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ASHE COUNTY PARTNERSHIP FOR CHILDREN 626 ASHE CENTRAL SCHOOL ROAD UNIT 1 1 JEFFERSON,NC 28640	56-1892216	501(C)(3)	302,657				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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 CHILDREN PO BOX 1455 NEWLAND,NC 28657	56-1892570	501(C)(3)	201,833				NC YOUNG CHILDREN			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BEAUFORTHYDE PARTNERSHIP FOR CHILDREN 979 WASHINGTON SQUARE MALL WASHINGTON,NC 27889	56-1992257	501(C)(3)	636,459				NC YOUNG CHILDREN			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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 INC PO BOX 2255 ELIZABETHTOWN, NC 28337	56-2048384	501(C)(3)	364,736				NC YOUNG CHILDREN			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BUNCOMBE COUNTY PARTNERSHIP FOR CHILDREN INC 2229 RIVERSIDE DRIVE ASHEVILLE,NC 28804	56-1942178	501(C)(3)	1,556,633				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BURKE COUNTY SMART START INC PO BOX 630 MORGANTON,NC 28655	56-1852721	501(C)(3)	1,212,439				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CABARRUS COUNTY PARTNERSHIP FOR CHILDREN 2353 CONCORD LAKE ROAD SUITE 160 CONCORD,NC 28025	56-2088223	501(C)(3)	1,592,830				NC YOUNG CHILDREN			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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 CHILDREN P O BOX 2128 LENOIR,NC 28645	20-1090467	501(C)(3)	820,332				NC YOUNG CHILDREN			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CARTERET COUNTY PARTNERSHIP FOR CHILDREN 3328-A BRIDGES STREET MOREHEAD CITY, NC 28557	56-2273396	501(C)(3)	675,103				NC YOUNG CHILDREN			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CASWELL COUNTY PARTNERSHIP FOR CHILDREN PO BOX 664 YANCEYVILLE,NC 27379	56-2070459	501(C)(3)	232,047				NC YOUNG CHILDREN			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CATAWBA COUNTY PARTNERSHIP FOR CHILDREN PO BOX 3123 HICKORY,NC 28602	58-2139195	501(C)(3)	1,503,992				NC YOUNG CHILDREN		

Form 990,Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CHATHAM COUNTY PARTNERSHIP FOR CHILDREN 200 SANFORD HIGHWAY SUITE 4 PITTSBORO,NC 27312	56-1885127	501(C)(3)	743,093				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CHILDREN & YOUTH PARTNERSHIP FOR DARE COUNTY INC PO BOX 2539 KILL DEVIL HILLS,NC 27948	56-1885539	501(C)(3)	325,635				NC YOUNG CHILDREN			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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)	252,700				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CLEVELAND COUNTY PARTNERSHIP FOR CHILDREN INC PO BOX 455 KINGS MOUNTAIN,NC 28086	56-1875246	501(C)(3)	939,160				NC YOUNG CHILDREN		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COLUMBUS COUNTY PARTNERSHIP FOR CHILDREN INC 109 WEST MAIN STREET WHITEVILLE,NC 28472	56-1966108	501(C)(3)	449,865				NC YOUNG CHILDREN		

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CRAVEN SMART START INC 2111F NEUSE BLVD NEW BERN,NC 28560	56-2105879	501(C)(3)	1,025,247				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DOWN EAST PARTNERSHIP FOR CHILDREN PO BOX 1245 ROCKY MOUNT,NC 27802	56-1859313	501(C)(3)	2,381,385				NC YOUNG CHILDREN		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DUPLIN COUNTY PARTNERSHIP FOR CHILDREN PO BOX 989 KENANSVILLE,NC 28349	56-1892438	501(C)(3)	1,113,572				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DURHAM'S PARTNERSHIP FOR CHILDREN 1201 S BRIGGS AVENUE SUITE 210 DURHAM,NC 27703	56-1892432	501(C)(3)	5,100,943				NC YOUNG CHILDREN		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FRANKLIN GRANVILLE VANCE SMART START INC PO BOX 142 HENDERSON,NC 27536	56-2045172	501(C)(3)	1,429,987				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC 122 NORTH ELM STREET SUITE 1010 GREENSBORO,NC 27401	56-1982976	501(C)(3)	2,825,153				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HARNETT COUNTY PARTNERSHIP FOR CHILDREN INC PO BOX 70 LILLINGTON,NC 27546	56-2079125	501(C)(3)	948,840				NC YOUNG CHILDREN		

