

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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

C Name of organization
RICHMOND COUNTY PARTNERSHIP FOR CHILDREN

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 1944

City or town, state or province, country, and ZIP or foreign postal code
ROCKINGHAM, NC 273801944

D Employer identification number
31-1575604

E Telephone number
(910) 997-3773

G Gross receipts \$ 789,952

F Name and address of principal officer:
KATRINA CHANCE
315 S LAWRENCE STREET
ROCKINGHAM, NC 27380

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

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

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.RICHMONDSMARTSTART.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1996

M State of legal domicile: NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE RICHMOND COUNTY PARTNERSHIP FOR CHILDREN'S MISSION IS TO CREATE A HIGHER QUALITY OF LIFE FOR CHILDREN BIRTH TO AGE 5 IN RICHMOND COUNTY. THE EMPHASIS IS TO ENSURE THAT EVERY CHILD IN RICHMOND COUNTY ENTERS SCHOOL HEALTHY AND READY TO SUCCEED IN BECOMING AN AVID LEARNER AND ULTIMATELY A PRODUCTIVE CITIZEN WHO CONTRIBUTES TO THE FUTURE WELL-BEING OF THE COMMUNITY. THROUGH COLLABORATIVE EFFORTS WITHIN THE COUNTY, THE PARTNERSHIP WILL ENSURE THAT ALL PRE-KINDERGARTEN AGED CHILDREN WILL HAVE AFFORDABLE, ACCESSIBLE, HIGH QUALITY CHILD CARE, WILL BE HEALTHY, AND THEIR FAMILIES WILL HAVE KNOWLEDGE OF AND ACCESS TO COMMUNITY SUPPORT SERVICES.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	5
6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	725,385	788,591
9 Program service revenue (Part VIII, line 2g)	12,971	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	8
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,607	1,353
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	739,973	789,952
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	311,352	361,674
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,844		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	426,737	424,021
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	738,089	785,695
19 Revenue less expenses. Subtract line 18 from line 12	1,884	4,257
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	50,330	45,939
21 Total liabilities (Part X, line 26)	47,384	38,736
22 Net assets or fund balances. Subtract line 21 from line 20	2,946	7,203

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: *****
Date: 2021-05-17
KATRINA CHANCE EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2021-05-17
Check if self-employed PTIN: P00022781
Firm's name: ▶ WINSTON WILLIAMS CREECH EVANS & CO LLP Firm's EIN: ▶ 56-1872557
Firm's address: ▶ PO BOX 1366 OXFORD, NC 275650487 Phone no. (919) 693-5196

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

THE RICHMOND COUNTY PARTNERSHIP FOR CHILDREN'S MISSION IS TO CREATE A HIGHER QUALITY OF LIFE FOR CHILDREN BIRTH TO AGE 5 IN RICHMOND COUNTY. THE EMPHASIS IS TO ENSURE THAT EVERY CHILD IN RICHMOND COUNTY ENTERS SCHOOL HEALTHY AND READY TO SUCCEED IN BECOMING AN AVID LEARNER AND ULTIMATELY A PRODUCTIVE CITIZEN WHO CONTRIBUTES TO THE FUTURE WELL-BEING OF THE COMMUNITY. THROUGH COLLABORATIVE EFFORTS WITHIN THE COUNTY, THE PARTNERSHIP WILL ENSURE THAT ALL PRE-KINDERGARTEN AGED CHILDREN WILL HAVE AFFORDABLE, ACCESSIBLE, HIGH QUALITY CHILD CARE, WILL BE HEALTHY, AND THEIR FAMILIES WILL HAVE KNOWLEDGE OF AND ACCESS TO COMMUNITY SUPPORT SERVICES.

