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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NORTH CAROLINA PARTNERSHIP FOR CHILDREN INC

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
RALEIGH, NC 27604

D Employer identification number
56-1850485

E Telephone number
(919) 821-7999

G Gross receipts $ 103,173,407

F Name and address of principal officer
ELLEN PRESTON
1100 WAKE FOREST ROAD
RALEIGH, NC 27604

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW NCSMARTSTART ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1993

M State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO ADVANCE A HIGH-QUALITY, COMPREHENSIVE, ACCOUNTABLE SYSTEM OF CARE AND EDUCATION FOR EVERY NORTH CAROLINA CHILD BEGINNING WITH A HEALTHY BIRTH WE DO THIS PRIMARILY BY OVERSEEING NORTH CAROLINA'S NATIONALLY-RECOGNIZED INITIATIVE, SMART START, AS WELL AS ASSISTANCE FROM PRIVATE GRANTORS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	25
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	55
6	Total number of volunteers (estimate if necessary)	**6**	47
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	102,418,897	102,965,782
9	Program service revenue (Part VIII, line 2g)	215,530	198,664
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	544	111
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,381	8,850
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	102,641,352	103,173,407

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	96,269,885	96,655,752
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,741,709	3,666,201
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶54,080		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,890,150	2,754,422
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	102,901,744	103,076,375
19	Revenue less expenses Subtract line 18 from line 12	-260,392	97,032

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,590,784	3,554,186
21	Total liabilities (Part X, line 26)	2,121,715	1,988,085
22	Net assets or fund balances Subtract line 21 from line 20	1,469,069	1,566,101

Part II Signature Block

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

Sign Here

******
Signature of officer — 2017-05-10 Date

ELLEN PRESTON FINANCE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00098610

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

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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO ADVANCE A HIGH-QUALITY, COMPREHENSIVE, ACCOUNTABLE SYSTEM OF CARE AND EDUCATION FOR EVERY NORTH CAROLINA CHILD BEGINNING WITH A HEALTHY BIRTH WE DO THIS PRIMARILY BY OVERSEEING NORTH CAROLINA'S NATIONALLY-RECOGNIZED INITIATIVE, SMART START, AS WELL AS ASSISTANCE FROM PRIVATE GRANTORS

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 97,386,956 including grants of $ 94,816,535) (Revenue $)

SMART START NORTH CAROLINA'S NATIONALLY-RECOGNIZED EARLY CHILDHOOD INITIATIVE, SMART START, MEASURABLY INCREASES THE HEALTH AND WELL-BEING OF YOUNG CHILDREN, BUILDING THE FOUNDATION FOR ALL FUTURE LEARNING BY - IMPROVING CHILDREN'S EARLY CARE AND EDUCATION PROGRAMS SO THAT THEY ARE SAFE, HEALTHY AND PROVIDE OPPORTUNITIES FOR CHILDREN TO LEARN SKILLS THEY NEED FOR SUCCESS IN SCHOOL - ENSURING THAT CHILDREN ARE SCREENED FOR DEVELOPMENTAL DELAYS - PROVIDING PARENTS WITH TOOLS THAT SUPPORT THEM IN RAISING HAPPY, HEALTHY SUCCESSFUL CHILDREN FOR A STRONG FOUNDATION, CHILDREN NEED HIGH QUALITY EARLY CARE AND EDUCATION PROGRAMS THAT ARE SAFE AND PROVIDE OPPORTUNITIES FOR LEARNING AND STRONG FAMILIES AND ENVIRONMENTS THAT SUPPORT HEALTHY OUTCOMES HIGH QUALITY EARLY EDUCATION YIELDS HIGHER GRADUATION RATES, REDUCED CRIME, HIGHER EARNINGS, LESS RELIANCE ON SOCIAL SERVICES, AND BETTER JOBS SMART START IS A NETWORK OF 75 NONPROFIT LOCAL PARTNERSHIPS THAT SERVE ALL 100 NORTH CAROLINA COUNTIES THIS NETWORK IS LED BY THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN (NCPC) THAT ENSURES FISCAL AND PROGRAMMATIC ACCOUNTABILITY, AND COORDINATES THE STATEWIDE NETWORK TO CREATE BETTER OUTCOMES FOR CHILDREN AND FAMILIES NCPC ESTABLISHES MEASURABLE STATEWIDE GOALS AND COMMUNITIES DETERMINE THE BEST APPROACH TO ACHIEVING THEM NCPC ALSO ENSURES THAT SMART START LOCAL PARTNERSHIPS FULLY MEET ALL LEGISLATIVELY MANDATED REQUIREMENTS AND OPERATE TO THE HIGHEST STANDARDS OF EFFECTIVENESS, ACCOUNTABILITY, EFFICIENCY AND INTEGRITY SINCE 2000, THERE HAVE BEEN MORE THAN 500 AUDITS, BY STATE AUDITORS AND/OR INDEPENDENT AUDITORS HIRED BY THE STATE, OR NCPC AND SMART START LOCAL PARTNERSHIPS NCPC HAS HAD NO AUDIT FINDINGS FOR THE PAST DECADE RESEARCH RELEASED IN 2016 FROM THE DUKE CENTER FOR CHILD AND FAMILY POLICY FOUND THAT STATE INVESTMENTS IN SMART START AND NC PRE-K RESULTED IN HIGHER TEST SCORES, LESS GRADE RETENTION AND FEWER SPECIAL EDUCATION PLACEMENTS THROUGH FIFTH GRADE IN FACT, AT AVERAGE FUNDING LEVELS, SMART START WAS FOUND TO REDUCE SPECIAL EDUCATION PLACEMENTS IN GRADES THREE, FOUR AND FIVE BY NEARLY 10 PERCENT, AND REDUCE A CHILD'S CHANCE OF BEING RETAINED BY FIFTH GRADE BY 13 PERCENT ADDITIONAL ACCOMPLISHMENTS INCLUDE - IMPROVING QUALITY AND ACHIEVING HIGHER STARS ON NC'S RATED LICENSE THROUGH ONSITE TECHNICAL ASSISTANCE, TRAINING AND SUPPORT FOR CHILD CARE PROFESSIONALS TO OBTAIN HIGHER EDUCATION TODAY 74% OF CHILDREN IN CHILD CARE ATTEND HIGH QUALITY PROGRAMS AS COMPARED TO 33% IN 2001 - IMPROVING EARLY LITERACY BY COLLABORATING WITH STATE LITERACY ORGANIZATIONS, LOCAL PARTNERSHIPS, PRIVATE CHILD CARE PROGRAMS, AND PEDIATRICIANS TO PROMOTE EARLY LITERACY ACROSS THE STATE THROUGH PROGRAMS LIKE RAISING A READER AND REACH OUT AND READ FAMILIES PARTICIPATING IN REACH OUT AND READ ARE 97 PERCENT MORE LIKELY TO BE USING ONE OR MORE RECOMMENDED READING STRATEGIES WITH THEIR CHILDREN - HELPING PRIVATE CHILD CARE PROGRAMS IMPROVE THE QUALITY OF THEIR CLASSROOMS SO THEY MAY PARTICIPATE IN NC PRE-K AND PARTNER WITH NC PRE-K PROVIDERS TO HELP ELIGIBLE FOUR-YEAR-OLDS ACCESS THE PROGRAM IN FISCAL YEAR 2015-2016 SMART START LOCAL PARTNERSHIPS ADMINISTERED NC PRE-K IN 56 COUNTIES

