

EXTENDED TO MAY 15, 2025

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC.		D Employer identification number 56-1850485
	Doing business as		E Telephone number 919-821-7999
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 123,946,896.
	1100 WAKE FOREST ROAD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code RALEIGH, NC 27604		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
F Name and address of principal officer: AMY CUBBAGE SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.SMARTSTART.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
L Year of formation: 1993 M State of legal domicile: NC			

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ADVANCE A HIGH QUALITY, COMPREHENSIVE, ACCOUNTABLE EARLY CHILDHOOD SYSTEM THAT BENEFITS EACH		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	22
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	55
	6	Total number of volunteers (estimate if necessary)	6	48
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 121,482,658.	Current Year 123,710,487.
	9	Program service revenue (Part VIII, line 2g)	241,375.	223,238.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,584.	13,171.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	121,733,617.	123,946,896.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	113,567,481.	115,786,960.
	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)	4,720,677.	4,690,347.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	110,470.	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,016,785.	2,440,092.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	121,304,943.	122,917,399.
	19	Revenue less expenses. Subtract line 18 from line 12	428,674.	1,029,497.
	20	Total assets (Part X, line 16)	Beginning of Current Year 19,071,119.	End of Year 13,435,725.
	21	Total liabilities (Part X, line 26)	17,115,107.	10,450,216.
22	Net assets or fund balances. Subtract line 21 from line 20	1,956,012.	2,985,509.	

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 AMY CUBBAGE, PRESIDENT		Date
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name ELIZABETH MAUCH	Preparer's signature <i>Elizabeth Mauch</i>	Date 05/08/25
	Firm's name BLACKMAN & SLOOP ADVISORS, INC.	Firm's EIN 56-1304727	Check if self-employed <input type="checkbox"/> PTIN P01988953
	Firm's address 1414 RALEIGH ROAD, 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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

NORTH CAROLINA PARTNERSHIP FOR
CHILDREN, INC.

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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:

THE NORTH CAROLINA PARTNERSHIP PROVIDES STATEWIDE OVERSIGHT OF NORTH CAROLINA'S SMART START EARLY CHILDHOOD INITIATIVE. SMART START IS A NETWORK OF 75 INDEPENDENT NONPROFIT LOCAL PARTNERSHIPS SERVING ALL 100 NORTH CAROLINA COUNTIES. THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN

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 \$ 106,472,949. including grants of \$ 106,365,258.) (Revenue \$)
SMART START - BACKBONE SUPPORT FROM NCPC

SMART START BRINGS COMMUNITIES TOGETHER INCLUDING PARENTS, EARLY LEARNING AND HEALTH PROFESSIONALS, FAITH-BASED LEADERS, EDUCATORS, BUSINESS LEADERS, AND ELECTED OFFICIALS TO COORDINATE SERVICES AND ADDRESS SERVICE GAPS TO SUPPORT CHILDREN. THIS SUPPORT CAN START AT BIRTH WITHIN THE HOSPITAL AND CONTINUE IN THE HOME AND AT SCHOOL. THE NETWORK PROVIDES TOOLS AND RESOURCES TO EXPAND LEARNING OPPORTUNITIES FOR YOUNG CHILDREN SO THEY CAN GROW TO BE HEALTHY, PRODUCTIVE, AND WELL-ROUNDED STUDENTS, PARENTS, WORKERS, AND LEADERS. THIS SUPPORT IS CRUCIAL AS MANY CHILDREN DO NOT HAVE ACCESS TO THE EXPERIENCES OR ENVIRONMENTS THAT FOSTER HEALTHY BRAIN DEVELOPMENT, SUCH AS SUPPORTIVE

4b (Code:) (Expenses \$ 8,001,201. including grants of \$ 7,970,964.) (Revenue \$)
PROMOTING AND STRENGTHENING EARLY LITERACY:

A CHILD'S EARLY YEARS ARE CRITICAL FOR LANGUAGE DEVELOPMENT, AND SMART START PLAYS A VITAL ROLE IN PROMOTING LITERACY FROM THE START. THIS SUPPORT STARTS AT HOME AND LITERACY DEVELOPMENT AND PROMOTION IS A CRITICAL PART OF SUPPORTING FAMILIES. SMART START SUPPORTS A RANGE OF PROGRAMS AIMED AT BUILDING THE SKILLS CHILDREN NEED FOR SUCCESS IN SCHOOL AND LIFE. PROGRAMS LIKE DOLLY PARTON'S IMAGINATION LIBRARY (DPIL), RAISING A READER, MOTHEREAD/FATHEREAD, AND BOOK BABIES FOSTER LANGUAGE-RICH INTERACTIONS, ENHANCE READING FREQUENCY, AND STRENGTHEN RELATIONSHIPS BETWEEN CHILDREN AND THEIR FAMILIES.

4c (Code:) (Expenses \$ 4,661,400. including grants of \$ 1,450,738.) (Revenue \$ 223,238.)
NETWORKWIDE PROJECTS TO SUPPORT PRIMARY CONTENT AREAS OF EARLY CARE AND EDUCATION, FAMILY SUPPORT, AND CHILD AND FAMILY HEALTH

IN AN EFFORT TO LIVE INTO THE LEGISLATIVE VISION OF SMART START AS A PUBLIC-PRIVATE PARTNERSHIP THAT INNOVATES TO STRENGTHEN THE STATE'S EARLY CHILDHOOD SYSTEM, NCPC, IN PARTNERSHIP WITH STATE AGENCIES, PHILANTHROPIC AND OTHER EARLY CHILDHOOD ORGANIZATIONS, HAS PLAYED A LEADING ROLE IN OTHER PROJECTS AND INITIATIVES, SUCH AS THESE PROGRAMS IN 2023-2024 (SEE 2023-24 SMART START IMPACT REPORT FOR MORE DETAILS):

--SMART START SUPPORTS CHILD CARE QUALITY: SMART START'S INFRASTRUCTURE PROVIDES ESSENTIAL SUPPORT TO ENHANCE CHILD CARE QUALITY. SMART START

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 119,135,550.

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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

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	21
b Enter the number of Forms W-2G included on 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	X

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Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
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?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for 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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
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		X
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		X
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		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		
9 Sponsoring organizations maintaining donor advised funds.			
a 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		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <i>If "Yes," see the instructions and file Form 4720, Schedule N.</i>	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? <i>If "Yes," complete Form 6069.</i>	17		

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

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

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	22	
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 on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b	22	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
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 on Schedule O	9		X

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		X
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		X
b Describe on 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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process on 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		X
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 NC

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on 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
JOSEPH BROWNLEE - 984-212-3375
1100 WAKE FOREST ROAD, RALEIGH, NC 27604

**NORTH CAROLINA PARTNERSHIP FOR
CHILDREN, INC.**

Form 990 (2023)

