

1706

EXTENDED TO MAY 15, 2018

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC		D Employer identification number 56-1982976
	Doing business as		E Telephone number 1-336-274-5437
	Number and street (or P.O. box if mail is not delivered to street address) 500 W. FRIENDLY AVE.	Room/suite 100	G Gross receipts \$ 13,313,907.
	City or town, state or province, country, and ZIP or foreign postal code GREENSBORO, NC 27401		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
F Name and address of principal officer 500 W. FRIENDLY AVE, SUITE 100, GREENSBORO,			I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
J Website: WWW.GUILFORDCHILDREN.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other
L Year of formation: 1996			M State of legal domicile: NC

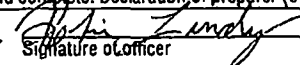
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE PARTNERSHIP WORKS WITH FAMILIES AND PARTNERS WITH OTHER COMMUNITY ORGANIZATIONS TO PROVIDE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	16
	6	Total number of volunteers (estimate if necessary)	6	28
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	13,423,830.	13,307,959.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	312.	248.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11b)	2,571.	5,700.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,426,713.	13,313,907.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,029,887.	12,123,793.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, and employee benefits (Part IX, column (A), lines 5-10)	712,598.	799,360.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (A), line 25)	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	642,542.	402,621.	
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	13,385,027.	13,325,774.	
19	Revenue less expenses - Subtract line 18 from line 12	41,686.	-11,867.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,486,718.	1,476,541.
	21	Total liabilities (Part X, line 26)	42,597.	44,287.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,444,121.	1,432,254.

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 7/31/2016
ROBIN LINDSEY, EXECUTIVE DIRECTOR Type or print name and title	

Paid Print/Type preparer's name BRADLEY S. HAMBY	Preparer's signature BRADLEY S. HAMBY	Date 07/31/18	Check if self-employed <input type="checkbox"/>	PTIN P00229049
Preparer Firm's name MAST, EVANS & ISENHOUR, L.L.P.	Firm's EIN 56-1758856			
Use Only Firm's address P O BOX 1029 CONOVER, NC 28613-1029	Phone no. 828-464-2812			

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

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

RECEIVED BY IRS-EEFAX 10/08/2020 8:15AM (GMT-05:00)

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