4b (Code) (Expenses $ 3,033,104 including grants of $ 1,266,003) (Revenue $)

THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN (NCPC) CONTINUES TO BUILD UPON THE CAPACITY AND SUCCESSES OF THE PAST SEVERAL YEARS TO FURTHER THE GOALS OF NORTH CAROLINA'S RACE TO THE TOP EARLY LEARNING CHALLENGE (RTT-ELC) REFORM AGENDA LEADERS COLLABORATIVETHE LEADERS COLLABORATIVE IS A PERFORMANCE-DRIVEN LEADERSHIP TRAINING AND DEVELOPMENT APPROACH IN WHICH LEADERS FOCUS ON BUILDING THEIR OWN, AND THE EARLY CHILDHOOD SYSTEM'S CAPACITY TO ACHIEVE THE OVERALL RTT-ELC GOAL TO ASSURE EVERY CHILD ARRIVES AT KINDERGARTEN READY TO SUCCEED FORTY-FOUR LOCAL SMART START LEADERS HAVE COMPLETED THE EIGHT-MONTH TRAINING SERIES AND INITIATED COMMUNITY PLANNING PROCESSES TO ADDRESS IDENTIFIED EARLY CHILDHOOD NEEDS TRANSFORMATION ZONENCPC, WORKING WITH OTHER PARTICIPATING STATE AND LOCAL AGENCIES, PROVIDES LEADERSHIP AT THE STATE AND LOCAL LEVEL TO CREATE AND IMPLEMENT A TRANSFORMATION ZONE IN SELECTED TIER 1 COUNTIES IN THE NORTHEASTERN REGION OF THE STATE NCPC PROVIDES COACHES FOR COUNTY PLANNING PROCESSES, BUILDS CAPACITY OF TRANSFORMATION ZONE COUNTIES TO IMPROVE EARLY LITERACY SKILLS OF YOUNG CHILDREN, AND FUNDS CHILD CARE HEALTH CONSULTATION TO IMPROVE THE HEALTH AND SAFETY OF CHILD CARE CENTERS CHILD CARE HEALTH CONSULTATION (CCHC)NCPC, IN PARTNERSHIP WITH OTHER PARTICIPATING AGENCIES, IS STRENGTHENING STATEWIDE CAPACITY AND EFFECTIVENESS FOR CHILD CARE HEALTH CONSULTATION CCHC SUPPORTS EARLY CARE AND EDUCATION PROVIDERS TO ENSURE THAT CHILDREN IN CARE ARE IN SAFE AND HEALTHY ENVIRONMENTS THE WORK OF NCPC HAS SUPPORTED THE DEVELOPMENT OF A PERFORMANCE MODEL FOR ALL CCHC SERVICES AND AN ELECTRONIC APPLICATION THAT CAN COLLECT DATA IN REAL-TIME FOR MORE EFFICIENT AND EFFECTIVE ASSESSMENT OF ENVIRONMENTS ASSURING BETTER CHILD HEALTH AND DEVELOPMENT (ABCD)THE ASSURING BETTER CHILD HEALTH AND DEVELOPMENT PROJECT PROMOTES THE USE OF VALIDATED DEVELOPMENTAL SCREENING TOOLS USED DURING CHILDREN'S WELL-CHILD VISITS WITH THEIR MEDICAL HOME PROVIDERS THE ABCD PROJECT HAS SERVED TO STRENGTHEN COORDINATION OF REFERRAL AND SERVICE DELIVERY BETWEEN MEDICAL PROFESSIONALS, EARLY INTERVENTION PROVIDERS, AND FAMILIES SINCE THE START OF THE PROJECT IN 2013, ABCD COORDINATORS WORKED IN ALL OF NORTH CAROLINA'S 14 COMMUNITY CARE REGIONS, SERVING 246 PRACTICES AND 1,345 PROVIDERS BASED ON BEST ESTIMATES PROVIDED BY THE MEDICAL PRACTICES, THEY SERVE ROUGHLY 85,000 CHILDREN BIRTH-5 ENROLLED IN MEDICAID THE PROJECT YIELDED INCREASED RATES OF DEVELOPMENTAL SCREENING AND REFERRALS ACROSS THE STATE DEVELOPMENTAL SCREENING RATES IMPROVED FROM 85 2% AT BASELINE TO 93 9% OF CHILDREN DUE FOR SCREENING, RECEIVING A SCREENING DURING THEIR WELL-CHILD VISIT AUTISM SCREENING RATES INCREASED FROM 78 7% TO 86 7% DATA ADVISORY GROUPNCPC IS LEADING THE ASSESSMENT AND ENHANCEMENT OF DATA COLLECTION AND DATA MANAGEMENT CAPABILITIES OF SMART START LOCAL PARTNERSHIPS TO DATE, NCPC HAS ESTABLISHED A GROUP OF COMMON OUTCOMES FOR CORE SMART START SERVICES, A SET OF CONSISTENT MEASURES, AND A DATA REPORTING SYSTEM FOR STATEWIDE USE PLANNING IS UNDERWAY TO LINK SPECIFIED SMART START DATA WITH THE NC EARLY CHILDHOOD INFORMATION DATA SYSTEM

4c (Code) (Expenses $ 884,814 including grants of $ 571,213) (Revenue $)

THE PRIVATELY-FUNDED SHAPE NC INITIATIVE HAS EXPANDED THE COMPREHENSIVE AND COORDINATED EARLY CHILDHOOD OBESITY PREVENTION AND HEALTH PROMOTION PROGRAMMING IN NORTH CAROLINA WITH PHASE 2 OF THE INITIATIVE COMPLETED IN DECEMBER 2016 THE INITIATIVE INTEGRATED THREE CORE COMPONENTS--CHILD NUTRITION, PHYSICAL ACTIVITY, AND OUTDOOR LEARNING ENVIRONMENTS--TO IMPROVE HEALTH AND NUTRITION PRACTICES IN CHILD CARE FACILITIES SERVING CHILDREN BIRTH TO AGE FIVE ALL ACTIVITIES WERE IMPLEMENTED BY 19 SMART START LOCAL PARTNERSHIPS AND IN MOST CASES, INCLUDED COMMUNITY ACTION PLANNING FOR PROMOTION OF HEALTHY WEIGHT THESE SHAPE NC GRANTEES SELECTED CHILD CARE CENTERS TO RECEIVE TECHNICAL ASSISTANCE AROUND THE CORE COMPONENTS THEY USED ONGOING ASSESSMENTS, TOOLS AND RESOURCES TO ASSIST CHILD CARE SITES IN THE CREATION OF ACTION PLANS TO PROMOTE HEALTHY WEIGHT PRACTICES EACH SHAPE NC LOCAL PARTNERSHIP HAS DESIGNATED MODEL EARLY LEARNING CENTERS AND EXPANSION SITES, ALL OF WHOM RECEIVED TECHNICAL ASSISTANCE AND TRAINING, INCLUDING ACCESS TO A WEBINAR SERIES WITH CEU'S FROM SHAPE NC STAFF DURING THIS YEAR OF GROWTH, SIXTEEN MODEL EARLY LEARNING CENTERS HAVE ACHIEVED DEMONSTRATION SITE STATUS IN BEST PRACTICE AND STANDARDS AND SERVE AS MODELS OF EXCELLENCE IN THEIR COMMUNITIES THERE ARE 213 CHILD CARE SITES PARTICIPATING IN THE SHAPE NC INITIATIVE IN PHASE 2, SHAPE NC HUB SPECIALISTS COLLECTED HEIGHTS AND WEIGHTS EVERY SIX MONTHS FOR CHILDREN AGES TWO TO FIVE YEARS IN THE MODEL EARLY LEARNING CENTERS AND IN TWO RANDOMLY SELECTED EXPANSION SITES THE DATA WAS THEN USED TO CALCULATE BODY MASS INDEX (BMI) PERCENTILES AS WELL AS TO DETERMINE THE NUMBER OF CHILDREN WHO ARE UNDERWEIGHT, NORMAL/HEALTHY WEIGHT, OVERWEIGHT AND OBESE CHILDREN THAT ATTENDED SHAPE NC CENTERS FOR MORE THAN SIX MONTHS EXPERIENCED IMPROVEMENT IN BMI OVER THREE YEARS WITH A 6 9% DECREASE IN BMI OF CHILDREN AT MODEL EARLY LEARNING CENTERS AND 1 2% DECREASE IN BMI OF CHILDREN FOR EXPANSION SITES OUTCOMES WERE ALSO COLLECTED AT THE CHILD CARE FACILITIES TO DETERMINE THE USE OF BEST PRACTICES RELATED TO CHILDREN'S NUTRITION AND PHYSICAL ACTIVITY 63% OF BEST PRACTICES WERE IN USE AT BASELINE COMPARED TO 83% AT THE END OF THE PROJECT FOR MODEL EARLY LEARNING CENTERS 47% OF BEST PRACTICES WERE USED INITIALLY COMPARED TO 60% AT THE END OF THE PROJECT FOR EXPANSION SITES CHILD CARE STAFF OUTCOMES WERE ALSO COLLECTED, FINDING THAT STAFF PARTICIPATING IN THE ONLINE TRAINING COURSE DEMONSTRATED A 30 9% INCREASE IN KNOWLEDGE OF BEST PRACTICES FROM PRE TO POST-TEST, WHICH IS A STATISTICALLY SIGNIFICANT INCREASE THREE MONTHS AFTER THE TRAINING, 92% OF PARTICIPANTS INDICATED THEY MADE HEALTHY CHANGES IN THEIR PROFESSIONAL OR PERSONAL LIVES AS A RESULT OF TAKING THIS COURSE

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 266,998 including grants of $ 2,000) (Revenue $ 198,664)

4e **Total program service expenses ▶** 101,571,872

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or 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? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
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	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				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 gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	55		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ELLEN PRESTON 1100 WAKE FOREST ROAD RALEIGH, NC 27604 (919) 821-7999

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

Check if Schedule O contains a response 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) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								438,631	0	68,930

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNC CHAPEL HILL SOUTH BUILDING CB 9100 CHAPEL HILL, NC 27599	CONSULTING, PROJECT SUPPORT, & EVALUATIO	556,357
COHNREZNICK LLP 7501 WISCONSIN AVE STE 400E BETHESDA, MD 20814	AUDIT SERVICES	285,400
KESHAV CONSULTING SOLUTIONS 1000 BEARCAT WAY STE 105 MORRISVILLE, NC 27560	TEMPORARY SERVICES	167,318
TRANSFORM CHANGE LLC 1046 CRESENWOOD RD EAST LANSING, MI 48823	TRAINING AND COACHING CONSULTANT	120,135

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 4

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 5,044				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 101,847,676				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,113,062				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f	▶	102,965,782			
Program Service Revenue			Business Code				
	2a	CONFERENCE REGISTRATIONS	900099	198,664	198,664		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶	198,664			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	111			111
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	▶				
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	Business Code				
	11a	REBATE	900099	8,850			8,850
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶	8,850			
	12	**Total revenue.** See Instructions	▶	103,173,407	198,664	0	8,961

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	96,653,032	96,653,032		
2 Grants and other assistance to domestic individuals See Part IV, line 22	2,720	2,720		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	508,605	239,811	268,794	
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	2,432,941	1,954,304	449,346	29,291
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	168,392	135,719	31,111	1,562
9 Other employee benefits	331,516	242,568	86,215	2,733
10 Payroll taxes	224,747	160,406	62,158	2,183
11 Fees for services (non-employees)				
a Management	2,604		2,604	
b Legal	3,674		3,674	
c Accounting	246,571	238,405	8,166	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,551,875	1,437,951	101,438	12,486
12 Advertising and promotion	752	418	334	
13 Office expenses	104,139	60,055	38,537	5,547
14 Information technology	171,691	171,646	45	
15 Royalties				
16 Occupancy	317,856	37,493	280,363	
17 Travel	78,887	67,652	11,074	161
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	175,650	156,451	19,199	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	55,385		55,385	
23 Insurance	13,535	704	12,831	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FURNITURE & NON-COMPUTE	15,378	8,490	6,888	
b REPAIRS & MAINTENANCE	10,657	2,259	8,398	
c DUES & SUBSCRIPTIONS	4,411	1,778	2,516	117
d MISCELLANEOUS	1,357	10	1,347	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	103,076,375	101,571,872	1,450,423	54,080
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	1,700,403	1	2,455,014
	2	Savings and temporary cash investments	631,053	2	31,039
	3	Pledges and grants receivable, net	524,646	3	414,428
	4	Accounts receivable, net	455,634	4	362,165
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	132,028	9	159,365
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 523,738			
	b	Less accumulated depreciation — 10b: 391,563	147,020	10c	132,175
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	3,590,784	16	3,554,186
Liabilities	17	Accounts payable and accrued expenses	602,425	17	543,337
	18	Grants payable		18	
	19	Deferred revenue	823,341	19	794,046
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	695,949	25	650,702
	26	**Total liabilities.** Add lines 17 through 25	2,121,715	26	1,988,085
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,432,555	27	1,524,817
	28	Temporarily restricted net assets	12,514	28	17,284
	29	Permanently restricted net assets	24,000	29	24,000
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,469,069	33	1,566,101
	34	Total liabilities and net assets/fund balances	3,590,784	34	3,554,186

Part XI 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	103,173,407
2	Total expenses (must equal Part IX, column (A), line 25)	2	103,076,375
3	Revenue less expenses Subtract line 2 from line 1	3	97,032
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,469,069
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	1,566,101

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

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

Additional Data

Software ID:

Software Version:

EIN: 56-1850485

Name: NORTH CAROLINA PARTNERSHIP FOR CHILDREN INC

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

(Code) (Expenses $ 266,998 including grants of $ 2,000) (Revenue $ 198,664)

OTHER PROGRAMS INCLUDE AN ANNUAL CONFERENCE FOR THOSE DEDICATED TO IMPROVING EARLY EDUCATION SYSTEMS AND PROMOTING CHILDREN'S HEALTHY GROWTH AND DEVELOPMENT INCLUDING EDUCATION EXPERTS, GOVERNMENT AND BUSINESS LEADERS, AND NOT-FOR-PROFITS, AS WELL AS A PUBLIC AWARENESS AND ENGAGEMENT CAMPAIGN THE CONFERENCE ANNUALLY HOSTS APPROXIMATELY 1,200 ATTENDEES FROM ACROSS THE COUNTRY AND ENGAGES THE NATION'S LEADING EXPERTS IN EARLY CHILDHOOD AS SPEAKERS AND FEATURED PANELIST

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR REBECCA AYERS DIRECTOR	2 00	X						0	0	0
MS LORIE C BARNES DIRECTOR	2 00	X						0	0	0
MS SHERRY BRADSHER DIRECTOR	2 00	X						0	0	0
MS CHERYL CAVANAUGH DIRECTOR	2 00	X						0	0	0
DR LISA MABE EADS DIRECTOR	2 00	X						0	0	0
MR ROBERT L EAGLE DIRECTOR	2 00	X						0	0	0
MS MARTHA JANE EBLEN DIRECTOR	2 00	X						0	0	0
MR JOHN ZACHARY EVERHART DIRECTOR	2 00	X						0	0	0
MS JOAN GRAHAM DIRECTOR (UNTIL 9/2015)	2 00	X						0	0	0
MS MONIKA HOSTLER DIRECTOR (FROM 1/2016)	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MS MARIE DUNN INSCORE DIRECTOR	2 00	X						0	0	0
MR ROB KINDSVATTER DIRECTOR	2 00	X						0	0	0
REV STANLEY A LEWIS DIRECTOR	2 00	X						0	0	0
MS ANNA J MERCER-MCLEAN DIRECTOR	2 00	X						0	0	0
DR PETER J MORRIS DIRECTOR	2 00	X						0	0	0
MS TANNIS NELSON DIRECTOR	2 00	X						0	0	0
MR PAUL POPISH DIRECTOR	2 00	X						0	0	0
MR JOHN PRUETTE DIRECTOR	2 00	X						0	0	0
MR DOUGLAS S PUNGER DIRECTOR	2 00	X						0	0	0
MS SUE RUSSELL DIRECTOR	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR PAMELA SHUE DIRECTOR (FROM 1/2016)	2 00	X						0	0	0
MS DOROTHEA J WYANT DIRECTOR	2 00	X						0	0	0
DR NANCY H BROWN CHAIR	2 00	X		X				0	0	0
HON PEARL BURRIS-FLOYD VICE CHAIR	2 00	X		X				0	0	0
DR ROSEMARY FERNANDES STEIN SECRETARY (FROM 9/2015)	2 00	X		X				0	0	0
MR JAMES MORRISON SECRETARY (UNTIL 9/2015)	2 00	X		X				0	0	0
MR CHARLES MORRIS TREASURER	2 00	X		X				0	0	0
MS CINDY WATKINS PRESIDENT	40 00			X				129,846	0	18,952
MS DONNA WHITE VICE PRESIDENT	40 00			X				104,613	0	18,525
MR JAMES DODSON ASSISTANT SECRETARY (FROM 9/2015)	40 00			X				108,489	0	14,559

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MS ELLEN PRESTON ASSISTANT TREASURER	40 00			X				95,683	0	16,894

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NORTH CAROLINA PARTNERSHIP FOR CHILDREN INC

Employer identification number
56-1850485

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	98,077,186	98,877,413	98,905,183	102,418,897	102,965,782	501,244,461
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	98,077,186	98,877,413	98,905,183	102,418,897	102,965,782	501,244,461
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						501,244,461

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	98,077,186	98,877,413	98,905,183	102,418,897	102,965,782	501,244,461
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,717	10,026	2,288	544	111	27,686
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	550	550	11,226	6,381	8,850	27,557
11 **Total support.** Add lines 7 through 10						501,299,704

12	Gross receipts from related activities, etc (see instructions)	12	986,454

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99 990 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	99 970 %

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2014.** 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—2015.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

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

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					

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

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

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		4,510
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		14,780
j	Total Add lines 1c through 1i			19,290
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NORTH CAROLINA PARTNERSHIP FOR CHILDREN INC

Employer identification number
56-1850485

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

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

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

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

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

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

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

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	24,000	23,377	23,287	23,095	23,113
b	Contributions	1,000	1,612		497	250
c	Net investment earnings, gains, and losses		11	444	695	732
d	Grants or scholarships	1,000	1,000	354	1,000	1,000
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	24,000	24,000	23,377	23,287	23,095

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶ 100 000 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		523,738	391,563	132,175
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				132,175

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on 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	517,205
COMPENSATED ABSENCES	133,497
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	650,702

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	103,173,407
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	103,173,407
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	103,173,407

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	103,076,375
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	103,076,375
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	103,076,375

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUNDS INCLUDED IN PART V ARE TO BE USED TO PROVIDE AN ANNUAL AWARD TO ONE OF THE SMART START NOT-FOR-PROFITS THAT THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN OVERSEES

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NORTH CAROLINA PARTNERSHIP FOR CHILDREN INC

Employer identification number
56-1850485

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 77

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

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

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

Part IV **Supplemental Information.** 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, 75 (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 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

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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALAMANCE PARTNERSHIP FOR CHILDREN 2322 RIVER ROAD BURLINGTON,NC 27217	56-1884459	501(C)(3)	874,201				NC YOUNG CHILDREN
ALBEMARLE SMART START PARTNERSHIP INC 1403 PARKVIEW DRIVE ELIZABETH CITY,NC 279096533	56-2088109	501(C)(3)	1,854,868				NC YOUNG CHILDREN
ALEXANDER COUNTY PARTNERSHIP FOR CHILDREN PO BOX 1661 TAYLORSVILLE,NC 28681	56-1995412	501(C)(3)	316,137				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLEGHANY PARTNERSHIP FOR CHILDREN INC PO BOX 1643 SPARTA,NC 28675	56-1928008	501(C)(3)	119,128				NC YOUNG CHILDREN
ANSON COUNTY PARTNERSHIP FOR CHILDREN 117 SOUTH GREENE STREET WADESBORO,NC 281709998	56-1987729	501(C)(3)	389,131				NC YOUNG CHILDREN
ASHE COUNTY PARTNERSHIP FOR CHILDREN 626 ASHE CENTRAL SCHOOL ROAD UNIT 1 1 JEFFERSON,NC 28640	56-1892216	501(C)(3)	300,154				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BEAUFORTHYDE PARTNERSHIP FOR CHILDREN 979 WASHINGTON SQUARE MALL WASHINGTON,NC 27889	56-1992257	501(C)(3)	690,253				NC YOUNG CHILDREN
BLADEN SMART START-A PARTNERSHIP FOR CHILDREN INC PO BOX 2255 ELIZABETHTOWN,NC 28337	56-2048384	501(C)(3)	360,993				NC YOUNG CHILDREN
BLUE RIDGE PARTNERSHIP FOR CHILDREN INC PO BOX 1387 BURNSVILLE,NC 28714	56-1921260	501(C)(3)	485,140				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BUNCOMBE COUNTY PARTNERSHIP FOR CHILDREN INC 2229 RIVERSIDE DRIVE ASHEVILLE,NC 28804	56-1942178	501(C)(3)	1,669,020				NC YOUNG CHILDREN
BURKE COUNTY SMART START INC PO BOX 630 MORGANTON,NC 28680	56-1852721	501(C)(3)	1,202,315				NC YOUNG CHILDREN
CABARRUS COUNTY PARTNERSHIP FOR CHILDREN PO BOX 87 KANNAPOLIS,NC 28083	56-2088223	501(C)(3)	2,275,909				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALDWELL COUNTY SMART START A PARTNERSHIP FOR YOUNG CHILDREN P O BOX 2128 LENOIR,NC 28645	20-1090467	501(C)(3)	831,445				NC YOUNG CHILDREN
CARTERET COUNTY PARTNERSHIP FOR CHILDREN 3328-A BRIDGES STREET MOREHEAD CITY,NC 28557	56-2273396	501(C)(3)	670,579				NC YOUNG CHILDREN
CASWELL COUNTY PARTNERSHIP FOR CHILDREN PO BOX 664 YANCEYVILLE,NC 27379	56-2070459	501(C)(3)	233,885				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATAWBA COUNTY PARTNERSHIP FOR CHILDREN PO BOX 3123 HICKORY,NC 286033123	58-2139195	501(C)(3)	1,472,664				NC YOUNG CHILDREN
CHATHAM COUNTY PARTNERSHIP FOR CHILDREN 200 SANFORD HIGHWAY SUITE 4 PITTSBORO,NC 27312	56-1885127	501(C)(3)	721,012				NC YOUNG CHILDREN
CHILDREN & YOUTH PARTNERSHIP FOR DARE COUNTY INC 534 ANANIAS DARE STREET MANTEO,NC 27954	56-1885539	501(C)(3)	331,709				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S COUNCIL OF WATAUGA COUNTY INC 225 BIRCH STREET SUITE 3 BOONE,NC 28607	58-1416331	501(C)(3)	262,172				NC YOUNG CHILDREN
CLEVELAND COUNTY PARTNERSHIP FOR CHILDREN INC PO BOX 455 KINGS MOUNTAIN,NC 28086	56-1875246	501(C)(3)	956,990				NC YOUNG CHILDREN
COLUMBUS COUNTY PARTNERSHIP FOR CHILDREN INC 109 WEST MAIN STREET WHITEVILLE,NC 28472	56-1966108	501(C)(3)	406,484				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CRAVEN SMART START INC 2111F NEUSE BLVD NEW BERN,NC 28560	56-2105879	501(C)(3)	959,483				NC YOUNG CHILDREN
DOWN EAST PARTNERSHIP FOR CHILDREN PO BOX 1245 ROCKY MOUNT,NC 27802	56-1859313	501(C)(3)	2,451,893				NC YOUNG CHILDREN
DUPLIN COUNTY PARTNERSHIP FOR CHILDREN PO BOX 989 KENANSVILLE,NC 28349	56-1892438	501(C)(3)	1,110,186				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DURHAM'S PARTNERSHIP FOR CHILDREN 1201 S BRIGGS AVENUE SUITE 210 DURHAM,NC 27703	56-1892432	501(C)(3)	5,085,258				NC YOUNG CHILDREN
FRANKLIN GRANVILLE VANCE SMART START INC PO BOX 142 HENDERSON,NC 27536	56-2045172	501(C)(3)	1,387,326				NC YOUNG CHILDREN
GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC 500 FRIENDLY AVE SUITE 100 GREENSBORO,NC 27401	56-1982976	501(C)(3)	3,252,815				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HARNETT COUNTY PARTNERSHIP FOR CHILDREN INC 170 PINE STATE ST LILLINGTON,NC 27546	56-2079125	501(C)(3)	904,621				NC YOUNG CHILDREN
HERTFORD-NORTHAMPTON SMART START PARTNERSHIP FOR CHILDREN INC PO BOX 504 MURFREESBORO,NC 27855	56-1865237	501(C)(3)	473,824				NC YOUNG CHILDREN
HOKE COUNTY PARTNERSHIP FOR CHILDREN AND FAMILIES PO BOX 1209 RAEFORD,NC 28376	56-1898931	501(C)(3)	761,931				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
IREDELL COUNTY PARTNERSHIP FOR YOUNG CHILDREN INC 734 SALISBURY ROAD STATESVILLE,NC 28677	56-2005160	501(C)(3)	1,204,829				NC YOUNG CHILDREN
JONES COUNTY PARTNERSHIP FOR CHILDREN PO BOX 186 TRENTON,NC 28585	56-1857162	501(C)(3)	235,990				NC YOUNG CHILDREN
LEE COUNTY PARTNERSHIP FOR CHILDREN 143 CHATHAM STREET SANFORD,NC 27330	56-2009097	501(C)(3)	1,013,273				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LENOIRGREENE COUNTY PARTNERSHIP FOR CHILDREN 1465 HIGHWAY 258 NORTH KINSTON,NC 28504	56-1898462	501(C)(3)	1,598,152				NC YOUNG CHILDREN
MADISON COUNTY PARTNERSHIP FOR CHILDREN AND FAMILIES INC PO BOX 1657 MARS HILL,NC 28754	56-2040118	501(C)(3)	267,557				NC YOUNG CHILDREN
MARTINPITT PARTNERSHIP FOR CHILDREN INC 111-B EASTBROOK DRIVE GREENVILLE,NC 27858	56-1913394	501(C)(3)	1,441,264				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MECKLENBURG PARTNERSHIP FOR CHILDREN 601 EAST 5TH STREET SUITE 500 CHARLOTTE,NC 28202	56-1853108	501(C)(3)	7,502,364				NC YOUNG CHILDREN
MONTGOMERY COUNTY PARTNERSHIP FOR CHILDREN 404-A NORTH MAIN STREET TROY,NC 27371	58-2185898	501(C)(3)	480,477				NC YOUNG CHILDREN
ONSLOW COUNTY PARTNERSHIP FOR CHILDREN INC 900 DENNIS ROAD JACKSONVILLE,NC 28546	56-2058409	501(C)(3)	4,367,512				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ORANGE COUNTY PARTNERSHIP FOR YOUNG CHILDREN 120 PROVIDENCE RD SUITE 101 CHAPEL HILL,NC 27514	56-1844192	501(C)(3)	1,166,739				NC YOUNG CHILDREN
PAMLICO PARTNERSHIP FOR CHILDREN INC 702A MAIN STREET BAYBORO,NC 285150612	56-1874658	501(C)(3)	132,807				NC YOUNG CHILDREN
PARTNERS FOR CHILDREN & FAMILIES INC (MOORE COUNTY) 7720 NC HWY 22 SUITE C CARTHAGE,NC 28327	58-2139259	501(C)(3)	790,437				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PARTNERSHIP FOR CHILDREN OF CUMBERLAND COUNTY INC 351 WAGONER DRIVE SUITE 200 FAYETTEVILLE,NC 283034608	56-1845926	501(C)(3)	3,974,847				NC YOUNG CHILDREN
PARTNERSHIP FOR CHILDREN OF JOHNSTON COUNTY INC 1406-A S POLLOCK STREET SELMA,NC 27576	56-2063680	501(C)(3)	1,414,534				NC YOUNG CHILDREN
PARTNERSHIP FOR CHILDREN OF LINCOLNGASTON COUNTIES INC 120 ROECHLING STREET DALLAS,NC 28034	31-1539832	501(C)(3)	2,031,491				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PARTNERSHIP FOR CHILDREN OF THE FOOTHILLS 338 WITHROW ROAD FOREST CITY,NC 28043	56-2014947	501(C)(3)	898,675				NC YOUNG CHILDREN
PERSON COUNTY PARTNERSHIP FOR CHILDREN PO BOX 1791 ROXBORO,NC 27573	56-1872882	501(C)(3)	439,918				NC YOUNG CHILDREN
RANDOLPH COUNTY PARTNERSHIP FOR CHILDREN 349 SUNSET AVENUE ASHEBORO,NC 27203	31-1612024	501(C)(3)	1,094,150				NC YOUNG CHILDREN

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REACH OUT AND READ INC 56 ROLAND STREET SUITE 100D BOSTON,MA 02129	04-3481253	501(C)(3)	30,830				EARLY LITERACY/BOOKS
REGION A PARTNERSHIP FOR CHILDREN 116 JACKSON STREET SYLVA,NC 28779	56-1869575	501(C)(3)	1,214,139				NC YOUNG CHILDREN
RICHMOND COUNTY PARTNERSHIP FOR CHILDREN PO BOX 1944 ROCKINGHAM,NC 28380	31-1575604	501(C)(3)	755,516				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ROBESON COUNTY PARTNERSHIP FOR CHILDREN 210 EAST 2ND STREET LUMBERTON,NC 28358	56-1940920	501(C)(3)	1,573,067				NC YOUNG CHILDREN
ROCKINGHAM COUNTY PARTNERSHIP FOR CHILDREN INC PO BOX 325 WENTWORTH,NC 273750325	56-1974269	501(C)(3)	718,753				NC YOUNG CHILDREN
SAMPSON COUNTY PARTNERSHIP FOR CHILDREN 211 WEST MAIN STREET CLINTON,NC 283284049	31-1603397	501(C)(3)	1,042,091				NC YOUNG CHILDREN

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SCOTLAND COUNTY PARTNERSHIP FOR CHILDREN AND FAMILIES INC PO BOX 586 LAURINBURG,NC 28352	56-2094816	501(C)(3)	388,744				NC YOUNG CHILDREN
SMART START OF BRUNSWICK COUNTY INC 5140 SELLERS STREET SHALLOTTE,NC 28470	56-1885097	501(C)(3)	630,649				NC YOUNG CHILDREN
SMART START OF DAVIDSON COUNTY INC 306 EAST US HIGHWAY 64 LEXINGTON,NC 27292	56-1859989	501(C)(3)	2,657,279				NC YOUNG CHILDREN

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SMART START OF DAVIE COUNTY INC 1278 YADKINVILLE ROAD MOCKSVILLE,NC 27028	31-1600557	501(C)(3)	306,493				NC YOUNG CHILDREN
SMART START OF FORSYTH COUNTY 7820 NORTH POINT BOULEVARDSTE 200 WINSTONSALEM,NC 27106	56-1899564	501(C)(3)	4,384,386				NC YOUNG CHILDREN
SMART START OF HENDERSON COUNTY INC 722 5TH AVENUE WEST HENDERSONVILLE,NC 28739	56-2092325	501(C)(3)	806,730				NC YOUNG CHILDREN

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SMART START OF NEW HANOVER COUNTY 3534-F SOUTH COLLEGE ROAD WILMINGTON,NC 28412	56-1951952	501(C)(3)	1,399,950				NC YOUNG CHILDREN
SMART START OF PENDER COUNTY INC PO BOX 429 BURGAW,NC 284250429	56-2044085	501(C)(3)	436,510				NC YOUNG CHILDREN
SMART START OF TRANSYLVANIA COUNTY PROFESSIONAL PLAZA 93 N BROAD STREET SUITES D E BREVARD,NC 28712	31-1489864	501(C)(3)	184,122				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SMART START OF YADKIN COUNTY INC PO BOX 39 YADKINVILLE,NC 27055	56-1864667	501(C)(3)	475,138				NC YOUNG CHILDREN
SMART START ROWAN INC 1329 JAKE ALEXANDER BOULEVARD SOUTH SALISBURY,NC 28146	56-1890324	501(C)(3)	1,789,121				NC YOUNG CHILDREN
STANLY COUNTY PARTNERSHIP FOR CHILDREN PO BOX 2165 ALBEMARLE,NC 28002	56-1851138	501(C)(3)	761,258				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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STOKES PARTNERSHIP FOR CHILDREN PO BOX 2319 KING,NC 270212319	56-1888024	501(C)(3)	467,519				NC YOUNG CHILDREN
SURRY COUNTY EARLY CHILDHOOD PARTNERSHIP PO BOX 7050 MT AIRY,NC 27030	56-1938073	501(C)(3)	657,728				NC YOUNG CHILDREN
THE CHOWANPERQUIMANS SMART START PARTNERSHIP 409 OLD HERTFORD ROAD EDENTON,NC 27932	31-1622057	501(C)(3)	456,913				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE HALIFAX-WARREN SMART START PARTNERSHIP FOR CHILDREN INC PO BOX 339 ROANOKE RAPIDS,NC 27870	56-1847375	501(C)(3)	537,866				NC YOUNG CHILDREN
THE PARTNERSHIP FOR CHILDREN OF WAYNE COUNTY INC 800 NORTH WILLIAM STREET GOLDSBORO,NC 27530	56-2054262	501(C)(3)	924,056				NC YOUNG CHILDREN
TYRRELL-WASHINGTON PARTNERSHIP FOR CHILDREN INC 125-B WEST WATER STREET PLYMOUTH,NC 27962	56-1862036	501(C)(3)	271,098				NC YOUNG CHILDREN

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WAKE COUNTY SMARTSTART 4901 WATERS EDGE DRIVE SUITE 101 RALEIGH,NC 27606	56-1949415	501(C)(3)	7,652,207				NC YOUNG CHILDREN
WILKES COMMUNITY PARTNERSHIP FOR CHILDREN PO BOX 788 NORTH WILKESBORO,NC 28659	56-1875083	501(C)(3)	671,371				NC YOUNG CHILDREN
WILSON COUNTY PARTNERSHIP FOR CHILDREN PO BOX 2661 WILSON,NC 278942661	56-1942537	501(C)(3)	1,253,406				NC YOUNG CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ALLIANCE FOR CHILDREN PO BOX 988 MONROE,NC 28111	56-2052395	501(C)(3)	1,323,679				NC YOUNG CHILDREN
HYDE COUNTY BOARD OF EDUCATION PO BOX 217 SWAN QUARTER,NC 27885	56-6001052	GOVERNMENT	13,790				NC YOUNG CHILDREN

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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

2015

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS IS PROVIDED WITH THE FORM 990 FOR REVIEW
FORM 990, PART VI, SECTION B, LINE 12C	THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC (NCPC) RECOGNIZES THAT EFFECTIVE GOVERNA NCE DEPENDS ON DELIBERATE, THOUGHTFUL, AND DISINTERESTED DECISION-MAKING BY ITS DIRECTORS, OFFICERS AND STAFF MOREOVER, NCPC'S WORK DEPENDS ON THE CONTINUED TRUST AND CONFIDENCE I N ITS INTEGRITY, WHICH IS GROUNDED IN FAIR AND RESPONSIBLE DECISION-MAKING THE BOARD OF D IRECTORS OF NCPC BELIEVES IT IS IN THE BEST INTEREST OF NCPC TO ESTABLISH A CLEAR AND CONC ISE CONFLICT OF INTEREST POLICY THE CONFLICT OF INTEREST POLICY IS INTENDED TO PROMOTE TH E AVOIDANCE OF CONFLICTS OF INTEREST AND THE APPEARANCE OF IMPROPRIETY BY NCPC DIRECTORS, OFFICERS AND STAFF IT SETS THE RULES FOR CONDUCT, INCLUDING DISCLOSURE BY DIRECTORS AND O FFICERS OF PERSONAL OR FINANCIAL INTERESTS THAT MAY AFFECT THE BUSINESS OF NCPC ANNUALLY EACH MEMBER OF THE BOARD IS REQUIRED TO REVIEW A COPY OF THE POLICY AND TO ACKNOWLEDGE THA T HE OR SHE HAS DONE SO THE POLICY IS MONITORED AND ENFORCED THROUGH THE FOLLOWING ACTION S A PRIOR TO ACTION ON A CONTRACT OR TRANSACTION, THE BOARD OR COMMITTEE CHAIR SHALL ASK THE GROUP TO IDENTIFY ACTUAL OR PERCEIVED CONFLICTS OF INTEREST A DIRECTOR WHO KNOWS HE OR SHE HAS A CONFLICT OF INTEREST SHALL DISCLOSE THE CONFLICT AND SUCH DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING B WHEN THERE IS A DOUBT AS TO WHETHER A CONFLIC T EXISTS, THE MATTER SHALL BE RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS EXCLUDING THE P ERSON(S) CONCERNING WHOSE SITUATION THE DOUBT HAS ARISEN C ALL APPOINTED BOARD MEMBERS S HALL AVOID CONFLICTS OF INTEREST AND THE APPEARANCE OF IMPROPRIETY SHOULD INSTANCES ARISE WHEN A CONFLICT MAY BE PERCEIVED, ANY INDIVIDUAL WHO MAY BENEFIT DIRECTLY OR INDIRECTLY F ROM THE NCPC'S DISBURSEMENT OF FUNDS SHALL ABSTAIN FROM PARTICIPATING IN ANY DECISION OR D ELIBERATIONS BY NCPC REGARDING THE DISBURSEMENT OF FUNDS D THE PERSON KNOWN TO HAVE A CO NFLICT OF INTEREST MAY NOT VOTE ON THE CONTRACT OR TRANSACTION AND MUST LEAVE THE ROOM DUR ING THE VOTE UNLESS LEAVING THE ROOM BRINGS ATTENDANCE BELOW THE LEVEL OF A QUORUM THE OF FICIAL MINUTES SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND PERSON (S) WIT H THE CONFLICT WERE NOT PRESENT DURING THE VOTE AND DID NOT VOTE ON THE MATTER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	SALARIES AND WAGES OF ALL EMPLOYEES ARE SET IN ACCORDANCE WITH A FORMAL PAY PLAN WHICH INCLUDES PAY GRADES (WITH MINIMUM, MID-POINT AND MAXIMUM PAY RATES) THE PLAN WAS ORIGINALLY DEVELOPED BY AN INDEPENDENT CONSULTANT AND IS BASED ON THE NATIONAL POSITION EVALUATION PLAN PUBLISHED BY THE MANAGEMENT ASSOCIATIONS OF AMERICA IT IS UPDATED PERIODICALLY BY BENCHMARKING PAY RATES AGAINST DATA FROM CAPITAL ASSOCIATED INDUSTRIES OF RALEIGH, NC, WHICH CONDUCTS ANNUAL SALARY SURVEYS, AND OCCUPATION SPECIFIC AND LOCATION-SPECIFIC DATA FROM THE OCCUPATIONAL EMPLOYMENT AND WAGES STATISTICS PROGRAM OF THE EMPLOYMENT SECURITY 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 CE STRUCTURE, BOARD COMMITTEE ROLES, AND MEETING DATES ARE POSTED ON OUR WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS IS PROVIDED WITH THE FORM 990 FOR REVIEW