Form 990,Schedule 1, Part 11, 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) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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 INC PO BOX 504 MURFREESBORO,NC 27855	56-1865237	501(C)(3)	484,733				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HOKE COUNTY PARTNERSHIP FOR CHILDREN AND FAMILIES PO BOX 1209 RAEFORD,NC 28376	56-1898931	501(C)(3)	764,164				NC YOUNG CHILDREN		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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 INC 734 SALISBURY ROAD STATESVILLE, NC 28677	56-2005160	501(C)(3)	1,277,990				NC YOUNG CHILDREN		

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
JONES COUNTY PARTNERSHIP FOR CHILDREN PO BOX 186 TRENTON,NC 28585	56-1857162	501(C)(3)	220,791				NC YOUNG CHILDREN		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LEE COUNTY PARTNERSHIP FOR CHILDREN 143 CHATHAM STREET SANFORD, NC 27330	56-2009097	501(C)(3)	994,276				NC YOUNG CHILDREN		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LENOIRGREENE COUNTY PARTNERSHIP FOR CHILDREN 1465 HIGHWAY 258 NORTH KINSTON,NC 28504	56-1898462	501(C)(3)	1,552,492				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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 INC PO BOX 1657 MARS HILL,NC 28754	56-2040118	501(C)(3)	266,111				NC YOUNG CHILDREN			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MARTINPITT PARTNERSHIP FOR CHILDREN INC 111-B EASTBROOK DRIVE GREENVILLE,NC 27858	56-1913394	501(C)(3)	1,412,075				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MECKLENBURG PARTNERSHIP FOR CHILDREN 601 EAST 5TH STREET SUITE 500 CHARLOTTE,NC 28202	56-1853108	501(C)(3)	7,506,372				NC YOUNG CHILDREN			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MONTGOMERY COUNTY PARTNERSHIP FOR CHILDREN 404-A NORTH MAIN STREET TROY,NC 27371	58-2185898	501(C)(3)	482,351				NC YOUNG CHILDREN			

Form 990,Schedule 1, Pa	form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NORTH CAROLINA STATE UNIVERSITY PO BOX 7203 RALEIGH,NC 27695	56-6000756	GOVERNMENT	155,600				PREVENTION OF CHILDHOOD OBESITY			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance		
ONSLOW COUNTY PARTNERSHIP FOR CHILDREN INC 900 DENNIS ROAD JACKSONVILLE,NC 28546	56-2058409	501(C)(3)	3,603,207				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ORANGE COUNTY PARTNERSHIP FOR YOUNG CHILDREN 120 PROVIDENCE PLACE SUITE 101 CHAPEL HILL,NC 27514	56-1844192	501(C)(3)	941,568				NC YOUNG CHILDREN		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PAMLICO PARTNERSHIP FOR CHILDREN INC 702A MAIN STREET BAYBORO,NC 285150612	56-1874658	501(C)(3)	135,684				NC YOUNG CHILDREN		

Form 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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)	839,053				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PARTNERSHIP FOR CHILDREN OF CUMBERLAND COUNTY INC 351 WAGONER DRIVE SUITE 200 FAYETTEVILLE, NC 283034608	56-1845926	501(C)(3)	3,914,355				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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 INC 1406-A S POLLOCK STREET SELMA,NC 27576	56-2063680	501(C)(3)	1,413,456				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PARTNERSHIP FOR CHILDREN OF LINCOLNGASTON COUNTIES INC 120 ROECHLING STREET DALLAS,NC 28034	31-1539832	501(C)(3)	2,050,942				NC YOUNG CHILDREN			

Form 990, Schedule 1, 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	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PARTNERSHIP FOR CHILDREN OF THE FOOTHILLS 338 WITHROW ROAD FOREST CITY, NC 28043	56-2014947	501(C)(3)	1,031,045				NC YOUNG CHILDREN		

Form 990,Schedule 1, Pa	Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PERSON COUNTY PARTNERSHIP FOR CHILDREN PO BOX 1791 ROXBORO,NC 27573	56-1872882	501(C)(3)	440,625				NC YOUNG CHILDREN			

Form 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
RANDOLPH COUNTY PARTNERSHIP FOR CHILDREN 349 SUNSET AVENUE ASHEBORO,NC 27203	31-1612024	501(C)(3)	1,035,640				NC YOUNG CHILDREN		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
REACH OUT AND READ INC 56 ROLAND STREET SUITE 100D BOSTON,MA 02129	04-3481253	501(C)(3)	58,375				EARLY LITERACY/BOOKS		