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 [X] 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 [X] 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 \$ 380,006 including grants of \$) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 56,135 including grants of \$) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 29,550 including grants of \$) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ 122,000 including grants of \$) (Revenue \$)

FAMILY SUPPORT-THE PARTNERSHIP'S REACH OUR AND READ PROGRAM INVOLVED PARTNERING WITH MEDICAL CARE PRACTICES TO PROVIDE EARLY LITERACY OPPORTUNITIES FOR CHILDREN (6 MONTHS TO 5 YEARS) AND THEIR PARENTS. DURING THE WELL-CHILD ROUTINE VISITS, PARENTS RECEIVED BOOKS TO TAKE HOME AND READ ALOUD TO THEIR CHILDREN, ENCOURAGING PARENT-CHILD INTERACTIONS AS PART OF THE EARLY LITERACY AND LANGUAGE DEVELOPMENT. 1,386 CHILDREN RECEIVED 1,452 BOOKS UNDER THIS PROGRAM. CHILD CARE & EDUCATION AFFORDABILITY - THE PARTNERSHIP IMPLEMENTED A SUBSIDY PROGRAM ON A DIRECT PER CHILD BASIS TO PROVIDE DUAL SUBSIDY PUBLIC PREKINDERGARTEN FINANCIAL ASSISTANCE TO PUBLIC SCHOOLS OR 4 OR 5 STAR-RATED FACILITIES. THE FUNDS WERE USED FOR PURCHASE OF CARE AND ENHANCEMENTS FOR NON-NC PREKINDERGARTEN CARE FOR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANFO ELIGIBLE OR CHILD CARE DEVELOPMENT FUND (CCDF) ELIGIBLE FAMILIES. 39 CHILDREN RECEIVED ASSISTANCE THROUGH SMART-START FUNDS. IN ADDITION, 21 FAMILIES RECEIVED SUPPORT AND TRAINING TO ENABLE THEM TO BETTER SERVE THEIR CHILD OR MEET THEIR FAMILY NEEDS. 93% OF THE PARENTS STATED THAT THEY NOW ARE EXTREMELY CONFIDENT IN APPLYING NEW PARENTING SKILLS AND REPORTED HAVING THE NECESSARY INFORMATION TO HELP THEM PROVIDE LEARNING OPPORTUNITIES THAT WILL LEAD TO SCHOOL READINESS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 122,000 including grants of \$) (Revenue \$)

4e Total program service expenses 587,691

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JUSTIN CLARK GOVERNANCE CH	X		X				0	0	0
(2) REV STEVE CREWS CHAIR	X		X				0	0	0
(3) SABRINA MC DONALD BOARD MEMBER	X						0	0	0
(4) ALISON DUCKWORTH TREASURER	X		X				0	0	0
(5) SHARON HUTCHINSON BOARD MEMBER	X						0	0	0
(6) DR TOMMY JARRELL BOARD MEMBER	X						0	0	0
(7) CHRISTY LAND BOARD MEMBER	X						0	0	0
(8) KELLY MONROE BOARD MEMBER	X		X				0	0	0
(9) JENNIFER MURRAY BOARD MEMBER	X						0	0	0
(10) BOBBY SUE OMSBRY BOARD MEMBER	X						0	0	0
(11) MICHELLE PARRISH BOARD MEMBER	X						0	0	0
(12) RHONDA PHILLIPS SECRETARY	X		X				0	0	0
(13) EMILY TUCKER BOARD MEMBER	X						0	0	0
(14) JULIE BRYANT DIRECTOR OF			X				0	0	0
(15) KATRINA CHANCE EXECUTIVE DI			X				0	0	0

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Contributions, Gifts, Grants and Other Similar Amounts, and 1h Total.

Table for Program Service Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a-f and 2g Total.

Table for Other Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-11e and 12 Total revenue.

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				
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				
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	361,674	206,633	147,375	7,666
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	315,806	315,806		
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FIXED CHARGES	45,329	26,908	17,707	714
b OTHER OPERATING	38,398	24,007	13,927	464
c EDUCATIONAL SUPPLIES	14,358	8,752	5,606	
d PROPERTY AND EQUIPMENT	7,810	5,585	2,225	
e All other expenses	2,320		2,320	
25 Total functional expenses. Add lines 1 through 24e	785,695	587,691	189,160	8,844
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).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	50,330	1	45,939
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 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		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		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		50,330	16	45,939
Liabilities	17 Accounts payable and accrued expenses	47,384	17	38,736
	18 Grants payable		18	
	19 Deferred revenue		19	
	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		25	
	26 Total liabilities. Add lines 17 through 25		47,384	26
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	2,946	27	7,203
	28 Net assets with donor restrictions		28	
	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	2,946	32		7,203
33 Total liabilities and net assets/fund balances	50,330	33		45,939

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	789,952
2	Total expenses (must equal Part IX, column (A), line 25)	2	785,695
3	Revenue less expenses. Subtract line 2 from line 1	3	4,257
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,946
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,203

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 type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>MODIFIED CASH</u> If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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		No
2b	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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2c	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 in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:

Software Version:

EIN: 31-1575604

Name: RICHMOND COUNTY PARTNERSHIP FOR
CHILDREN

Form 990 (2019)

Form 990, Part III, Line 4a:

CHILD CARE & EDUCATION QUALITY SERVICE ACTIVITIES INCLUDED STAR ENHANCEMENT GRANTS TO CHILD CARE CENTERS TO MAINTAIN STAR RATINGS, QUALITY ENHANCEMENT GRANTS TO CHILD CARE CENTERS FOR EQUIPMENT AND MATERIALS PURCHASES AND MAINTENANCE, AND EDUCATION-BASED SALARY SUPPLEMENTS TO AUGMENT TEACHERS' SALARIES AND PROVIDE AN INCENTIVE FOR TEACHERS TO CONTINUE THEIR EDUCATION. ALSO, CHILD CARE RESOURCE AND REFERRAL SUPPORT SERVICES WERE OFFERED TO CHILD CARE PROVIDERS, FAMILIES AND BUSINESSES. CHILD CARE CENTERS ALSO BENEFITED LAST YEAR FROM THE STAR ENHANCEMENT PROGRAM, WHICH IS DESIGNED TO HELP SITES MAINTAIN THEIR CURRENT RATING OF 4 OR 5 STARS. THE PROGRAM OFFERED FREE TECHNICAL ASSISTANCE TO PROGRAMS THAT SOUGHT TO IMPROVE THEIR STAR RATINGS AND OFFERED QUARTERLY BONUSES TO 4-5 STAR FACILITIES. THE PROGRAM ALSO PROVIDED APPROXIMATELY 30,000 IN CLASSROOM MATERIALS, STAFF BENEFITS, TEACHER TUITION AND BOOKS, AND TEACHER TRAINING. THE QUALITY ENHANCEMENT PROGRAM IS DESIGNED TO HELP LICENSED CHILD CARE FACILITIES IMPROVE THEIR PROGRAM AND EARN A HIGHER STAR RATING. EDUCATION-BASED SALARY SUPPLEMENTS TOTALING MORE THAN 24,876 WERE OFFERED TO 49 CHILD CARE TEACHERS FROM 18 FACILITIES. 100% OF THE RECIPIENTS SAID THAT THE SUPPLEMENT ENCOURAGED THEM TO REMAIN IN THE CHILD CARE PROFESSION OR AFFECTED THEIR DECISION TO CONTINUE THEIR EDUCATION. IN ADDITION TO SUPPLEMENTS, PROFESSIONAL DEVELOPMENT PROVIDED 63 COUNSELING CONSULTATIONS RELATED TO CONTINUED EDUCATION, WHICH RESULTED IN PROFESSIONAL DEVELOPMENT PLANS FOR 31 TEACHERS. CHILD CARE RESOURCE AND REFERRAL PROVIDED TECHNICAL ASSISTANCE ON PROGRAM MANAGEMENT, HEALTH AND SAFETY ISSUES, ENVIRONMENT RATING SCALES ASSESSMENTS, ROOM ARRANGEMENT AND CENTER SPECIFIC TRAININGS. FOLLOWING 40 TECHNICAL VISITS TO FACILITIES BY PARTNERSHIP STAFF, ALL TEACHERS SAID THE SERVICES IMPACTED THE QUALITY OF CHILD CARE THE OFFER. THE PROGRAM ALSO PROVIDED CONTINUING EDUCATION WORKSHOPS FOR TEACHERS, AND 100% OF ATTENDEES SAID THE TRAINING GAVE THEM NEW KNOWLEDGE AND SKILLS TO USE IN THEIR CAREERS. MORE THAN 157 TEACHERS ATTENDED NON-CDIT BASED TRAINING OR WORKSHOPS. 23 CHILD CARE FACILITIES VISITED THE PARTNERSHIP'S LENDING LIBRARY, OBTAINING TOYS, GAMES, LEARNING MATERIALS AND CLASSROOM SUPPLIES. 103 PARENTS ALSO USED THE LENDING LIBRARY LAST YEAR. IN ALL, THERE WERE 796 VISITS BY TEACHERS AND FAMILIES TO THE LIBRARY. ALL VISITORS REPORTED THAT THE MATERIALS ENHANCED THE LEARNING EXPERIENCE FOR THEIR CHILDREN. REFERRALS FOR CHILD CARE ARE NO BEING HANDLED BY THE REGIONAL CALL CENTER.

Form 990, Part III, Line 4b:

PROGRAM SUPPORT- PROGRAM MANAGEMENT ACTIVITIES INCLUDED CONDUCTING ON-SITE FISCAL AND PROGRAMMATIC MONITORING OF ALL FUNDED PROJECTS, AS WELL AS THE ONGOING COORDINATION OF PROJECTS AND ACTIVITIES TO DETERMINE IF SHORT-TERM AND LONG-TERM GOALS ARE BEING ACHIEVED.

Form 990, Part III, Line 4c:

HEALTH & SAFETY - NURSES IN THE CHILD CARE HEALTH CONSULTANT PROGRAM, ADMINISTERED BY THE RICHMOND COUNTY HEALTH DEPARTMENT, WORKED DIRECTLY WITH LICENSED CHILD CARE FACILITIES IN RICHMOND COUNTY TO ADDRESS HEALTH, SAFETY AND NUTRITIONAL NEEDS THROUGH TRAININGS, EDUCATION AND CONSULTATION SERVICES. THE PROGRAM ALSO OFFERED INTENSIVE TECHNICAL ASSISTANCE SUCH AS ON-SITE ASSESSMENTS OF HEALTH AND SAFETY PRACTICES WITH ACTION PLANS IF NEEDED, HEALTH AND SAFETY POLICY REVIEWS, REVISION AND DEVELOPMENT. ASSISTANCE INCLUDED GROUP TRAININGS, ASSISTANCE WITH ANNUAL IMMUNIZATION REPORTS, IMMUNIZATION AUDITS AND ASSISTANCE WITH THE INCLUSION OF CHILDREN WITH SPECIAL HEALTH NEEDS. DURING THE LAST FISCAL YEAR, STAFF MADE 264 PM- SITE CONSULTATIONS AT CHILD CARE FACILITIES.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
RICHMOND COUNTY PARTNERSHIP FOR CHILDREN

Employer identification number
31-1575604

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

The organization is not a private foundation because it is: (For lines 1 through 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 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **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 in 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).

(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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	769,443	775,500	766,714	725,385	788,591	3,825,633
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	769,443	775,500	766,714	725,385	788,591	3,825,633
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.						3,825,633

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	769,443	775,500	766,714	725,385	788,591	3,825,633
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	4	5	9	10	8	36
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.). . .	1,016	893	679	1,607	1,353	5,548
11 Total support. Add lines 7 through 10						3,831,217
12 Gross receipts from related activities, etc. (see instructions)					12	33,120
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.850 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	99.850 %
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
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>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
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>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in 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>		
	9b		
c	Did a disqualified person (as defined in 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>		
	9c		
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>		
	10a		
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>		
	10b		

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 in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>		
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>		

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>		

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?		
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>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		

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):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	4,195

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization RICHMOND COUNTY PARTNERSHIP FOR CHILDREN

Employer identification number 31-1575604

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RICHMOND COUNTY HEALTH DEPARTMENT	BOARD MEMBER		SERVICE PROVIDER		No
(2) MF ENTERPRISES RC	BOARD MEMBER		OFFICE RENTAL		No
(3) RICHMOND COUNTY SCHOOLS	BOARD MEMBER		SERVICE PROVIDER		No
(4) SANDHILLS CHILDREN'S CENTER	BOARD MEMBER		SERVICE PROVIDER		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
SCHEDULE L, PART V	SCHEDULE L, PART V - ADDITIONAL INFORMATION SMART START IS A PUBLIC-PRIVATE INITIATIVE THAT PROVIDES HIGH QUALITY EARLY CHILDHOOD EDUCATION FUNDING TO ALL NORTH CAROLINA COUNTIES. SMART START FUNDS ARE USED TO IMPROVE THE QUALITY OF CHILD CARE, MAKE CHILD CARE MORE AFFORDABLE AND ACCESSIBLE, PROVIDE ACCESS TO HEALTH SERVICES AND OFFER FAMILY SUPPORT. THE SMART START PROGRAM IS IMPLEMENTED STATEWIDE BY THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN AND LOCAL PARTNERSHIPS THAT SERVE EACH COUNTY. THE COMPOSITION OF LOCAL PARTNERSHIP BOARDS IS MANDATED BY THE STATE OF NORTH CAROLINA AND CONSISTS OF SPECIFIC REPRESENTATIVES FROM THE COMMUNITY TO GUARANTEE REPRESENTATION WHICH MOST BROADLY REFLECTS THE MAKE-UP OF THE LOCAL PARTNERSHIP SERVICE AREA, ESPECIALLY IN AREAS OF BUSINESS/COMMUNITY, SERVICE AND GOVERNMENT. IN CARRYING OUT SMART START PROGRAM ACTIVITIES, LOCAL PARTNERSHIPS MAY ENTER INTO SERVICE PROVIDER CONTRACTS WITH OR, PROVIDE GRANTS TO, ENTITIES WHO ARE REPRESENTED ON THE BOARD. IN SO DOING, PARTNERSHIPS ARE TO STRICTLY ADHERE TO ESTABLISHED CONFLICTS OF INTEREST AND DECLARE SUCH CONFLICT BEFORE AN AGENDA ITEM IN QUESTION IS DISCUSSED OR VOTED UPON BY THE FULL BOARD.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

RICHMOND COUNTY PARTNERSHIP FOR CHILDREN

Employer identification number

31-1575604

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE RICHMOND COUNTY PARTNERSHIP FOR CHILDREN'S MISSION IS TO CREATE A HIGHER QUALITY OF LIFE FOR CHILDREN BIRTH TO AGE 5 IN RICHMOND COUNTY. THE EMPHASIS IS TO ENSURE THAT EVERY CHILD IN RICHMOND COUNTY ENTERS SCHOOL HEALTHY AND READY TO SUCCEED IN BECOMING AN AVID LEARNER AND ULTIMATELY A PRODUCTIVE CITIZEN WHO CONTRIBUTES TO THE FUTURE WELL-BEING OF THE COMMUNITY. THROUGH COLLABORATIVE EFFORTS WITHIN THE COUNTY, THE PARTNERSHIP WILL ENSURE THAT ALL PRE-KINDERGARTEN AGED CHILDREN WILL HAVE AFFORDABLE, ACCESSIBLE, HIGH QUALITY CHILD CARE, WILL BE HEALTHY, AND THEIR FAMILIES WILL HAVE KNOWLEDGE OF AND ACCESS TO COMMUNITY SUPPORT SERVICES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>CHILD CARE & EDUCATION QUALITY SERVICE ACTIVITIES INCLUDED STAR ENHANCEMENT GRANTS TO CHILD CARE CENTERS TO MAINTAIN STAR RATINGS, QUALITY ENHANCEMENT GRANTS TO CHILD CARE CENTERS FOR EQUIPMENT AND MATERIALS PURCHASES AND MAINTENANCE, AND EDUCATION-BASED SALARY SUPPLEMENTS TO AUGMENT TEACHERS' SALARIES AND PROVIDE AN INCENTIVE FOR TEACHERS TO CONTINUE THEIR EDUCATION. ALSO, CHILD CARE RESOURCE AND REFERRAL SUPPORT SERVICES WERE OFFERED TO CHILD CARE PROVIDERS, FAMILIES AND BUSINESSES. CHILD CARE CENTERS ALSO BENEFITED LAST YEAR FROM THE STAR ENHANCEMENT PROGRAM, WHICH IS DESIGNED TO HELP SITES MAINTAIN THEIR CURRENT RATING OF 4 OR 5 STARS. THE PROGRAM OFFERED FREE TECHNICAL ASSISTANCE TO PROGRAMS THAT SOUGHT TO IMPROVE THEIR STAR RATINGS AND OFFERED QUARTERLY BONUSES TO 4-5 STAR FACILITIES. THE PROGRAM ALSO PROVIDED APPROXIMATELY 30,000 IN CLASSROOM MATERIALS, STAFF BENEFITS, TEACHER TUITION AND BOOKS, AND TEACHER TRAINING. THE QUALITY ENHANCEMENT PROGRAM IS DESIGNED TO HELP LICENSED CHILD CARE FACILITIES IMPROVE THEIR PROGRAM AND EARN A HIGHER STAR RATING. EDUCATION-BASED SALARY SUPPLEMENTS TOTALING MORE THAN 24,876 WERE OFFERED TO 49 CHILD CARE TEACHERS FROM 18 FACILITIES. 100% OF THE RECIPIENTS SAID THAT THE SUPPLEMENT ENCOURAGED THEM TO REMAIN IN THE CHILD CARE PROFESSION OR AFFECTED THEIR DECISION TO CONTINUE THEIR EDUCATION. IN ADDITION TO SUPPLEMENTS, PROFESSIONAL DEVELOPMENT PROVIDED 63 COUNSELING CONSULTATIONS RELATED TO CONTINUED EDUCATION, WHICH RESULTED IN PROFESSIONAL DEVELOPMENT PLANS FOR 31 TEACHERS. CHILD CARE RESOURCE AND REFERRAL PROVIDED TECHNICAL ASSISTANCE ON PROGRAM MANAGEMENT, HEALTH AND SAFETY ISSUES, ENVIRONMENT RATING SCALES ASSESSMENTS, ROOM ARRANGEMENT AND CENTER SPECIFIC TRAININGS. FOLLOWING 40 TECHNICAL VISITS TO FACILITIES BY PARTNERSHIP STAFF, ALL TEACHERS SAID THE SERVICES IMPACTED THE QUALITY OF CHILD CARE THEY OFFER. THE PROGRAM ALSO PROVIDED CONTINUING EDUCATION WORKSHOPS FOR TEACHERS, AND 100% OF ATTENDEES SAID THE TRAINING GAVE THEM NEW KNOWLEDGE AND SKILLS TO USE IN THEIR CAREERS. MORE THAN 157 TEACHERS ATTENDED NON-CDIT BASED TRAINING OR WORKSHOPS. 23 CHILD CARE FACILITIES VISITED THE PARTNERSHIP'S LENDING LIBRARY, OBTAINING TOYS, GAMES, LEARNING MATERIALS AND CLASSROOM SUPPLIES. 103 PARENTS ALSO USED THE LENDING LIBRARY LAST YEAR. IN ALL, THERE WERE 796 VISITS BY TEACHERS AND FAMILIES TO THE LIBRARY. ALL VISITORS REPORTED THAT THE MATERIALS ENHANCED THE LEARNING EXPERIENCE FOR THEIR CHILDREN. REFERRALS FOR CHILD CARE ARE NOW BEING HANDLED BY THE REGIONAL CALL CENTER.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>FAMILY SUPPORT-THE PARTNERSHIP'S REACH OUR AND READ PROGRAM INVOLVED PARTNERING WITH MEDICAL CARE PRACTICES TO PROVIDE EARLY LITERACY OPPORTUNITIES FOR CHILDREN (6 MONTHS TO 5 YEARS) AND THEIR PARENTS. DURING THE WELL-CHILD ROUTINE VISITS, PARENTS RECEIVED BOOKS TO TAKE HOME AND READ ALOUD TO THEIR CHILDREN, ENCOURAGING PARENT-CHILD INTERACTIONS AS PART OF THE EARLY LITERACY AND LANGUAGE DEVELOPMENT. 1,386 CHILDREN RECEIVED 1,452 BOOKS UNDER THIS PROGRAM. CHILD CARE & EDUCATION AFFORDABILITY - THE PARTNERSHIP IMPLEMENTED A SUBSIDY PROGRAM ON A DIRECT PER CHILD BASIS TO PROVIDE DUAL SUBSIDY PUBLIC PREKINDERGARTEN FINANCIAL ASSISTANCE TO PUBLIC SCHOOLS OR 4 OR 5 STAR- RATED FACILITIES. THE FUNDS WERE USED FOR PURCHASE OF CARE AND ENHANCEMENTS FOR NON-NC PREKINDERGARTEN CARE FOR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF0 ELIGIBLE OR CHILD CARE DEVELOPMENT FUND (CCDF) ELIGIBLE FAMILIES. 39 CHILDREN RECEIVED ASSISTANCE THROUGH SMART-START FUNDS. IN ADDITION, 21 FAMILIES RECEIVED SUPPORT AND TRAINING TO ENABLE THEM TO BETTER SERVE THEIR CHILD OR MEET THEIR FAMILY NEEDS. 93% OF THE PARENTS STATED THAT THEY NOW ARE EXTREMELY CONFIDENT IN APPLYING NEW PARENTING SKILLS AND REPORTED HAVING THE NECESSARY INFORMATION TO HELP THEM PROVIDE LEARNING OPPORTUNITIES THAT WILL LEAD TO SCHOOL READINESS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	FORM 990 IS REVIEWED BY THE DIRECTOR OF FINANCE AND THE EXECUTIVE DIRECTOR, THEN FORWARDED TO THE BOARD CHAIR FOR REVIEW/SIGNATURE BEFORE MAILING. A COPY OF THE 990 IS MADE AVAILABLE FOR PUBLIC REVIEW UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	ALL EMPLOYEES SIGN THE CONFLICT OF INTEREST DOCUMENT AND THESE ARE DEPT ON FILE. BOARD MEMBERS SIGN THE CONFLICT OF INTEREST DOCUMENT UPON JOINING THE BOARD, AND THE CHAIRMAN IS REQUIRED TO SIGN THE DOCUMENT ANNUALLY. ANY BOARD MEMBER WHO MAY BENEFIT DIRECTLY OR INDIRECTLY FROM THE PARTNERSHIP'S DISBURSEMENT OF FUNDS ABSTAINS FROM DELIBERATIONS AND VOTING BY THE PARTNERSHIP REGARDING THE DISBURSEMENT OF THOSE FUNDS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	SALARY APPROVAL IS GIVEN BY EXECUTIVE BOARD MEMBERS WHO VOTE IN CLOSED SESSION, AS DOCUMENTED IN THE CLOSED SESSION MINUTES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE DIRECTOR OF FINANCE'S SALARY IS APPROVED BY THE BOARD. WITH THE EXCEPTION OF THE EXECUTIVE DIRECTOR AND THE DIRECTOR OF FINANCE, NO OTHER OFFICER RECEIVES COMPENSATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE PARTNERSHIP'S GOVERNING DOCUMENTS, FORM 990, AND POLICIES AND PROCEDURES ARE AVAILABLE FOR PUBLIC INSPECTION AT THE PARTNERSHIP'S OFFICE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	SERVICES 315,806 0 0