56-1850485 Page **7**

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

☐ 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) MS. AMY CUBBAGE PRESIDENT	40.00			X				150,025.	0.	20,165.
(2) MS. SAFIYAH JACKSON VICE PRESIDENT	40.00			X				127,190.	0.	19,965.
(3) MS. LISA C. RASH CFO/ASST TREAS/SEC THR:11/23	40.00			X				111,560.	0.	18,021.
(4) MS. MELISSA CHESTON ASST TREAS FR: 11/23-4/24	40.00			X				85,066.	0.	2,400.
(5) MS. JESSICA CARTER ASST SECRETARY FR:11/23	40.00			X				84,079.	0.	2,403.
(6) MR. JOSEPH BROWNLEE CFO/ASST TREAS FR: 4/24	40.00			X				0.	0.	0.
(7) DR. REBECCA AYERS DIRECTOR THR: 12/23	2.00	X						0.	0.	0.
(8) REV. RENEE B. BETHEA DIRECTOR FR: 1/24	2.00	X						0.	0.	0.
(9) MS. VICTORIA BROWN DIRECTOR	2.00	X						0.	0.	0.
(10) MS. MADISON S. DOWNING DIRECTOR	2.00	X						0.	0.	0.
(11) MS. ARIEL FORD DIRECTOR (EX OFFICIO) THR:6/24	2.00	X						0.	0.	0.
(12) MS. FRANCESCA GARY DIRECTOR	2.00	X						0.	0.	0.
(13) MS. SHERRY HEUSER DIRECTOR FR: 1/24	2.00	X						0.	0.	0.
(14) MS. MONIKA HOSTLER DIRECTOR THR: 12/23	2.00	X						0.	0.	0.
(15) DR. ANTHONY D. JACKSON DIRECTOR	2.00	X						0.	0.	0.
(16) MS. BETTY CROW KENNEDY DIRECTOR	2.00	X						0.	0.	0.
(17) MS. ROSA MARIA MATTHEWS DIRECTOR	2.00	X						0.	0.	0.

**NORTH CAROLINA PARTNERSHIP FOR
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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 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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			
(18) MS. ASHLEY NEAL DIRECTOR	2.00	X						0.	0.	0.
(19) MR. JOSEPH C. PATTERSON DIRECTOR	2.00	X						0.	0.	0.
(20) MS. NELL ROSE DIRECTOR	2.00	X						0.	0.	0.
(21) DR. REBECCA SIMPKIN DIRECTOR	2.00	X						0.	0.	0.
(22) MS. TINA SHERMAN DIRECTOR	2.00	X						0.	0.	0.
(23) MS. CHANNAH VANREGENMORTER DIRECTOR THR: 6/24	2.00	X						0.	0.	0.
(24) MS. ELIZABETH HOPE STAR DIRECTOR	2.00	X						0.	0.	0.
(25) DR. KHADIJIA TRIBIE REID DIRECTOR	2.00	X						0.	0.	0.
(26) MS. LAURIE S. URLAND DIRECTOR FR: 1/24	2.00	X						0.	0.	0.
1b Subtotal								557,920.	0.	62,954.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								557,920.	0.	62,954.

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, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COHNREZNICK LLP, 525 NORTH TRYON ST, SUITE 800, CHARLOTTE, NC 28202	ACCOUNTING AND CONSULTING	328,700.
MAST, EVANS & ISENHOUR, LLP PO BOX 1029, CONOVER, NC 28613	ACCOUNTNG SERVICES	316,143.
JOBOT LLC, 3101 W. PACIFIC COAST HIGHWAY, NEWPORT BEACH, CA 92663	CONTRACTED SERVICES	243,818.
HERSEY C FOREHAND IV (& IV TECHNOLOGY & DES 167 ARBOR LN, BOONE, NC 28607	CREATIVE & BRANDING SERVICES	103,687.

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

Form 990

Part VII

(F)
Estimated
amount of
other
compensation
from the
organization
and related
organizations

0.

0.

0.

0.

0.

0.

0.

332201
04-01-23

**NORTH CAROLINA PARTNERSHIP FOR
CHILDREN, INC.**

Form 990 (2023)

56-1850485 Page **9**

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	122,524,819.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,185,668.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a EVENT REGISTRATIONS	Business Code 900099		223,238.	223,238.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			223,238.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			13,171.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b					
c Gain or (loss)		7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			123946896.	223,238.	0.	13,171.

**NORTH CAROLINA PARTNERSHIP FOR
CHILDREN, INC.**

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56-1850485 Page **10**

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 ...	115,786,960.	115,786,960.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	592,083.	287,059.	292,887.	12,137.
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	3,197,925.	1,534,645.	1,598,862.	64,418.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	210,873.	103,532.	102,747.	4,594.
9 Other employee benefits	412,096.	224,827.	177,278.	9,991.
10 Payroll taxes	277,370.	132,646.	138,633.	6,091.
11 Fees for services (nonemployees):				
a Management	113,698.		113,698.	
b Legal	17,065.		17,065.	
c Accounting	422,233.		422,233.	
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 Sch O.)	782,022.	640,009.	129,523.	12,490.
12 Advertising and promotion	742.		742.	
13 Office expenses	60,018.	38,857.	21,161.	
14 Information technology	299,369.	83,305.	216,064.	
15 Royalties				
16 Occupancy				
17 Travel	76,157.	65,836.	9,822.	499.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	149,591.	137,053.	12,538.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	258,552.		258,552.	
23 Insurance	23,328.	1,272.	22,056.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	101,113.	6,203.	94,713.	197.
b DUES & SUBSCRIPTIONS	54,620.	44,506.	10,061.	53.
c NONCAPITALIZED EQUIPMEN	49,661.	39,722.	9,939.	
d REPAIRS & MAINTENANCE	17,395.		17,395.	
e All other expenses	14,528.	9,118.	5,410.	
25 Total functional expenses. Add lines 1 through 24e	122,917,399.	119,135,550.	3,671,379.	110,470.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**NORTH CAROLINA PARTNERSHIP FOR
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Form 990 (2023)

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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	7,108,363.	1	100.
	2 Savings and temporary cash investments	3,113.	2	6,409,439.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	10,301,811.	4	5,281,711.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	223,764.	9	150,881.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,116,425.		
	b Less: accumulated depreciation	919,581.		
		1,434,068.	10c	1,196,844.
	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	0.	15	396,750.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	19,071,119.	16	13,435,725.	
Liabilities	17 Accounts payable and accrued expenses	717,633.	17	129,863.
	18 Grants payable		18	
	19 Deferred revenue	2,536,891.	19	2,470,506.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	13,860,583.	25	7,849,847.
	26 Total liabilities. Add lines 17 through 25	17,115,107.	26	10,450,216.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,910,587.	27	2,946,432.
	28 Net assets with donor restrictions	45,425.	28	39,077.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,956,012.	32	2,985,509.
	33 Total liabilities and net assets/fund balances	19,071,119.	33	13,435,725.

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**NORTH CAROLINA PARTNERSHIP FOR
CHILDREN, INC.**

Form 990 (2023)

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Part XI Reconciliation 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	123,946,896.
2	Total expenses (must equal Part IX, column (A), line 25)	2	122,917,399.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,029,497.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,956,012.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,985,509.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form **990** (2023)

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number	56-1850485
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The organization is not a private foundation because it is: (For lines 1 through 12, 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).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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).

g. Provide the following information about the supported organization(s):						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	105618018	109770676	112738774	121482658	123710487	573320613
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	105618018	109770676	112738774	121482658	123710487	573320613
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.						573320613

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	105618018	109770676	112738774	121482658	123710487	573320613
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,921.	1,945.	2,202.	9,584.	13,171.	29,823.
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.)						
11 Total support. Add lines 7 through 10						573350436
12 Gross receipts from related activities, etc. (see instructions)					12	617,205.

13 First 5 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 2023 (line 6, column (f), divided by line 11, column (f))	14	99.99 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2023. 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 <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2022. 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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 5 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**NORTH CAROLINA PARTNERSHIP FOR
CHILDREN, INC.**

Schedule A (Form 990) 2023

56-1850485 Page 5

Part IV Supporting Organizations (continued)

	Yes	No
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 on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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? <i>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.</i>	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)? <i>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).</i>	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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? <i>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.</i>	2a	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

**NORTH CAROLINA PARTNERSHIP FOR
CHILDREN, INC.**

Schedule A (Form 990) 2023

56-1850485 Page 6

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 (*explain in Part VI*). **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):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

**NORTH CAROLINA PARTNERSHIP FOR
CHILDREN, INC.**

Schedule A (Form 990) 2023

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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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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.)

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

NORTH CAROLINA PARTNERSHIP FOR
CHILDREN, INC.

Employer identification number

56-1850485

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization

NORTH CAROLINA PARTNERSHIP FOR
CHILDREN, INC.

Employer identification number

56-1850485

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NC DEPT OF HEALTH & HUMAN SERVICES 2001 MAIL SERVICE CENTER RALEIGH, NC 27699	\$ 122,524,819.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

56-1850485

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____

Name of organization

**NORTH CAROLINA PARTNERSHIP FOR
CHILDREN, INC.**

Employer identification number

56-1850485**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**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 organization NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC.	Employer identification number 56-1850485
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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 campaign activity expenditures \$

3 Volunteer hours for political campaign activities

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-.

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

Schedule C (Form 990) 2023

NORTH CAROLINA PARTNERSHIP FOR
CHILDREN, INC.**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 (grassroots 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.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.			
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.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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) 2020	(b) 2021	(c) 2022	(d) 2023	(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					

NORTH CAROLINA PARTNERSHIP FOR
CHILDREN, INC.**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)		(b)
	Yes	No	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?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		15,534.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		56,126.
j Total. Add lines 1c through 1i			71,660.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
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 campaign activity 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 expenditures 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

PROVIDED LEGISLATIVE STRATEGY TO OTHER NOT-FOR-PROFIT ORGANIZATIONS FOR

NORTH CAROLINA'S EARLY CHILDHOOD INITIATIVE TO PREPARE CHILDREN FROM

BIRTH TO AGE FIVE FOR SCHOOL THROUGH FACILITATION OF MEETINGS WITH

STATE LEGISLATORS.

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

NORTH CAROLINA PARTNERSHIP FOR
CHILDREN, INC.**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 make 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 program
 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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	24,000.	24,916.	26,015.	26,006.	24,000.
b Contributions		186.			2,000.
c Net investment earnings, gains, and losses	24.	26.	7.	9.	6.
d Grants or scholarships		1,000.	1,106.		
e Other expenditures for facilities and programs		128.			
f Administrative expenses					
g End of year balance	24,024.	24,000.	24,916.	26,015.	26,006.

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 99.9000 %
 c Term endowment .1000 %

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:

- (i) Unrelated organizations? _____
 (ii) Related organizations? _____

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

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" on 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)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		570,938.	529,682.	41,256.
e Other		1,545,487.	389,899.	1,155,588.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,196,844.

NORTH CAROLINA PARTNERSHIP FOR
CHILDREN, INC.**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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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
(1) Federal income taxes	
(2) DUE TO THE STATE OF NC	6,577,304.
(3) COMPENSATED ABSENCES	178,835.
(4) LEASE PAYABLE	1,040,274.
(5) SUBSCRIPTION LIABILITIES	53,434.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	7,849,847.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

NORTH CAROLINA PARTNERSHIP FOR
CHILDREN, INC.**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	123,946,896.
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	123,946,896.
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	123,946,896.

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	122,917,399.
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	122,917,399.
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	122,917,399.

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.

PART V, LINE 4:

THE ENDOWMENT FUNDS INCLUDED IN PART V ARE TO BE USED TO PROVIDE AN AWARD TO ONE OF THE SMART START NOT-FOR-PROFITS THAT THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN OVERSEES.

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.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALAMANCE PARTNERSHIP FOR CHILDREN 2322 RIVER ROAD BURLINGTON, NC 27217	56-1884459	501(C)(3)	1026389.	0.			NC YOUNG CHILDREN
ALBEMARLE ALLIANCE FOR CHILDREN AND FAMILIES, INC. - 1403 PARKVIEW DRIVE - ELIZABETH CITY, NC 27909-6533	56-2088109	501(C)(3)	1788388.	0.			NC YOUNG CHILDREN
ALEXANDER COUNTY PARTNERSHIP FOR CHILDREN - P.O. BOX 1661 - TAYLORSVILLE, NC 28681	56-1995412	501(C)(3)	359,145.	0.			NC YOUNG CHILDREN
ALLEGHANY PARTNERSHIP FOR CHILDREN, INC. - P.O. BOX 1643 - SPARTA, NC 28675	56-1928008	501(C)(3)	145,048.	0.			NC YOUNG CHILDREN
ALLIANCE FOR CHILDREN (AKA: UNION SMART START) - P.O. BOX 988 - MONROE, NC 28111	56-2052395	501(C)(3)	1527166.	0.			NC YOUNG CHILDREN
ANSON COUNTY PARTNERSHIP FOR CHILDREN - 117 SOUTH GREENE STREET - WADESBORO, NC 28170	56-1987729	501(C)(3)	376,887.	0.			NC YOUNG CHILDREN

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

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

Schedule I (Form 990) 2023

**NORTH CAROLINA PARTNERSHIP FOR
CHILDREN, INC.**

Schedule I (Form 990)

56-1850485

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASHE COUNTY PARTNERSHIP FOR CHILDREN - P.O. BOX 156 - JEFFERSON, NC 28640	56-1892216	501(C)(3)	367,862.	0.			NC YOUNG CHILDREN
BEAUFORT/HYDE PARTNERSHIP FOR CHILDREN - 979 WASHINGTON SQUARE MALL - WASHINGTON, NC 27889	56-1992257	501(C)(3)	570,051.	0.			NC YOUNG CHILDREN
BLADEN SMART START: A PARTNERSHIP FOR CHILDREN, INC. - P.O. BOX 2255 - ELIZABETHTOWN, NC 28337	56-2048384	501(C)(3)	477,234.	0.			NC YOUNG CHILDREN
BLUE RIDGE PARTNERSHIP FOR CHILDREN (AVERY, MITCHELL-YANCEY) - P.O. BOX 1387 - BURNSVILLE, NC 28714	56-1921260	501(C)(3)	622,299.	0.			NC YOUNG CHILDREN
BUNCOMBE COUNTY PARTNERSHIP FOR CHILDREN, INC. - 2229 RIVERSIDE DRIVE - ASHEVILLE, NC 28804	56-1942178	501(C)(3)	1,560,629.	0.			NC YOUNG CHILDREN
BURKE COUNTY SMART START, INC. P.O. BOX 630 MORGANTON, NC 28680	56-1852721	501(C)(3)	1,973,166.	0.			NC YOUNG CHILDREN
CABARRUS COUNTY PARTNERSHIP FOR CHILDREN - P.O. BOX 87 - KANNAPOLIS, NC 28083	56-2088223	501(C)(3)	1,654,856.	0.			NC YOUNG CHILDREN
CALDWELL CO BOARD OF EDUCATION 1914 HICKORY BLVD., SW LENOIR, NC 28645	56-6000998	501(C)(3)	17,782.	0.			NC YOUNG CHILDREN
CALDWELL COUNTY SMART START A PARTNERSHIP FOR YOUNG CHILDREN - P.O. BOX 689 - HUDSON, NC 28638	20-1090467	501(C)(3)	937,610.	0.			NC YOUNG CHILDREN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARTERET COUNTY PARTNERSHIP FOR CHILDREN - 3328-A BRIDGES STREET - MOREHEAD CITY, NC 28557	56-2273396	501(C)(3)	721,917.	0.			NC YOUNG CHILDREN
CASWELL COUNTY PARTNERSHIP FOR CHILDREN - P.O. BOX 664 - YANCEYVILLE, NC 27379	56-2070459	501(C)(3)	249,279.	0.			NC YOUNG CHILDREN
CATAWBA COUNTY PARTNERSHIP FOR CHILDREN - P.O. BOX 3123 - HICKORY, NC 28603-3123	58-2139195	501(C)(3)	1,659,928.	0.			NC YOUNG CHILDREN
CHATHAM COUNTY PARTNERSHIP FOR CHILDREN - P.O. BOX 637 - PITTSBORO, NC 27312	56-1885127	501(C)(3)	775,398.	0.			NC YOUNG CHILDREN
CHILDREN & YOUTH PARTNERSHIP FOR DARE COUNTY, INC. - 534 ANANIAS DARE STREET - MANTEO, NC 27954	56-1885539	501(C)(3)	376,910.	0.			NC YOUNG CHILDREN
CHILDREN'S COUNCIL OF WATAUGA COUNTY, INC. - 225 BIRCH STREET, SUITE 3 - BOONE, NC 28607	58-1416331	501(C)(3)	634,851.	0.			NC YOUNG CHILDREN
CLEVELAND COUNTY PARTNERSHIP FOR CHILDREN, INC. - P.O. BOX 455 - KINGS MOUNTAIN, NC 28086	56-1875246	501(C)(3)	1,412,602.	0.			NC YOUNG CHILDREN
COASTAL HORIZONS CENTER, INC. 615 SHIPYARD BLVD WILMINGTON, NC 28412	56-0950370	501(C)(3)	55,166.	0.			NC YOUNG CHILDREN
COLUMBUS COUNTY PARTNERSHIP FOR CHILDREN, INCORPORATED - 109 WEST MAIN STREET - WHITEVILLE, NC 28472	56-1966108	501(C)(3)	565,582.	0.			NC YOUNG CHILDREN

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COMMUNITIES IN SCHOOLS OF CAPE FEAR - PO BOX 398 - WILMINGTON, NC 28402	20-3385755	501(C)(3)	33,904.	0.			NC YOUNG CHILDREN
CRAVEN SMART START, INC. 2111F NEUSE BLVD. NEW BERN, NC 28560	56-2105879	501(C)(3)	1,091,425.	0.			NC YOUNG CHILDREN
DOWN EAST PARTNERSHIP FOR CHILDREN P.O. BOX 1245 ROCKY MOUNT, NC 27802	56-1859313	501(C)(3)	2,500,029.	0.			NC YOUNG CHILDREN
DUPLIN COUNTY PARTNERSHIP FOR CHILDREN - P.O. BOX 989 - KENANSVILLE, NC 28349	56-1892438	501(C)(3)	1,098,436.	0.			NC YOUNG CHILDREN
DURHAM'S PARTNERSHIP FOR CHILDREN 1201 S. BRIGGS AVENUE, SUITE 210 DURHAM, NC 27703	56-1892432	501(C)(3)	5,648,019.	0.			NC YOUNG CHILDREN
FRANKLIN GRANVILLE VANCE SMART START, INC. - P.O. BOX 142 - HENDERSON, NC 27536	56-2045172	501(C)(3)	1,505,415.	0.			NC YOUNG CHILDREN
GUILFORD COUNTY PARTNERSHIP FOR CHILDREN, INC. - 500 W. FRIENDLY AVENUE, SUITE 100 - GREENSBORO, NC 27401	56-1982976	501(C)(3)	3,614,342.	0.			NC YOUNG CHILDREN
HARNETT COUNTY PARTNERSHIP FOR CHILDREN, INC. - 170 PINE STATE STREET - LILLINGTON, NC 27546	56-2079125	501(C)(3)	1,519,178.	0.			NC YOUNG CHILDREN
HERTFORD-NORTHAMPTON SMART START PARTNERSHIP FOR CHILDREN, INC. - P.O. BOX 504 - MURFREESBORO, NC 27855	56-1865237	501(C)(3)	559,082.	0.			NC YOUNG CHILDREN

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HOKE COUNTY PARTNERSHIP FOR CHILDREN AND FAMILIES - P.O. BOX 1209 - RAEFORD, NC 28376	56-1898931	501(C)(3)	901,442.	0.			NC YOUNG CHILDREN
IREDELL COUNTY PARTNERSHIP FOR YOUNG CHILDREN, INC. - 734 SALISBURY ROAD - STATESVILLE, NC 28677	56-2005160	501(C)(3)	1,279,301.	0.			NC YOUNG CHILDREN
JONES COUNTY PARTNERSHIP FOR CHILDREN - P.O. BOX 186 - TRENTON, NC 28585	56-1857162	501(C)(3)	225,771.	0.			NC YOUNG CHILDREN
LEE COUNTY PARTNERSHIP FOR CHILDREN AND FAMILIES - 507 N. STEELE STREET, #14 - SANFORD, NC 27330	56-2009097	501(C)(3)	1,098,065.	0.			NC YOUNG CHILDREN
LENOIR/GREENE COUNTY PARTNERSHIP FOR CHILDREN - 1465 HIGHWAY 258 NORTH - KINSTON, NC 28504	56-1898462	501(C)(3)	1,602,979.	0.			NC YOUNG CHILDREN
MADISON COUNTY PARTNERSHIP FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 1657 - MARS HILL, NC 28754	56-2040118	501(C)(3)	351,007.	0.			NC YOUNG CHILDREN
MARTIN/PITT PARTNERSHIP FOR CHILDREN, INC. - 111-B EASTBROOK DRIVE - GREENVILLE, NC 27858	56-1913394	501(C)(3)	1,654,025.	0.			NC YOUNG CHILDREN
MECKLENBURG PARTNERSHIP FOR CHILDREN - 601 EAST 5TH STREET, SUITE 500 - CHARLOTTE, NC 28202	56-1853108	501(C)(3)	7,628,916.	0.			NC YOUNG CHILDREN
MONTGOMERY COUNTY PARTNERSHIP FOR CHILDREN - 404-A NORTH MAIN STREET - TROY, NC 27371	58-2185898	501(C)(3)	471,788.	0.			NC YOUNG CHILDREN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONslow COUNTY PARTNERSHIP FOR CHILDREN, INC. - 900 DENNIS ROAD - JACKSONVILLE, NC 28546	56-2058409	501(C)(3)	5,347,560.	0.			NC YOUNG CHILDREN
ORANGE COUNTY PARTNERSHIP FOR YOUNG CHILDREN - 120 PROVIDENCE ROAD, SUITE 101 - CHAPEL HILL, NC 27514	56-1844192	501(C)(3)	1,516,946.	0.			NC YOUNG CHILDREN
PAMLICO PARTNERSHIP FOR CHILDREN, INC. - 702A MAIN STREET - BAYBORO, NC 28515	56-1874658	501(C)(3)	215,670.	0.			NC YOUNG CHILDREN
PARTNERS FOR CHILDREN & FAMILIES, INC. (MOORE COUNTY) - 7720 NC HWY 22 - CARTHAGE, NC 28327	58-2139259	501(C)(3)	942,732.	0.			NC YOUNG CHILDREN
PARTNERSHIP FOR CHILDREN OF CUMBERLAND COUNTY, INC. - 351 WAGONER DRIVE, SUITE 200 - FAYETTEVILLE, NC 28303	56-1845926	501(C)(3)	4,824,962.	0.			NC YOUNG CHILDREN
PARTNERSHIP FOR CHILDREN OF JOHNSTON COUNTY, INC. - 1406-A S POLLOCK STREET - SELMA, NC 27576	56-2063680	501(C)(3)	1,918,600.	0.			NC YOUNG CHILDREN
PARTNERSHIP FOR CHILDREN OF LINCOLN/GASTON COUNTIES, INC. - 120 ROECHLING STREET - DALLAS, NC 28034	31-1539832	501(C)(3)	2,394,354.	0.			NC YOUNG CHILDREN
PERSON COUNTY PARTNERSHIP FOR CHILDREN - P.O. BOX 1791 - ROXBORO, NC 27573	56-1872882	501(C)(3)	524,068.	0.			NC YOUNG CHILDREN
PINNACLE COMMUNITY DEVELOPMENT CORP. DBA TOGETHER FOR RESILIENT YOUTH (TRY) - PINNACLE COMMUNITY DEVELOPMENT CORP - DURHAM, NC	20-4459428	501(C)(3)	41,500.	0.			NC YOUNG CHILDREN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RANDOLPH COUNTY PARTNERSHIP FOR CHILDREN - 349 SUNSET AVENUE - ASHEBORO, NC 27203	31-1612024	501(C)(3)	1,102,771.	0.			NC YOUNG CHILDREN
REGION A PARTNERSHIP FOR CHILDREN (HAYWOOD, JACKSON, SWAIN, GRAHAM, MACON, - 116 JACKSON STREET - SYLVA, NC 28779	56-1869575	501(C)(3)	1,288,014.	0.			NC YOUNG CHILDREN
RICHMOND COUNTY PARTNERSHIP FOR CHILDREN - P.O. BOX 1944 - ROCKINGHAM, NC 28380-1944	31-1575604	501(C)(3)	797,742.	0.			NC YOUNG CHILDREN
ROBESON COUNTY PARTNERSHIP FOR CHILDREN - 210 EAST 2ND STREET - LUMBERTON, NC 28358	56-1940920	501(C)(3)	1,563,651.	0.			NC YOUNG CHILDREN
ROCKINGHAM COUNTY PARTNERSHIP FOR CHILDREN, INC. - P.O. BOX 325 - WENTWORTH, NC 27375-0325	56-1974269	501(C)(3)	805,692.	0.			NC YOUNG CHILDREN
RUTHERFORD/POLK SMART START PARTNERSHIP - 338 WITHROW ROAD - FOREST CITY, NC 28043	56-2014947	501(C)(3)	1,130,341.	0.			NC YOUNG CHILDREN
SAMPSON COUNTY PARTNERSHIP FOR CHILDREN - 211 WEST MAIN STREET - CLINTON, NC 28328-4049	31-1603397	501(C)(3)	1,158,547.	0.			NC YOUNG CHILDREN
SCOTLAND COUNTY PARTNERSHIP FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 586 - LAURINBURG, NC 28352	56-2094816	501(C)(3)	432,034.	0.			NC YOUNG CHILDREN
SMART START OF BRUNSWICK COUNTY, INC. - 5140 SELLERS STREET - SHALLOTTE, NC 28470	56-1885097	501(C)(3)	693,488.	0.			NC YOUNG CHILDREN

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SMART START OF DAVIDSON COUNTY, INC. - 306 EAST US HWY 64 - LEXINGTON, NC 27292	56-1859989	501(C)(3)	2,781,114.	0.			NC YOUNG CHILDREN
SMART START OF DAVIE COUNTY, INC. 1278 YADKINVILLE ROAD MOCKSVILLE, NC 27028	31-1600557	501(C)(3)	322,125.	0.			NC YOUNG CHILDREN
SMART START OF FORSYTH COUNTY 7820 NORTH POINT BOULEVARD, SUITE 2 WINSTON-SALEM, NC 27106	56-1899564	501(C)(3)	4,622,890.	0.			NC YOUNG CHILDREN
SMART START OF HENDERSON COUNTY, INC. - 722 5TH AVENUE WEST - HENDERSONVILLE, NC 28739	56-2092325	501(C)(3)	1,125,028.	0.			NC YOUNG CHILDREN
SMART START OF NEW HANOVER COUNTY 3534-F SOUTH COLLEGE ROAD WILMINGTON, NC 28412	56-1951952	501(C)(3)	1,458,086.	0.			NC YOUNG CHILDREN
SMART START OF PENDER COUNTY, INC. P.O. BOX 429 BURGAU, NC 28425-0429	56-2044085	501(C)(3)	454,663.	0.			NC YOUNG CHILDREN
SMART START OF TRANSYLVANIA COUNTY PO BOX 1676 BREVARD, NC 28712	31-1489864	501(C)(3)	180,139.	0.			NC YOUNG CHILDREN
SMART START OF YADKIN COUNTY, INC. 105 WOODLYN DRIVE YADKINVILLE, NC 27055	56-1864667	501(C)(3)	495,647.	0.			NC YOUNG CHILDREN
SMART START ROWAN, INC. 1329 JAKE ALEXANDER BOULEVARD SOUTH SALISBURY, NC 28146	56-1890324	501(C)(3)	1,427,351.	0.			NC YOUNG CHILDREN

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANLY COUNTY PARTNERSHIP FOR CHILDREN - P.O. BOX 2165 - ALBEMARLE, NC 28002	56-1851138	501(C)(3)	792,374.	0.			NC YOUNG CHILDREN
STOKES PARTNERSHIP FOR CHILDREN P.O. BOX 2319 KING, NC 27021	56-1888024	501(C)(3)	490,530.	0.			NC YOUNG CHILDREN
SURRY COUNTY EARLY CHILDHOOD PARTNERSHIP - P.O. BOX 7050 - MT. AIRY, NC 27030	56-1938073	501(C)(3)	728,936.	0.			NC YOUNG CHILDREN
THE CHOWAN/PERQUIMANS SMART START PARTNERSHIP - 409 OLD HERTFORD ROAD - EDENTON, NC 27932	31-1622057	501(C)(3)	428,814.	0.			NC YOUNG CHILDREN
THE DOLLYWOOD FOUNDATION 111 DOLLYWOOD LN PIGEON FORGE, TN 37863	62-1348105	501(C)(3)	7,465,464.	0.			EARLY LITERACY
THE HALIFAX - WARREN SMART START PARTNERSHIP FOR CHILDREN, INC. - P.O. BOX 339 - ROANOKE RAPIDS, NC 27870	56-1847375	501(C)(3)	728,882.	0.			NC YOUNG CHILDREN
THE HEALTH FOUNDATION, INC. PO BOX 667 NORTH WILKESBORO, NC 28659	56-1745194	501(C)(3)	41,862.	0.			NC YOUNG CHILDREN
THE PARTNERSHIP FOR CHILDREN OF WAYNE COUNTY, INC. - 800 NORTH WILLIAM STREET - GOLDSBORO, NC 27530	56-2054262	501(C)(3)	967,408.	0.			NC YOUNG CHILDREN
TYRRELL-WASHINGTON PARTNERSHIP FOR CHILDREN, INC. - 125-B WEST WATER STREET - PLYMOUTH, NC 27962	56-1862036	501(C)(3)	324,452.	0.			NC YOUNG CHILDREN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 103 SOUTH BUILDING, CAMPUS BOX 9100 - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	22,827.	0.			NC YOUNG CHILDREN
WAKE COUNTY SMARTSTART 4901 WATERS EDGE DRIVE, SUITE 101 RALEIGH, NC 27606	56-1949415	501(C)(3)	9182187.	0.			NC YOUNG CHILDREN
WILKES COMMUNITY PARTNERSHIP FOR CHILDREN - P.O. BOX 788 - NORTH WILKESBORO, NC 28659	56-1875083	501(C)(3)	827,574.	0.			NC YOUNG CHILDREN
WILSON COUNTY PARTNERSHIP FOR CHILDREN - P.O. BOX 2661 - WILSON, NC 27894-2661	56-1942537	501(C)(3)	1311443.	0.			NC YOUNG CHILDREN
VARIOUS GRANTS		501(C)(3)	269,223.	0.			NC YOUNG CHILDREN

NORTH CAROLINA PARTNERSHIP FOR
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56-1850485

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 noncash assistance

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

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 GRANTEEES, 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 GRANTEEES GENERALLY HAVE BIENNIAL AUDITS

Part IV Supplemental Information

(FINANCIAL AND COMPLIANCE) BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM. ACCORDINGLY, NCPC TYPICALLY COORDINATES ITS MONITORING EFFORT WITH THAT OF THE AUDITORS AND, THEREFORE, ALSO MONITORS THESE GRANTEES.

MONITORING IS RIGOROUS AND INCLUDES, BUT IS NOT LIMITED TO, A REVIEW OF BOARD OF DIRECTOR OPERATIONS, FINANCIAL ACCOUNTING AND REPORTING, AND PROGRAMMATIC COMPLIANCE. A FORMAL CLOSE-OUT CONFERENCE IS HELD WITH BOARD MEMBERS, MANAGEMENT, AND OTHER STAFF. SUBSEQUENT TO THE CLOSE-OUT CONFERENCE, A FORMAL MONITORING REPORT WITH RECOMMENDATIONS FOR IMPROVEMENT IS ISSUED TO THE GRANTEE'S BOARD CHAIR, EXECUTIVE COMMITTEE AND EXECUTIVE DIRECTOR. DEPENDING UPON THE NATURE AND NUMBER OF ISSUES NOTED IN THE REPORT, A MONITORING VISIT MAY BE HELD IN SIX TO EIGHT MONTHS TO FOLLOW UP ON THE STATUS OF THE ISSUES NOTED IN THE REPORT. NCPC'S EXECUTIVE MANAGEMENT IS PROVIDED WITH A SUMMARY OF GRANTEE MONITORING RESULTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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

[illegible]

Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O
(Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

NORTH CAROLINA PARTNERSHIP FOR
CHILDREN, INC.

Employer identification number
56-1850485

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHILD IN NORTH CAROLINA BEGINNING WITH A HEALTHY BIRTH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENSURES FISCAL AND PROGRAMMATIC ACCOUNTABILITY AND COMPREHENSIVE,
LONG-RANGE STRATEGIC PLANNING AT THE STATE LEVEL TO CREATE BETTER
OUTCOMES FOR CHILDREN AGES BIRTH THROUGH FIVE.

SMART START WORKS ACROSS THE STATE TO INCREASE ACCESS TO QUALITY EARLY
CARE AND EDUCATION, COLLABORATE WITH FAMILIES TO REACH THEIR GOALS,
IMPROVE CHILD HEALTH AND DEVELOPMENT, AND SUPPORT EARLY LITERACY FOR
CHILDREN BEFORE THEY REACH KINDERGARTEN. THE NETWORK ALSO WORKS
STATEWIDE TO PROVIDE VITAL EARLY CARE AND EDUCATION WORKFORCE SUPPORT
AS WELL AS OTHER CRITICAL SYSTEM-LEVEL SUPPORTS. IT ADMINISTERS OTHER
STATE, FEDERAL, LOCAL, AND PRIVATE PROGRAMS AND SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILD-PARENT INTERACTIONS, EFFECTIVE EARLY EDUCATION, AND RELIABLE
HEALTH CARE. SMART START'S STRUCTURE PROVIDES STATEWIDE GOVERNANCE AND
LOCAL FLEXIBILITY. EACH LOCAL PARTNERSHIP IS SUPPORTED BY NCPC, AND
THROUGH THE COLLECTIVE POWER OF THE NETWORK, EACH LOCAL PARTNERSHIP IS
BETTER EQUIPPED TO SUPPORT CHILDREN, THEIR FAMILIES, AND THE
PROFESSIONALS AND COMMUNITY MEMBERS THAT SUPPORT EACH CHILD.

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

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

Schedule O (Form 990) 2023

Name of the organization NORTH CAROLINA PARTNERSHIP FOR
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REQUIREMENTS AND OPERATE TO THE HIGHEST STANDARDS OF EFFECTIVENESS,
ACCOUNTABILITY, EFFICIENCY AND INTEGRITY. NCPC MAINTAINS A FISCAL
ACCOUNTABILITY SYSTEM THAT INCLUDES MONITORING LOCAL PARTNERSHIPS TO
ENSURE COMPLIANCE WITH STATE AND FEDERAL LAWS, LEGISLATIVE MANDATES AND
STATE POLICIES, AND LOCAL PARTNERSHIP FINANCIAL AUDITS.

- THROUGH A MULTI-YEAR GRANT FROM THE BLUE CROSS BLUE SHIELD OF NORTH
CAROLINA FOUNDATION, NCPC IS INVESTING IN A SERIES OF PROJECTS TO
INCREASE THE SMART START NETWORK'S CAPACITY FOR SYSTEMS LEADERSHIP,
SUPPORTING LEADERSHIP DEVELOPMENT TOOLS, CREATING OPPORTUNITIES FOR
NETWORKWIDE LEARNING, STRENGTHENING DATA SYSTEMS, AND STREAMLINING
CONTRACTING.

SEE MORE DETAILS IN THE 2023-24 SMART START IMPACT REPORT AT ANNUAL
REPORT | SMART START - NC PARTNERSHIP FOR CHILDREN

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

DOLLY PARTON'S IMAGINATION LIBRARY (DPIL): THE GENERAL ASSEMBLY
ALLOCATED FUNDING TO NCPC IN 2017 TO INCREASE ACCESS TO DPIL, AN EARLY
LITERACY DISTRIBUTION PROGRAM THAT MAELS AGE-APPROPRIATE BOOKS MONTHLY
TO REGISTERED CHILDREN. THE GENERAL ASSEMBLY'S INVESTMENT LEVERAGED
SMART START'S COMMUNITY ROOTS AND RESULTED IN RAPID EXPANSION OF THE
PROGRAM. IN LESS THAN TWO YEARS, EVERY CHILD UNDER THE AGE OF 5 IN
NORTH CAROLINA HAD ACCESS TO DPIL, AND BY JUNE 30, 2024, THE SMART
START NETWORK DISTRIBUTED MORE THAN 18.9 MILLION BOOKS TO NORTH
CAROLINA CHILDREN. THE PERCENTAGE OF ELIGIBLE CHILDREN GREW TO 50% IN
2024, REACHING THE MAXIMUM NUMBER OF CHILDREN POSSIBLE WITH THE CURRENT
ALLOCATED FUNDING. THIS EXPANSION WOULD NOT HAVE BEEN POSSIBLE WITHOUT

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SMART START'S STATEWIDE INFRASTRUCTURE. IN 2023, THE NORTH CAROLINA GENERAL ASSEMBLY ALLOCATED AN ADDITIONAL \$1.5 MILLION, NON-RECURRING EACH YEAR FOR THE FY 2023-2025 BIENNIUM. WITH INCREASED BOOK AND SHIPPING COSTS, THE ADDITIONAL FUNDING ALLOWED SMART START TO CONTINUE SERVING APPROXIMATELY 50% OF NORTH CAROLINA'S ELIGIBLE CHILDREN 0-5 EACH MONTH

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
PARTNERS WITH EARLY CARE PROGRAMS TO ENHANCE TEACHER RECRUITMENT AND RETENTION, PROMOTE CHILD HEALTH AND WELL-BEING, AND STRENGTHEN FAMILY ENGAGEMENT. NCPC COLLABORATES WITH PARTNERS ACROSS THE STATE TO ENSURE THE LATEST RESEARCH AND EVIDENCE-BASED PROGRAMS ARE AVAILABLE FOR LOCAL PARTNERSHIPS TO USE AS NEEDED ACROSS THE STATE. PARTNERSHIPS THEN WORK DIRECTLY WITH EARLY LEARNING PROGRAMS, ENSURING TEACHERS HAVE THE RESOURCES, TRAINING, AND TECHNICAL ASSISTANCE NEEDED TO PROVIDE HIGH-QUALITY CARE. 23.7% (1,262) OF NORTH CAROLINA'S CHILD CARE PROGRAMS WORKED TO IMPROVED QUALITY OF CARE IN FY 2023-2024 BY INCREASING TEACHER KNOWLEDGE AND ENHANCING EFFECTIVE TEACHER-CHILD INTERACTIONS

--BUILDING FAMILY ENGAGEMENT AND LEADERSHIP CAPACITY: SMART START EMPOWERS FAMILIES BY INVOLVING THEM IN DECISIONS THAT AFFECT THEIR COMMUNITIES. WITH THE SUPPORT OF PRESCHOOL DEVELOPMENT GRANT BIRTH-TO-FIVE (PDG B-5) FUNDING, NCPC PROVIDED OVER 100 TECHNICAL ASSISTANCE OPPORTUNITIES, HOSTED MONTHLY COMMUNITY OF PRACTICE MEETINGS, AND SUPPORTED LOCAL PARTNERSHIPS IN EXPANDING FAMILY ENGAGEMENT AND LEADERSHIP EFFORTS. NCPC ALSO CONTINUED PARTNERING WITH COUNTERPART CONSULTING TO PROVIDE TRAINING AND COACHING ON RACIAL

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EQUITY.

--TEACHER COMPENSATION: MANY EARLY CHILDHOOD TEACHERS ARE NOT PAID A LIVING WAGE. IN FACT, ACCORDING TO THE 2019 NC CHILD CARE WORKFORCE STUDY, THE MEDIAN AVERAGE SALARY FOR CHILD CARE TEACHERS IN 2023 WAS \$12.00 PER HOUR FAR BELOW THE LIVING WAGE OF \$29.32 FOR AN ADULT LIVING WITH ONE CHILD IN NORTH CAROLINA.4 SMART START PLAYS A KEY ROLE IN ADDRESSING THIS ISSUE THROUGH SMART START'S INVESTMENT OF THE CHILD CARE WAGE\$ PROGRAM, WHICH OFFERS FINANCIAL INCENTIVES TO TEACHERS. BEYOND WAGE\$, SOME LOCAL PARTNERSHIPS OFFER SCHOLARSHIPS AND OTHER COMPENSATION TO SUPPORT THE EARLY CARE AND EDUCATION WORKFORCE. IN 2023-2024, OVER 4,300 TEACHERS RECEIVED SALARY SUPPLEMENTS THROUGH THESE PROGRAMS AND OTHER COMPENSATION SUPPORTS. OF THIS AMOUNT, OVER 82% REMAINED IN THEIR POSITIONS FOR A FULL YEAR. THIS HELPS STABILIZE THE WORKFORCE AND RETAIN SKILLED TEACHERS.

--SUBSIDY FUNDING AND SCHOLARSHIPS: IN FY 23-24, SMART START MANAGED OVER \$65.3 MILLION IN LOCAL SUBSIDY FUNDS, HELPING FAMILIES AFFORD CHILD CARE AND REMAIN IN THE WORKFORCE. SMART START ALSO SHARES BEST PRACTICES FOR SUBSIDY MANAGEMENT, ENSURING FAMILIES RECEIVE CONSISTENT AND EFFECTIVE SUPPORT. SMART START OPERATES A DUAL SUBSIDY MODEL THAT INCLUDES BOTH STATE AND FEDERAL FUNDING SOURCES, ALLOWING FOR BROADER REACH AND FLEXIBILITY IN ADDRESSING FAMILY NEEDS. THIS DUAL APPROACH HELPS MITIGATE FUNDING GAPS AND ENSURES THAT FAMILIES ACROSS NORTH CAROLINA HAVE ACCESS TO QUALITY EARLY CHILDHOOD EDUCATION. MANY LOCAL PARTNERSHIPS TAILOR THEIR USE OF THESE FUNDS TO ADDRESS SPECIFIC ACUTE NEEDS WITHIN THEIR COMMUNITIES, SUCH AS FAMILIES WITH LIMITED FINANCIAL RESOURCES, CHILDREN WITH SPECIAL NEEDS, OR FAMILIES IN UNDERSERVED

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RURAL AREAS. USING DATA-DRIVEN APPROACHES, THEY IDENTIFY CRITICAL GAPS
IN CHILD CARE ACCESS AND AFFORDABILITY AND ALLOCATE RESOURCES
ACCORDINGLY. THIS TARGETED APPROACH HELPS ENSURE THAT THE MOST
VULNERABLE POPULATIONS RECEIVE THE SUPPORT THEY NEED TO THRIVE.

--ADVANCING CHILD, FAMILY, AND COMMUNITY HEALTH: SMART START CONNECTS
FAMILIES WITH VITAL RESOURCES TO SUPPORT THE WHOLE HEALTH OF THE CHILD
WHICH INCLUDES MATERNAL, PERINATAL, AND POSTPARTUM HEALTH. THROUGH
THESE CONNECTIONS, THE NETWORK ADDRESSES KEY SOCIAL DRIVERS OF
HEALTHSUCH AS EDUCATION AND ACCESS TO NUTRITIOUS FOOD THAT PROFOUNDLY
IMPACT FAMILY WELL-BEING. ADDITIONALLY, SMART START EQUIPS FAMILIES
WITH ESSENTIAL TOOLS TO FOSTER HEALTHY BEHAVIORS. THIS INCLUDES
NUTRITION EDUCATION, WELLNESS PROGRAMS, AND THE ENCOURAGEMENT OF
PHYSICAL ACTIVITY IN BOTH CHILD CARE SETTINGS AND HOMES. THE NETWORK
PLAYS A CRUCIAL ROLE IN SUPPORTING SCREENING FOR DEVELOPMENTAL DELAYS.
EARLY INTERVENTION CONNECTS FAMILIES WITH NEEDED RESOURCES BEFORE
CHILDREN ENTER SCHOOL, FOSTERING STRONGER DEVELOPMENTAL OUTCOMES. SMART
START CONNECTS FAMILIES WITH VITAL RESOURCES TO SUPPORT THE WHOLE
HEALTH OF EACH CHILD. THIS BEGINS WITH MATERNAL HEALTH, INCLUDING
PRENATAL AND POSTPARTUM HEALTH.

--TECHNICAL ASSISTANCE SMART START TECHNICAL ASSISTANCE CAN SUPPORT
CHILD CARE PROGRAM QUALITY, CHILDREN'S PHYSICAL HEALTH AND SAFETY,
CHILDREN'S MENTAL AND BEHAVIORAL HEALTH, AND PROVIDER PROFESSIONAL
DEVELOPMENT. SMART START LEVERAGED ITS INFRASTRUCTURE TO ENHANCE THE
CAPACITY OF EARLY CARE PROVIDERS ACROSS THE STATE AS PART OF A PROJECT
CALLED COACHING FOR TECHNICAL ASSISTANTS. THROUGH PROFESSIONAL
DEVELOPMENT, RESOURCES, AND PEER SUPPORT TO THESE ESSENTIAL

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PROFESSIONALS, THIS WORK PLAYS A CRITICAL ROLE IN IMPROVING QUALITY OF
CARE. A TA COMMUNITY OF PRACTICE WAS BUILT WITH 140 TECHNICAL
ASSISTANTS REGULARLY COLLABORATING, SHARING RESOURCES, AND PROVIDING
FEEDBACK. PROFESSIONAL DEVELOPMENT CONTINUED AT THE 2024 SMART START
CONFERENCE WHERE 83 TAS RECEIVED SUPPORT AND TRAINING.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE & AUDIT COMMITTEE OF THE BOARD OF DIRECTORS WILL BE PROVIDED A
COPY OF THE FINAL 990 DRAFT (VIA EMAIL) PRIOR TO FILING. APPROVAL OF THE
FORM 990 WILL OCCUR AFTER FILING DUE TO THE COMPRESSED TIMEFRAME BETWEEN
THE STATE AUDIT COMPLETION, 990 DUE DATE, AND AVAILABLE FINANCE & AUDIT
COMMITTEE MEETING DATES.

FORM 990, PART VI, SECTION B, LINE 12C:

THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC. (NCPC) RECOGNIZES THAT
EFFECTIVE GOVERNANCE 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 IN ITS INTEGRITY, WHICH IS
GROUNDED IN FAIR AND RESPONSIBLE DECISION-MAKING. THE BOARD OF DIRECTORS
OF NCPC BELIEVES IT IS IN THE BEST INTEREST OF NCPC TO ESTABLISH A CLEAR
AND CONCISE CONFLICT OF INTEREST POLICY. THE CONFLICT OF INTEREST POLICY IS
INTENDED TO PROMOTE THE AVOIDANCE OF CONFLICTS OF INTEREST AND THE
APPEARANCE OF IMPROPRIETY BY NCPC DIRECTORS, OFFICERS AND STAFF. IT SETS
THE RULES FOR CONDUCT, INCLUDING DISCLOSURE BY DIRECTORS AND OFFICERS 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 THAT HE OR SHE HAS DONE SO. THE POLICY IS
MONITORED AND ENFORCED THROUGH THE FOLLOWING ACTIONS:

Name of the organization **NORTH CAROLINA PARTNERSHIP FOR
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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 CONFLICT EXISTS, THE MATTER SHALL BE RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS EXCLUDING THE PERSON(S) CONCERNING WHOSE SITUATION THE DOUBT HAS ARISEN.

C. ALL APPOINTED BOARD MEMBERS SHALL 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 FROM THE NCPC'S DISBURSEMENT OF FUNDS SHALL ABSTAIN FROM PARTICIPATING IN ANY DECISION OR DELIBERATIONS BY NCPC REGARDING THE DISBURSEMENT OF FUNDS.

D. THE PERSON KNOWN TO HAVE A CONFLICT OF INTEREST MAY NOT VOTE ON THE CONTRACT OR TRANSACTION AND MUST LEAVE THE ROOM DURING THE VOTE UNLESS LEAVING THE ROOM BRINGS ATTENDANCE BELOW THE LEVEL OF A QUORUM. THE OFFICIAL MINUTES SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND PERSON(S) WITH THE CONFLICT WERE NOT PRESENT DURING THE VOTE AND DID NOT VOTE ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

SALARIES AND WAGES OF ALL EMPLOYEES ARE SET IN ACCORDANCE WITH A FORMAL COMPENSATION POLICY AND PLAN WHICH INCLUDES PAY GRADES (WITH MINIMUM, MID-POINT AND MAXIMUM PAY RATES). THE PLAN WAS ORIGINALLY DEVELOPED BY AN

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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 HUMAN RESOURCES
CONSULTANTS WHO CONDUCT AND/OR ANALYZE 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 ON OUR WEBSITE. THE ANNUAL
AUDIT REPORT AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE WEBSITE OF
THE NORTH CAROLINA OFFICE OF STATE AUDITOR. ADDITIONALLY, THE GOVERNANCE
STRUCTURE, BOARD COMMITTEE ROLES, AND MEETING DATES ARE POSTED ON OUR
WEBSITE.

PART XII, LINE 2C EXPLANATION:

THE FINANCE & AUDIT COMMITTEE OF THE BOARD OF DIRECTORS ASSUMES
RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC.	Taxpayer identification number (TIN) 56-1850485
	Number, street, and room or suite no. If a P.O. box, see instructions. 1100 WAKE FOREST ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RALEIGH, NC 27604	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **JOSEPH BROWNLIE**
1100 WAKE FOREST ROAD - RALEIGH, NC 27604

Telephone No. **984-212-3375** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20 ____ or
☒ tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

Form 8879-TE

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer NORTH CAROLINA PARTNERSHIP FOR
CHILDREN, INC.EIN or SSN
56-1850485Name and title of officer or person subject to tax AMY CUBBAGE
PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 123,946,896.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize BLACKMAN & SLOOP ADVISORS, INC. to enter my PIN 21230
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56388512345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ELIZABETH MAUCH

Date 05/08/25

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)