Form 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
REGION A PARTNERSHIP FOR CHILDREN 116 JACKSON STREET SYLVA,NC 28779	56-1869575	501(C)(3)	1,214,855				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
RICHMOND COUNTY PARTNERSHIP FOR CHILDREN PO BOX 1944 ROCKINGHAM,NC 28380	31-1575604	501(C)(3)	744,545				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ROBESON COUNTY PARTNERSHIP FOR CHILDREN 210 EAST 2ND STREET LUMBERTON,NC 28358	56-1940920	501(C)(3)	1,554,869				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ROCKINGHAM COUNTY PARTNERSHIP FOR CHILDREN INC PO BOX 325 REIDSVILLE,NC 273750325	56-1974269	501(C)(3)	644,477				NC YOUNG CHILDREN			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SAMPSON COUNTY PARTNERSHIP FOR CHILDREN 211 WEST MAIN STREET CLINTON,NC 283284049	31-1603397	501(C)(3)	1,029,868				NC YOUNG CHILDREN		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SCOTLAND COUNTY PARTNERSHIP FOR CHILDREN AND FAMILIES INC PO BOX 586 LAURINBURG,NC 28352	56-2094816	501(C)(3)	397,231				NC YOUNG CHILDREN			

Form 990,Schedule I, Pa	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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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 5140 SELLERS STREET SHALLOTTE,NC 28470	56-1885097	501(C)(3)	640,529				NC YOUNG CHILDREN			

form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SMART START OF DAVIDSON COUNTY INC 306 EAST US HIGHWAY 64 LEXINGTON,NC 27292	56-1859989	501(C)(3)	2,644,096				NC YOUNG CHILDREN		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SMART START OF DAVIE COUNTY INC 965 YADKINVILLE ROAD MOCKSVILLE,NC 27028	31-1600557	501(C)(3)	290,776				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SMART START OF FORSYTH COUNTY 7820 NORTH POINT BOULEVARDSTE 200 WINSTONSALEM, NC 27106	56-1899564	501(C)(3)	4,339,633				NC YOUNG CHILDREN		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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 722 5TH AVENUE WEST HENDERSONVILLE, NC 28739	56-2092325	501(C)(3)	683,657				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SMART START OF NEW HANOVER COUNTY 3534-F SOUTH COLLEGE ROAD WILMINGTON,NC 28412	56-1951952	501(C)(3)	1,509,967				NC YOUNG CHILDREN		

Form 990,Schedule I, Pa	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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SMART START OF PENDER COUNTY INC PO BOX 429 BURGAW, NC 284250429	56-2044085	501(C)(3)	433,101				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SMART START OF TRANSYLVANIA COUNTY PROFESSIONAL PLAZA 93 N BROAD STREET SUITES D E BREVARD,NC 28712	31-1489864	501(C)(3)	173,806				NC YOUNG CHILDREN			

Form 990,Schedule I, Pa	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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SMART START OF YADKIN COUNTY INC PO BOX 39 YADKINVILLE,NC 27055	56-1864667	501(C)(3)	454,026				NC YOUNG CHILDREN			

Form 990,Schedule 1, Pa	orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SMART START ROWAN INC 1329 JAKE ALEXANDER BOULEVARD SOUTH SALISBURY,NC 28146	56-1890324	501(C)(3)	1,749,348				NC YOUNG CHILDREN			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
STANLY COUNTY PARTNERSHIP FOR CHILDREN PO BOX 2165 ALBEMARLE,NC 28002	56-1851138	501(C)(3)	725,797				NC YOUNG CHILDREN		

Form 990,Schedule 1, Pal	Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
STOKES PARTNERSHIP FOR CHILDREN PO BOX 2319 KING,NC 270212319	56-1888024	501(C)(3)	463,771				NC YOUNG CHILDREN			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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)	643,647				NC YOUNG CHILDREN		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE CHOWANPERQUIMANS SMART START PARTNERSHIP 409 OLD HERTFORD ROAD EDENTON,NC 27932	31-1622057	501(C)(3)	428,572				NC YOUNG CHILDREN			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE HALIFAX-WARREN SMART START PARTNERSHIP FOR CHILDREN INC PO BOX 339 ROANOKE RAPIDS,NC 27870	56-1847375	501(C)(3)	523,945				NC YOUNG CHILDREN			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE MITCHELL-YANCEY COUNTY PARTNERSHIP FOR CHILDREN INC PO BOX 1387 BURNSVILLE,NC 28714	56-1921260	501(C)(3)	311,199				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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 INC 800 NORTH WILLIAM STREET GOLDSBORO,NC 27530	56-2054262	501(C)(3)	934,218				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>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TYRRELL-WASHINGTON PARTNERSHIP FOR CHILDREN INC 125-B WEST WATER STREET PLYMOUTH,NC 27962	56-1862036	501(C)(3)	270,816				NC YOUNG CHILDREN			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
WAKE COUNTY SMARTSTART 4901 WATERS EDGE DRIVE SUITE 101 RALEIGH,NC 27606	56-1949415	501(C)(3)	6,015,119				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WILKES COMMUNITY PARTNERSHIP FOR CHILDREN PO BOX 788 NORTH WILKESBORO, NC 28659	56-1875083	501(C)(3)	755,549				NC YOUNG CHILDREN			

Form 990, Schedule 1, Part 11, 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	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
WILSON COUNTY PARTNERSHIP FOR CHILDREN PO BOX 2661 WILSON,NC 278942661	56-1942537	501(C)(3)	1,238,042				NC YOUNG CHILDREN		

Form 990, Schedule 1, Part 11, 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) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ALLIANCE FOR CHILDREN PO BOX 988 MONROE,NC 28111	56-2052395	501(C)(3)	1,383,107				NC YOUNG CHILDREN		

Form 990,Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HYDE COUNTY BOARD OF EDUCATION PO BOX 217 SWAN QUARTER,NC 27885	56-6001058	GOVERNMENT	25,000				NC YOUNG CHILDREN

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA EARLY CHILDHOOD FOUNDATION 907 GLENWOOD AVENUE RALEIGH,NC 27605	45-3971534	501(C)(3)	400,000				NC YOUNG CHILDREN

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DLN: 93493135004475

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Internal Revenue Service

Department of the Treasury

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

56-1850485

Pa	rt I Questions Regarding Compensation		·			
					Yes	No
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to p					
	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 organize reimbursement or provision of all of the expenses describ			1b		
2	Did the organization require substantiation prior to reimb directors, trustees, officers, including the CEO/Executive			2	Yes	
			,,		165	
3	Indicate which, if any, of the following the filing organizationganization's CEO/Executive Director Check all that agused by a related organization to establish compensation	ppl	y Do not check any boxes for methods			
	Compensation committee	_	Written employment contract			
	✓ Independent compensation consultant	<u>√</u>	Compensation survey or study			
	Form 990 of other organizations	7	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part or a related organization	VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control paym	ner	nt?	4a		No
b	Participate in, or receive payment from, a supplemental r	non	equalified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based	со	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	e th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must co	m	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line compensation contingent on the revenues of					
а	The organization?			5a		No
ь	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, line compensation contingent on the net earnings of	1 a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," descr			7		No
8	Were any amounts reported in Form 990, Part VII, paid of	ora	accured pursuant to a contract that was			
	subject to the initial contract exception described in Reg					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the rebisection 53 $4958-6(c)$ ?	utt	able presumption procedure described in Regulations	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		(i) Base (iii) Bonus & (iii) Other reportable compensation (compensation (iii) Other reportable compensation (compensation (comp			(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported as deferred in prior Form 990
(1)MS STEPHANIE FANJUL PRESIDENT (LEFT 3/2014)	(i) (ii)	143,935 0	0	0	10,491 0	10,909	165,335 0	0

Schedule J (Form 990) 2013

## Part III Supplemental Information

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

Return Reference **Explanation** 

Schedule J (Form 990) 2013

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Inspection

OMB No 1545-0047

## **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990. Name of the organization NORTH CAROLINA PARTNERSHIP FOR CHILDREN INC

Employer identification number

56-1850485

	56-1850485					
90 Schedule O, Supplemental Information						
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 THE AVOIDANCE OF CONFLICTS OF INTEREST AND THE APPEARANCE OF IMPROPRIETY BY NCPC DIRECTORS,					
	OFFICERS AND STAFF IT SETS THE RULES FOR CONDUCT, INCLUDING DISCLOSURE BY DIRECTORS AND 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					
	ROM THE NCPC'S DISBURSEMENT OF FUNDS SHALL ABSTAIN FROM PARTICIPATING IN ANY DECISION OF					
	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 DIVISION					
	OF THE NC DEPARTMENT OF COMMERCE. ADDITIONAL BENCHMARKING DATA ARE OBTAINED FROM THE N.C.					
	STATE OFFICE OF HUMAN RESOURCES, THE WAKE COUNTY DEPARTMENT OF HUMAN RESOURCES, AND THE N					
	C STATE UNIVERSITY DEPARTMENT OF HUMAN RESOURCES					
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					
FORMORO BARTALLINGS	CE STRUCTURE, BOARD COMMITTEE ROLES, AND MEETING DATES ARE POSTED ON OUR WEBSITE					
FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS					