

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

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

C Name of organization
Martin Pitt Partnership for Children Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
111 Eastbrook Drive

City or town, state or province, country, and ZIP or foreign postal code
Greenville, NC 27858

D Employer identification number
56-1913394

E Telephone number
(252) 758-8885

G Gross receipts \$ 1,816,025

F Name and address of principal officer
Jessica Burnham
111 B Eastbrook Dr
Greenville, NC 27858

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 mppfc org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1994

M State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To provide every child in Martin and Pitt counties between the ages of birth to five the opportunity to experience a quality early childhood education

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) | 11 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 9 |
| 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 26 |
| 6 Total number of volunteers (estimate if necessary) | 248 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 0 |

| | Prior Year | Current Year |
|--|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 1,828,480 | 1,782,682 |
| 9 Program service revenue (Part VIII, line 2g) | 25,103 | 26,083 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 0 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 6,696 | 7,260 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,860,279 | 1,816,025 |

| | | |
|---|-----------|-----------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 359,459 | 375,521 |
| 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) | 1,026,696 | 1,158,103 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,321 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 448,520 | 288,923 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,834,675 | 1,822,547 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 25,604 | -6,522 |

| | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 76,338 | 64,679 |
| 21 Total liabilities (Part X, line 26) | 5,137 | 0 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 71,201 | 64,679 |

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 2018-02-26
Jessica Burnham Executive Director
Type or print name and title

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|------|---|----------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶ | Firm's address ▶ | | Firm's EIN ▶ | Phone no |

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
To make meaningful and measurable investments in the quality of life for young children and families in education, health, and 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 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 \$ 342,967 including grants of \$ 0) (Revenue \$ 25,033)
 See Additional Data

4b (Code) (Expenses \$ 315,828 including grants of \$ 124,972) (Revenue \$ 1,051)
 See Additional Data

4c (Code) (Expenses \$ 214,133 including grants of \$ 0) (Revenue \$ 0)
 See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
 (Expenses \$ 686,518 including grants of \$ 250,549) (Revenue \$ 0)

4e Total program service expenses ▶ 1,559,446

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> | Yes | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | Yes | |
| 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> | | 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? <i>If "Yes," complete Schedule C, Part II</i> | | 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? <i>If "Yes," complete Schedule C, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> | | No |
| 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> | | 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? <i>If "Yes," complete Schedule D, Part IV</i> | | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | 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? <i>If "Yes," complete Schedule D, Part VI</i> | | 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? <i>If "Yes," complete Schedule D, Part VII</i> | | 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | 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? <i>If "Yes," complete Schedule D, Part IX</i> | | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | | 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)? <i>If "Yes," complete Schedule D, Part X</i> | | No |
| 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> | | No |
| 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> | | No |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i> | | No |
| 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> | | No |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | Yes | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | Yes | |
| 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> | | No |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | No |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 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> | | No |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | No |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | No |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | No |
| 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> | | No |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | No |
| 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> | | No |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | No |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 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> | | No |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | No |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (9), 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

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|---|----------------------|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | 1a | 0 | | | | |
| | b Membership dues . . . | 1b | 0 | | | | |
| | c Fundraising events . . . | 1c | 0 | | | | |
| | d Related organizations | 1d | 0 | | | | |
| | e Government grants (contributions) | 1e | 1,754,990 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 27,692 | | | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ | | 0 | | | | |
| | h Total. Add lines 1a-1f | | 1,782,682 | | | | |
| Program Service Revenue | | Business Code | | | | | |
| | 2a SMART START SERVICES FEES | 900099 | 12,267 | 12,267 | 0 | 0 | |
| | b DCD PROGRAM INCOME | 900099 | 1,051 | 1,051 | 0 | 0 | |
| | c LIBRARY FEES | 900099 | 12,765 | 12,765 | 0 | 0 | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | 0 | 0 | 0 | 0 | |
| g Total. Add lines 2a-2f | | 26,083 | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | | b Less rental expenses | | | | | |
| | | c Rental income or (loss) | 0 | 0 | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | | | | | |
| | | c Gain or (loss) | 0 | 0 | | | |
| | | d Net gain or (loss) | | | | | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | | |
| | | b Less direct expenses | b | | | | |
| | | c Net income or (loss) from fundraising events | | | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| b Less direct expenses | | b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | | |
| 11a NORTH CAROLINA SALES AND USE TAX REFUND | 900099 | 7,260 | 7,260 | 0 | 0 | | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d All other revenue | | 0 | 0 | 0 | 0 | | |
| e Total. Add lines 11a-11d | | 7,260 | | | | | |
| 12 Total revenue. See Instructions | | 1,816,025 | 33,343 | 0 | 0 | | |

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 367,656 | 367,656 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 7,865 | 7,865 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | | | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 123,346 | 4,124 | 119,222 | |
| 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. | 774,375 | 737,479 | 36,642 | 254 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 21,251 | 21,251 | 0 | |
| 9 Other employee benefits. | 172,042 | 161,984 | 10,058 | |
| 10 Payroll taxes. | 67,089 | 56,470 | 10,596 | 23 |
| 11 Fees for services (non-employees) | | | | |
| a Management. | | | | |
| b Legal. | 1,000 | | 1,000 | |
| c Accounting. | 16,000 | | 16,000 | |
| 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). | 36,649 | 20,134 | 16,515 | |
| 12 Advertising and promotion. | | | | |
| 13 Office expenses. | 26,575 | 14,662 | 11,913 | |
| 14 Information technology. | 5,908 | 5,499 | 409 | |
| 15 Royalties. | | | | |
| 16 Occupancy. | 94,440 | 87,845 | 6,595 | |
| 17 Travel. | 35,132 | 31,101 | 4,031 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 14,847 | 13,521 | 1,326 | |
| 20 Interest. | | | | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | | | | |
| 23 Insurance. | 5,734 | | 5,734 | |
| 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 EDUCATION SUPPLIES AND MATERIALS | 16,075 | 16,075 | 0 | 0 |
| b REPAIR AND MAINTENANCE | 12,256 | 9,733 | 2,523 | 0 |
| c DUES AND SUBSCRIPTION | 5,647 | 4,006 | 1,641 | 0 |
| d NORTH CAROLINA SALES AND USE TAX | 2,563 | 0 | 2,563 | 0 |
| e All other expenses | 16,097 | 41 | 1,012 | 15,044 |
| 25 Total functional expenses. Add lines 1 through 24e. | 1,822,547 | 1,559,446 | 247,780 | 15,321 |
| 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 | 74,169 | 1 | 61,599 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 2,169 | 4 | 3,080 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 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) | 76,338 | 16 | 64,679 | |
| Liabilities | 17 Accounts payable and accrued expenses | 5,137 | 17 | 0 |
| | 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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 5,137 | 26 | 0 |
| Net Assets or Fund Balances | 27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | 32,885 | 27 | 23,015 |
| | 28 Temporarily restricted net assets | 38,316 | 28 | 41,664 |
| | 29 Permanently restricted net assets | 0 | 29 | 0 |
| | 30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 71,201 | 33 | 64,679 |
| | 34 Total liabilities and net assets/fund balances | 76,338 | 34 | 64,679 |

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 | 1,816,025 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,822,547 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -6,522 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 71,201 |
| 5 | Net unrealized gains (losses) on investments | 5 | 0 |
| 6 | Donated services and use of facilities | 6 | 0 |
| 7 | Investment expenses | 7 | 0 |
| 8 | Prior period adjustments | 8 | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 64,679 |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|---|-----------|----|
| <p>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</p> | | |
| <p>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</p> | 2a | No |
| <p>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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | 2b | No |
| <p>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 in Schedule O</p> | 2c | |
| <p>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?</p> | 3a | No |
| <p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p> | 3b | |

Additional Data

Software ID: 16000425

Software Version: v1.00

EIN: 56-1913394

Name: Martin Pitt Partnership for Children Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

ChildLinks (Child Care Resource & Referral) PSC 3104, Provides free child care referral to parents searching for child care as well as a free resource library with developmentally appropriate toys, books resources, equipment, and material for parents and care providers of young children. It is the only program that comprehensively offers child care providers professional development training, early childhood information, curriculum resources, use of computers, and materials such as lamination, die-cuts, and book-binding for lesson planning. 268 early childhood professionals, 96 parents accessed resource rooms 4,295 times, 603 early childhood professionals from 126 child care facilities attended 73 professional development trainings. 252 families received referral services. 15 presentation/collaborations in the community were provided by ChildLinks staff.

Form 990, Part III, Line 4b:

Child Care Service Association Resource and Referral (CCSA R&R) (PSC#7104) - Regional child care resource and referral lead agency serving 7 counties. They are Martin, Pitt, Lenoir, Greene, Carteret and Jones counties. The organization partners with the Division of Child Development and Early Education (DCDEE) to administer 2 regional projects: Infant-toddler enhancement and Healthy Social Behaviors. The child care resource and referral provides a variety of services that include referrals for parents seeking child care, early childhood resources and information for parents and child care professionals. In addition, early childhood training opportunities, consultation for child care related issues and help with professional development materials, equipment and resources available. 182 licensed programs received technical assistance, 506 licensed preschool classrooms/homes received TA, 493 licensed programs entered into Childcare Aware in the region, 2,108 families received childcare referrals, 254 training sessions conducted, 1,893 training hours delivered, 5,570 child care professionals trained.

Form 990, Part III, Line 4c:

QUEST (Quality, Education, Support and Training) PSC 3101, Works with childcare facilities promoting quality care thorough consultations , classroom improvement plans, professional development plans and center-based or individual-based grant awards when funds are available 1,140 consultations provided to 277 early childhood professional caring for 1,845 children in 154 classrooms from 29 child care facilities 9 child care facilities received consultation to increase their star rating to 4 or 5-star rated license 20 child care facilities received consultation to maintain current star-rated licensure 9 potential child care providers received consultation for opening a child care facility 7 of 9 participating child care facilities that applied for a higher star-rated license received at least a 4-star rating 16 of 20 participating child care facilities undergoing re-licensure maintained or improved their current star rating to at least 4 star 53 of 60 teachers who received on-site coaching/consultation incorporated learned goals and strategies into their lesson plans

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

(Code) (Expenses \$ 191,778 including grants of \$ 3,600) (Revenue \$ 0)

Parents as Teachers PSC 5509, Parents as Teachers (PAT) in-home visitation program will target families that have risk factors including low-income, bilingual, single parent, foster parent, low functioning, or at-risk for abuse and neglect, however, the PAT program is available for all families with children birth to five Up to two certified Parent Educators and a Supervisor will provide monthly, bi-monthly, weekly and/or biweekly personal visits These positions may work on a cost allocation basis Parent Educators will work collaboratively with other local service agencies and programs to support their mission and for family referrals and recruitment efforts Parent Educators may attend PAT-National Center trainings or conferences pending available funds and may participate in state and/or regional meetings PAT Educators will host at least 12 parent Group Connections for participating families and may provide developmentally- and age-appropriate materials and/or other non-cash incentives to families who attend Group Connections pending available funds The PAT program may utilize speakers and other educational strategies and activities at local parent meetings and events Smart Start funds may be used for meeting expenses, food, incentives, educational materials and contracted services Children's books may be provided to families pending available funds Developmental and health assessments will be completed annually for participating children and referrals to appropriate services will be made as necessary by Parent Educators The PAT program will submit an Affiliate Performance Report as required by the National PAT office The PAT program will engage in PAT Quality Endorsement and Improvement Process according to National PAT recommendations

(Code) (Expenses \$ 205,184 including grants of \$ 205,184) (Revenue \$ 0)

Child Care Health Consultant (Martin and Pitt) PSC 3414 (Martin County) The Child Care Health Consultation model promotes healthy and safe environments for children in childcare settings through consultation, training, and technical assistance services The Child Care Health Consultant (CCHC) is a full-time Registered Nurse with a Degree in Nursing (ASN or BSN) or a health professional with a minimum of a Bachelor's Degree in health education or a health related field A part-time support staff person will provide clerical support to the CCHC The health professional will become a qualified CCHC in North Carolina through the completion of the NC Child Care Health Consultant Course and receipt of a certificate of qualification The CCHC supports child care staff to identify and resolve health and safety problems, to improve the health and well-being of children in care, including children with special health care needs The CCHC uses assessment of the child care facility's overall health and safety status to guide consultation services with the goal of providing a higher quality environment for the children enrolled The CCHC promotes best practices for nutrition and physical activity, including promoting breast-feeding-friendly facility policies and procedures The CCHC also works with child care facilities to increase children's access to primary, preventive health care and health insurance The CCHC follows the North Carolina CCHC model for implementation of the activity (Pitt County) The Child Care Health Consultation model promotes healthy and safe environments for children in childcare settings through consultation, training, and technical assistance services The Child Care Health Consultant (CCHC) will support two full-time health professionals with a minimum of a Bachelor's Degree in health education or a health related field and cost-allocation for nursing consultation as needed The health professionals will become qualified CCHC's in North Carolina through the completion of the NC Child Care Health Consultant Training Course and receipt of a certificate of qualification The CCHCs support child care staff to identify and resolve health and safety problems, to improve the health and well-being of children in care, including children with special health care needs The CCHCs use assessments of the child care facility's overall health and safety status to guide consultation services with the goal of providing a higher quality environment for the children enrolled The CCHCs promote best practices for nutrition and physical activity, including promoting breast-feeding-friendly facility policies and procedures The CCHC also works with child care facilities to increase children's access to primary, preventive health care and health insurance The CCHCs follow the North Carolina CCHC model for implementation of the activity and conduct NC Division of Child Development approved in-service trainings for child care staff

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

(Code) (Expenses \$ 109,522 including grants of \$ 0) (Revenue \$ 0)

Community Outreach PSC 5517 The Community Outreach and education activity will increase awareness within Martin and Pitt Counties regarding Smart Start funded services Smart Start funds will be used to support related activities Publications will be developed related to services Other projects will include website management, community event planning, and establishing all applicable media relations Work will involve identifying potential community collaborators through intensive outreach and partnering with educational, business, faith, civic, social, and health organizations Outreach will increase the awareness of available Partnership services and resources, develop a consistent and unwavering message to the community and its families, increase global community awareness and involvement concerning the importance of early learning, literacy and other issues affecting young children ages 0-5 and their families, foster a positive climate among stakeholders to allow for comprehensive goals and decision-making, as well as expand all community members and caregivers' knowledge of child development, early learning, literacy and available resources in the community

(Code) (Expenses \$ 72,347 including grants of \$ 0) (Revenue \$ 0)

Program Coordination and Evaluation PSC 5603 Program and Evaluation Director will serve as programmatic liaison between the North Carolina Partnership for Children (NCPC), Martin/Pitt Partnership for Children (MPPFC) funded service providers and the MPPFC Board and administrative staff The Program and Evaluation Director (PED) will develop the annual plan, oversee the multi-year program bidding proposal process, research other available programs that fit the MPPFC mission and community need, establish and/or clarify projected activity outputs, outcomes and evaluation plans for applicable funded programs and will work closely with service providers on programmatic strategies to ensure progress on PBIS standards and evaluation measures The PED will collect and enter data into appropriate reporting systems, provide in-house and on-site technical assistance to service providers for programmatic strategies, data collection and reporting techniques, and will collaborate with community and state agencies, other local partnerships, and NCPC as needed Evaluation and programmatic monitoring site visits will be conducted according to NCPC guidelines The PED will work with Partnership staff and Board committees to ensure program accountability, assist with prioritizing funded programs, establish evidence-based or evidence-informed practices and research possible available programs that fit the MPPFC vision The PED will research available data sources, correlate this local information with regional and state data, and utilize this evaluation data to frame MPPFCs programmatic plan Smart Start funds may be used for staff to attend national, state and/or regional conferences or trainings

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

(Code) (Expenses \$ 70,187 including grants of \$ 4,265) (Revenue \$ 0)

Literacy Programs Raising A Reader PSC 5512 Up to two Early Literacy Coordinators will implement Raising A Reader (RAR), a program that promotes improved literacy development through daily book sharing between caregivers and young children. Early Literacy Coordinators will hold a Bachelor's degree in early childhood education or related human service field and are required to attend the RAR National Coordinator Training prior to initial implementation. Coordinators will host two trainings for the site implementers that have been identified to participate in this project. Child care centers or other community sites with a high percentage of low-income children will be targeted and will loan identified families a book bag containing high quality, developmentally appropriate children's books. The books will be exchanged each week. Bi-weekly shared reading sessions will take place by the ELC at each RAR site. Parents of the children in the project will be invited to participate in at least two Family Literacy/parent workshops where they will learn book sharing strategies. At least one library event will be provided for RAR participants and their families. Participants and their families will be provided with library information, library card application, and/or other community literacy resources. The program will be implemented with model fidelity as described above. Smart Start funds may also be used for books for children, child care for participants, and/or incentives for eligible participants. These positions may work on a cost allocation basis.

(Code) (Expenses \$ 37,500 including grants of \$ 37,500) (Revenue \$ 0)

Nurse Family Partnership PSC 5525 The Nurse-Family Partnership (NFP) program follows model fidelity requirements of the NFP National Service Office and is funded by multiple sources in Pitt County. The program is housed and operated by the Pitt County Health Department which is also the fiscal agent. Martin/Pitt Partnership for Children provides funding for a portion of this program.

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Jim Cieslar CHAIR | 0 17 | X | | X | | | | 0 | 0 | 0 |
| Wanda Yuhas VICE CHAIR & SECRETARY | 0 13 | X | | X | | | | 0 | 0 | 0 |
| Michael Taylor TREASURER | 0 17 | X | | X | | | | 0 | 0 | 0 |
| Kahla Hall SECRETARY-resigned | 0 04 | X | | X | | | | 0 | 0 | 0 |
| Jan Elliott Board Member | 0 09 | X | | | | | | 0 | 0 | 0 |
| Phyllis Conner Board Member | 0 09 | X | | | | | | 0 | 0 | 0 |
| Elba Barnaby Board Member | 0 09 | X | | | | | | 0 | 0 | 0 |
| Dede Carney Board Member | 0 09 | X | | | | | | 0 | 0 | 0 |
| Juvencia Rocha-Peralta Board Member | 0 | X | | | | | | 0 | 0 | 0 |
| Elaine Spellman Board Member | 0 02 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Jason Semple Board Member | 0 09 0 | X | | | | | | 0 | 0 | 0 |
| Terrel Davis Board Member-resigned | 0 05 0 | X | | | | | | 0 | 0 | 0 |
| Dr Ann Britt Board Member-resigned | 0 04 0 | X | | | | | | 0 | 0 | 0 |
| Chris Horrigan Board Member-resigned | 0 07 0 | X | | | | | | 0 | 0 | 0 |
| Beth Hinson Board Member-resigned | 0 04 0 | X | | | | | | 0 | 0 | 0 |
| Sandra Cox Board Member-resigned | 0 0 | X | | | | | | 0 | 0 | 0 |
| Tina Page Board Member-resigned | 0 04 0 | X | | | | | | 0 | 0 | 0 |
| Lauren Miller Board Member-resigned | 0 0 | X | | | | | | 0 | 0 | 0 |
| TD Gribble Board Member | 0 09 0 | X | | | | | | 0 | 0 | 0 |
| Dr John Morrow Board Member-resigned | 0 04 0 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Melissa Larson Board Member-resigned | 0 04 0 | X | | | | | | 0 | 0 | 0 |
| Mary Perkins Williams Board Member-resigned | 0 0 | X | | | | | | 0 | 0 | 0 |
| Coletta Danneker Board Member-resigned | 0 04 0 | X | | | | | | 0 | 0 | 0 |
| Sharon Alexander Board Member-resigned | 0 04 0 | X | | | | | | 0 | 0 | 0 |
| Kristen Brooks Board Member-resigned | 0 0 | X | | | | | | 0 | 0 | 0 |
| Lisa Mulligan Executive Director | 40 0 0 | | | X | | | | 71,997 | 0 | 12,678 |
| Torrence Simmons Finance Director | 40 0 0 | | | X | | | | 23,978 | 0 | 5,131 |

TY 2016 Reasonable Cause Explanation

Name: Martin Pitt Partnership for Children Inc

EIN: 56-1913394

Software ID: 16000425

Software Version: v1.00

Explanation: FILED EXTENSION

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.

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Martin Pitt Partnership for Children Inc

Employer identification number

56-1913394

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, 8, or 9 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)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") | 1,868,945 | 1,882,036 | 1,842,929 | 1,828,480 | 1,782,682 | 9,205,072 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | Total. Add lines 1 through 3 | 1,868,945 | 1,882,036 | 1,842,929 | 1,828,480 | 1,782,682 | 9,205,072 |
| 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) | | | | | | 0 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 9,205,072 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 7 | Amounts from line 4 | 1,868,945 | 1,882,036 | 1,842,929 | 1,828,480 | 1,782,682 | 9,205,072 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 194 | 204 | 0 | 0 | 0 | 398 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 3,597 | 2,740 | 6,768 | 6,696 | 7,260 | 27,061 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 9,232,531 |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 128,785 |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|---------|
| 14 | Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.703% |
| 15 | Public support percentage for 2015 Schedule A, Part II, line 14 | 15 | 99.736% |

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 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)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (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)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (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 ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|------------|--|-----------|--|
| 17 | Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | |
| 19a | 33 1/3% support tests—2016. 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 ► <input type="checkbox"/> | | |
| b | 33 1/3% support tests—2015. 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 ► <input type="checkbox"/> | | |
| 20 | Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/> | | |

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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? If "Yes," provide detail in Part VI . | | |
| | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |
| | 10b | | |

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> | | |
| 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. **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 2016 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-2016 | (iii) Distributable Amount for 2016 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2016 | | | |
| a | | | |
| b | | | |
| c From 2013. | | | |
| d From 2014. | | | |
| e From 2015. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2016 from Section D, line 7 | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a | | | |
| b Excess from 2013. | | | |
| c Excess from 2014. | | | |
| d Excess from 2015. | | | |
| e Excess from 2016. | | | |

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 |
|------------------------------|---|
| Schedule A, Part II, Line 10 | NORTH CAROLINA SALES AND USE TAX REFUND |

Schedule A Form 990 of 990-E 2016

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization Martin Pitt Partnership for Children Inc

Employer identification number

56-1913394

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 7 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance

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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|---|
| (1) LITERACY, TRANSPORTATION ASSISTANCE | 251 | | 7,865 | COST | RECIPIENTS RECEIVED GAS CARDS FOR TRANSPORTATION AND OTHER RECEIVED BOOKS |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|----------------------------|---|
| Schedule I, Part I, Line 2 | PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS REQUIRED DOCUMENTATION IS SUBMITTED PER CONTRACT AND IS REVIEWED BEFORE PAYMENTS ARE DISBURSED ALL ACTIVITIES ARE MONITORED PER CONTRACT TO VERIFY COMPLIANCE AND ACCURACY OF DOCUMENTATION THE ORGANIZATION IS ALSO MONITORED BY FUNDING AGENCIES TO VERIFY CONTRACT COMPLIANCE |

Additional Data

Software ID: 16000425
Software Version: v1.00
EIN: 56-1913394
Name: Martin Pitt Partnership for Children Inc

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PITT COUNTY HEALTH DEPARTMENT 201 GOVERNMENT CR GREENVILLE, NC 27934 | 56-6000332 | | 155,973 | | | | CHILD CARE HEALTH CONSULTANT |
| MARTIN TYRRELL WASHINGTON DISTRICT HEALTH DEPT 198 NC HWY 45 NORTH PLYMOUTH, NC 27962 | 56-1066387 | | 86,711 | | | | CHILD CARE HEALTH CONSULTANT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CARTERET COUNTY PARTNERSHIP FOR CHILDREN 3328 A BRIDGES ST MOREHEAD CITY, NC 28557 | 56-2273396 | 501(C)3 | 45,755 | | | | CHILD CARE RESOURCE AND REFERRAL |
| LENOIR-GREENE PARTNERSHIP FOR CHILDREN 1465 HWY 258 N KINSTON, NC 28504 | 56-1898462 | 501(C)3 | 33,209 | | | | CHILD CARE RESOURCE AND REFERRAL |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ONslow COUNTY PARTNERSHIP FOR CHILDREN INC 900 DENNIS RD JACKSONVILLE, NC 28540 | 56-2058409 | 501(C)3 | 32,374 | | | | CHILD CARE RESOURCE AND REFERRAL |
| JONES COUNTY PARTNERSHIP FOR CHILDREN 115 MARKET ST TRENTON, NC 28585 | 56-1857162 | 501(C)3 | 13,634 | | | | CHILD CARE RESOURCE AND REFERRAL |

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.

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Martin Pitt Partnership for Children Inc

Employer identification number

56-1913394

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------|--|
| Form 990, Part III, Line 3 | Did not conduct Reach Out and Read program during this fiscal year |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section B, Line 11b | REVIEWED BY THE EXECUTIVE DIRECTOR AND FINANCIAL EMPLOYEE THE BOARD MEMBERS ARE ALSO MADE AWARE THE 990 IS AVAILABLE FOR REVIEW |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Section B, Line 12c | BOARD MEMBERS ARE REQUIRED TO COMPLETE CONFLICT OF INTEREST DISCLOSURE STATEMENTS AND ABSTAIN FROM VOTING ON ISSUES DETERMINED TO BE A CONFLICT OF INTEREST |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| Form 990, Part VI, Section B, Line 15 | THE EXECUTIVE DIRECTOR COMPENSATION IS REVIEWED, COMPARED AND DETERMINED BY AN INDEPENDENT HUMAN RESOURCE COMPANY THE LAST REVIEW COMPLETED WAS IN JULY 2016 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section C, Line 19 | ALL GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST |