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Pg 6

56-2088223

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013**Open to Public
Inspection**

Name of the organization

Cabarrus County Partnership for Children

Employer identification number

56-2088223

Form 990, Part III, Line 4d. In addition to the programs in lines 4a-4c, the organization funds other programs relating to child care quality, family support, and health and safety. These programs include inclusion of special needs children, comprehensive dental care, training and technical assistance, family support, and trauma informed system of care.

Form 990, Part V, line 2a & b - the organization leases its employees from Carolinas Medical Center - Northeast (CMC). Accordingly, the W-2's and other related payroll returns are filed by CMC. Salary expenses are shown on the 990 are required to be shown as salaries by the funding source, North Carolina Department of Health and Human Services.

Form 990, Part VI, Line 11b - A draft copy of the 990 is provided to the Governing Body before being signed and filed.

Form 990, Part VI, Line 12c - The conflict of interest policy is reviewed before every vote and conflicted parties are excluded from discussion and voting. Board members sign a conflict of interest declaration annually.

Form 990, Part VI, Line 15 - The executive director's salary was established and is reviewed by the Human Resources Compensations Analyst at Carolinas Medical Center. It is approved by the Executive Committee of the Board of Directors.

Form 990, Part VI, Line 19 - The organization maintains a Public Inspection file in its main reception area. It is available to the public during regular office hours. Copies are made upon request within 48 hours of the request at no charge.

pg 7

56-2088223

Name of the organization

Employer identification number

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