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From:

11/09/2020 14 52

#630 P 009

201706

Form **990** EXTENDED TO MAY 15, 2018
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
 Department of the Treasury Internal Revenue Service
 OMB No. 1545-0047
2016
 Open to Public Inspection

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

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminal year
 Amended return
 Application for ruling

C Name of organization
GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC
 Doing business as
 Number and street (or P O box if mail is not delivered to street address) Room/suite
500 W. FRIENDLY AVE. 100
 City or town, state or province, country, and ZIP or foreign postal code
GREENSBORO, NC 27401

D Employer identification number
56-1982976

E Telephone number
1-336-274-5437

F Gross receipts
13,313,907.

H(a) Is this a group return for subsidiaries? Yes No
H(b) Are all subsidiaries included? Yes No
 If "No," attach a list (see Instructions)

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

J Website: **WWW.GUILFORDCHILDREN.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1996** **M** State of legal domicile: **NC**

2016 13,313,907

Part I Summary

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 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 VII, line 1a) **17**

4 Number of independent voting members of the governing body (Part VII, line 1b) **17**

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) **16**

6 Total number of volunteers (estimate if necessary) **28**

7 a Total unrelated business revenue from Part VIII, column (C), line 12 **0.**
 b Net unrelated business taxable income from Form 990-T, line 34 **0.**

	Revenue	
	Prior Year	Current Year
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 11a)	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.
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, employee benefits (Part IX, column (A), lines 5-10)	712,598.	799,360.
16a Professional fundraising fees (Part IX, column (A), line 11a)	0.	0.
b Total fundraising expenses (Part IX, column (D), 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	
	Beginning of Current Year	End of Year
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.

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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 **ROBIN LINDSEY, EXECUTIVE DIRECTOR** Date

Print/preparer's name **BRADLEY S. HAMBY** Preparer's signature **BRADLEY S. HAMBY** Date **07/31/18** Check 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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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SCANNED DEC 10 2021

GUILFORD COUNTY PARTNERSHIP FOR

Form 8870-CRIS
 11/09/2020 14:53
 Part III (Continuation of Program Description Accomplishments) Page 2

Check if Schedule O contains responses to items to any line in this Part III
 I am the program activity leader
 THE PARTNERSHIP WORKS WITH FAMILIES AND PARTNERS WITH OTHER COMMUNITY ORGANIZATIONS TO PROVIDE ACCESS TO HIGH QUALITY CHILD CARE TO IMPROVE PARENTAL AND CHILD HEALTH, AND TO SUPPORT AND STRENGTHEN FAMILIES OF PRESCHOOL CHILDREN.

Did the organization undertake any significant program activities during the year which were not listed on the prior Form 8870-CRIS? Yes No

Did the organization make any changes in its structure, or make significant changes in its contracts, any program services? Yes No

Describe the organization's program services accomplished for each of its three largest program activities, as measured by expenses. Section 501 (c)(3) and 501 (c)(29) organizations are required to report the amount of grants and donations to obtain the fiscal year-end, and include a copy for each program service reported.

1. **Program 1** 9,872,785. Includes grants of 9,474,943.1. **Program 1**
 NORTH CAROLINA PRE-KINDERGARTEN PROGRAM - THE NC PRE-K PROGRAM IS DESIGNED TO PROVIDE HIGH QUALITY EXPERIENCES TO ENHANCE SCHOOL READINESS FOR ELIGIBLE FOUR-YEAR-OLD CHILDREN. THE PROGRAM FOCUSES ON CHILDREN'S OVERALL WELL-BEING AND SUCCESS IN FIVE DEVELOPMENTAL DOMAINS: PLAY AND LEARNING, EMOTIONAL AND SOCIAL DEVELOPMENT, HEALTH AND PHYSICAL DEVELOPMENT, LANGUAGE DEVELOPMENT AND COMMUNICATION, AND COGNITIVE DEVELOPMENT. CHILDREN IN THE PRE-K PROGRAM MAY BE SERVED IN PUBLIC SCHOOLS, LICENSED PRIVATE CHILD CARE FACILITIES, OR HEAD START PROGRAMS. IN GUILFORD COUNTY, OUR PARTNERSHIP SERVED 2,297 CHILDREN IN 140 CLASSROOMS AT 80 SITES DURING THE FISCAL YEAR ENDING JUNE 30, 2017.

2. **Program 2** 1,454,676. Includes grants of 1,299,344.1. **Program 2**
 HEALTH AND SAFETY - THE PARTNERSHIP OFFERS SEVERAL PROGRAMS DESIGNED TO PROMOTE HEALTHY AND SAFE ENVIRONMENTS FOR NEWBORNS, YOUNG CHILDREN AND FAMILIES. HOME VISITS BY PROFESSIONAL NURSES PROVIDE SUPPORT, EDUCATION, AND EARLY IDENTIFICATION OF HEALTH AND SAFETY CONCERNS. DURING THE YEAR, NURSES MADE 2,977 HOME VISITS OF WHICH 2,365 WERE INITIAL VISITS. ANOTHER PROGRAM PROVIDES CERTIFIED CHILD CARE HEALTH CONSULTANTS TO CHILD CARE FACILITIES TO IMPROVE THE HEALTH AND WELL-BEING OF THE CHILDREN IN CARE AT THE FACILITY, AND TO IDENTIFY AND RESOLVE HEALTH AND SAFETY PROBLEMS. DURING THE YEAR, CERTIFIED CONSULTANTS MADE 1,076 ON-SITE VISITS, PROVIDING 381 GENERAL OR INTERPRETIVE SERVICES FOR LICENSED CHILD CARE FACILITIES. THE PARTNERSHIP PROVIDED ENHANCED SUPPORT AND EDUCATION TO FAMILIES IN GUILFORD COUNTY

3. **Program 3** 792,704. Includes grants of 561,193.1. **Program 3**
 FAMILY SUPPORT - ONE OF THE PROGRAMS DESIGNED TO IMPROVE FAMILY LIFE SERVES FAMILIES WITH CHILDREN AT RISK FOR ABUSE AND NEGLECT. PARTICIPANTS IN THE PROGRAM ARE LIMITED TO PREGNANT WOMEN AND FAMILIES WITH A CHILD 18 MONTHS OF AGE OR YOUNGER. DURING THE YEAR, CASE WORKERS PERFORMED 2,532 VISITS TO 186 FAMILIES AS WELL AS CONDUCTED FOUR WORKSHOPS FOR PARENTS. ANOTHER PROGRAM ASSISTS PARENTS IN BUILDING POSITIVE PARENTING PRACTICES THAT PROMOTE LIFE-LONG LEARNING. SUPPORTIVE FAMILIES ARE OFFERED AT LEAST THREE VISITS ANNUALLY AND, BASED ON NEED, RECEIVE UP TO TWENTY-FOUR VISITS ANNUALLY. THE PROGRAM PROVIDED 1,203 PERSONAL VISITS DURING THE YEAR, SERVING 99 FAMILIES AND 139 CHILDREN. IN A FAMILY LITERACY PROGRAM, TRAINED INSTRUCTORS WORK WITH PARENTS AND CHILDREN TO TEACH PARENTS AND

4. **Other program services described in Schedule O**
 688,282. Includes grants of 688,313.1. **Program 4**

5. **Total program services reported** 12,818,547.

Form 8870-CRIS
 11/09/2020 14:53
 Part III (Continuation of Program Description Accomplishments) Page 2

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YADDAK
KADDAK

Form 990-BOS
Part IV Children Inc
GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC
Charitable of Nonprofit Organizations

55-1982976 Page 2

Line	Yes	No
1	X	
2	X	
3	X	
4	X	
5	X	
6	X	
7	X	
8	X	
9	X	
10	X	
11	X	
12	X	
13	X	
14	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20	X	
21	X	
22	X	
23	X	
24	X	
25	X	
26	X	
27	X	
28	X	
29	X	
30	X	
31	X	
32	X	
33	X	
34	X	
35	X	
36	X	
37	X	
38	X	
39	X	
40	X	
41	X	
42	X	
43	X	
44	X	
45	X	
46	X	
47	X	
48	X	
49	X	
50	X	
51	X	
52	X	
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54	X	
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56	X	
57	X	
58	X	
59	X	
60	X	
61	X	
62	X	
63	X	
64	X	
65	X	
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67	X	
68	X	
69	X	
70	X	
71	X	
72	X	
73	X	
74	X	
75	X	
76	X	
77	X	
78	X	
79	X	
80	X	
81	X	
82	X	
83	X	
84	X	
85	X	
86	X	
87	X	
88	X	
89	X	
90	X	
91	X	
92	X	
93	X	
94	X	
95	X	
96	X	
97	X	
98	X	
99	X	
100	X	

Form 990-BOS
Part IV Children Inc
GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC
Charitable of Nonprofit Organizations

From.

11/09/2020 14:54

#630 P 012

GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC

56-1982976 Page 4

Form 990 (2018)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17? If "Yes," complete Schedule I, Parts I and II	X	
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 27? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 6 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
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)(28) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 8, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 6% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 18? Note. All Form 990 filers are required to complete Schedule O.	X	

Form 990 (2018)

632004 11-15-18

21591008 724572 2515

4 2015 05000 GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC

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11/09/2020 16 630 P 013

QUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC

58-1882916 Page 6

Form 990-B (2018) with various sections for reporting financial and organizational information, including a table with columns for 'Yes', 'No', and 'N/A'.

Form 990-B (2018) and other administrative markings at the bottom of the page.

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From

11/09/2020 14 56

#630 P 014

GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC

56-1982976 Page 6

Form 990 (2018)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 questions about governing body members, family relationships, and governance decisions.

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 questions about local chapters, written policies, conflict of interest, and whistleblower policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

THE CORPORATION / FELICIA BRATTON - 1-336-274-5437
500 W. FRIENDLY AVE, STE 100, GREENSBORO, NC 27401

631000 11-11-18

6

Form 990 (2018)

21591008 724572 2516

2016 06000 CITY BORO COUNTY DEPARTMENTO 2516 1

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11/09/2020 14 56 630 P 015

GUILFORD COUNTY PARTNERSHIP FOR CHILDREN, INC.

Employment of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Form 990 5010-c
Schedule B
Part VII

SS 1382976 Page 1

Check if Form 990 is required to report on this Part VII

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

In completing this table for all persons who served as officers, directors, trustees, key employees, or highest compensated employees of the organization during the calendar year ending with or within the organization for the year ending 12/31/2020, (a) list all of the organization's officers, directors, trustees, key employees, or highest compensated employees who received more than an office, director, trustee, or key employee fee or honorarium, (b) list all of the organization's officers, directors, trustees, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations, and (c) list all of the organization's officers, directors, trustees, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

If an individual is an officer, director, trustee, key employee, or highest compensated employee of the organization, check the appropriate box(es) in the column below. If an individual is an officer, director, trustee, key employee, or highest compensated employee of the organization and also an officer, director, trustee, key employee, or highest compensated employee of another organization, check the appropriate box(es) in the column below. If an individual is an officer, director, trustee, key employee, or highest compensated employee of the organization and also an officer, director, trustee, key employee, or highest compensated employee of another organization, check the appropriate box(es) in the column below.

Check this box if neither the organization nor any other related organization compensated any current officer, director, trustee, or trustee.

(A) Name and Title	(B) Average number of hours per week spent on behalf of the organization during the year	(C) Is the individual an officer, director, trustee, key employee, or highest compensated employee of the organization?			(D) Reportable compensation from the organization during the year	(E) Reportable compensation from other organizations during the year	(F) Estimated amount of other compensation from the organization and any related organizations during the year
		Officer	Director	Trustee			
(1) JEFFREY WILLIAMS	4.00	X	X	X	0.	0.	0.
(2) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(3) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(4) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(5) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(6) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(7) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(8) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(9) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(10) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(11) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(12) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(13) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(14) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(15) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(16) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(17) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(18) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(19) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(20) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(21) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(22) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(23) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(24) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(25) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(26) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(27) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(28) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(29) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(30) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(31) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(32) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(33) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(34) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(35) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(36) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(37) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(38) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(39) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(40) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(41) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(42) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(43) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(44) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(45) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(46) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(47) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(48) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(49) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(50) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(51) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(52) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(53) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(54) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(55) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(56) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(57) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(58) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(59) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(60) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(61) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(62) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(63) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(64) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(65) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(66) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(67) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(68) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(69) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(70) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(71) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(72) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(73) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(74) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(75) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(76) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(77) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(78) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(79) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(80) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(81) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(82) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(83) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(84) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(85) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
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(88) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(89) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(90) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
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(92) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(93) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(94) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(95) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(96) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(97) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(98) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(99) JAMES STANLEY	4.00	X	X	X	0.	0.	0.
(100) JAMES STANLEY	4.00	X	X	X	0.	0.	0.

Form 990 2019
7

FORM 990

CHILFORD COUNTY PARTNERSHIP FOR

CHAMPERS, INC 56-3882976 Page 8

(A) Name and tax identification number of the partner	(B) Average hours per year for which the partner is an officer or director	(C) Average number of hours per year for which the partner is an officer or director	(D) Is the partner an officer or director of the organization?	(E) Is the partner an officer or director of another organization that is a substantial independent contractor of the organization?	(F) Is the partner an officer or director of another organization that is a substantial independent contractor of the organization?	(G) Responsible compensation from related organizations (Part VII-B)(5)(G)	(H) Responsible compensation from related organizations (Part VII-B)(5)(H)	(I) Estimated amount of other compensation from the organization or other organization
(18) JOHN QUINN	1,000	1,000	X			0	0	0
(19) JOHN QUINN	50,000	50,000	X			54,128	0	14,200
(20) JOHN QUINN	1,000	1,000	X			0	0	0

1b Sub-total
 a Total from Compensation Items to Part VII, Section A 54,128
 b Total from Items 1b and 1d 54,128
 c Total number of individuals not listed but not listed above who received more than \$100,000 of reportable compensation from the organization 0

3 Did the organization file any Form 990-B or other tax return for the organization on the 15th day of the month following the end of the year?

4 For any individual listed on this 1b, is the sum of reportable compensation and other compensation from the organization and other organizations greater than \$10,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on this 1b receive or accrue compensation from any unrelated organization or individual for services provided to the organization? If "Yes," complete Schedule J for such person.

Section B. Independent Contractors

1 Complete this table for your two highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Do not include compensation to the extent you are acting with or within the organization's business.

(A) Name and business address	(B) Description of services	(C) Compensation	(D) Is the compensation for services?
NONE			

2 Total number of independent contractors (not listed but not listed above) who received more than \$100,000 of compensation from the organization 0

FORM 990 (2019)

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GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC

56-1982976 Page 8

Form 990 (2018)

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,307,959		
	g	Noncash contributions included in lines 1a-1f				
	h	Total. Add lines 1a-1f.		13,307,959		
Program Service Revenue	2 a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
g	Total. Add lines 2a-2f.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		248		248
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real (ii) Personal			
		Less: rental expenses				
		Rental income or (loss)				
		Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
		Less: cost or other basis and sales expenses				
		Gain or (loss)				
		Net gain or (loss)				
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18				
		Less: direct expenses				
		Net income or (loss) from fundraising events				
9 a	Gross income from gaming activities. See Part IV, line 19					
	Less: direct expenses					
	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances					
	Less: cost of goods sold					
	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code			
11 a	REIMBURSEMENT OF SALES TAX	90R099	5,700	5,700		
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d.		5,700			
12	Total revenue. See instructions.		13,313,907	5,700	0	248

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Form 990 (2018)

9

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2016 06000 GUILFORD COUNTY PARTNERSHIP 2516 1

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Form 990-B Part III Statement of Functional Expenses
GUILFORD COUNTY PARTNERSHIP FOR CHILDREN, INC.
 56-3384276 Part 10

Do not include amounts reported on Part VII, Part IX, and Part X	Total expenses	Of which: (a) Program services (b) Management (c) Fundraising	Of which: (d) Investment expenses
1 Grants and other assistance to operate the organization and charitable programs. See Part IV, line 21	12,123,793	12,123,793	
2 Grants and other assistance to construct, acquire, or lease buildings, equipment, or other assets. See Part IV, line 22			
3 Grants and other assistance to foreign individuals, foreign organizations, and foreign organizations. See Part IV, lines 13 and 14			
4 Benefits paid to or for managers, directors, and key employees	86,000	8,600	77,400
5 Compensation of directors, officers, directors, and key employees			
6 Compensation of independent contractors (do not include salaries or wages of employees) (do not include salaries or wages of independent contractors)	517,110	406,333	110,777
7 Other salaries and wages			
8 Pension (or other deferred compensation) plan contributions (do not include contributions to a 529 plan)	41,905	29,025	12,880
9 Other employee benefits	109,571	70,483	39,088
10 Payroll taxes	46,774	30,471	16,303
11 Fees for services (non-employees):			
a. Management			
b. Legal	987		987
c. Accounting	11,201		11,201
d. Lobbying			
e. Professional fundraising services. See Part IV, line 17			
f. Investment management fees			
g. Other (if the fee exceeds 10% of the fee, the excess amount for less than 10% of the fee)	209,454	100,942	108,512
12 Advertising and promotion	1,807	744	1,063
13 Office expenses	11,854	5,880	5,974
14 Information technology	1,817		1,817
15 Royalties			
16 Occupancy	86,416	3,115	83,301
17 Travel	10,847	2,492	8,355
18 Professional services (other than those reported on line 11)			
19 Conference, convention, and meeting fees	12,550	8,665	3,885
20 Interest			
21 Payment of interest			
22 Reproduction, duplication, and amortization	6,657	2,078	4,579
23 Other (do not include expenses for the fee, the excess amount for less than 10% of the fee)			
24 Other (do not include expenses for the fee, the excess amount for less than 10% of the fee)			
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GUILFORD COUNTY PARTNERSHIP FOR CHILDREN, INC		56-19821E Page 11
Form 990-BL		
Part 8 Balance Sheet		
Check 8 Schedule D assets and liabilities as reported on the 1120-DiX		
	(A) Description of asset or liability	(B) End of year
1	Cash	1,479,967.11
2	Securities and temporary cash investments	1,461,820.00
3	Receivables and grants receivables, net	0.00
4	Accounts receivable, net	0.00
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part 8 of Schedule I.	0.00
6	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part 8 of Schedule I.	0.00
7	Notes and loans receivable, net	0.00
8	Investments for sale or use	0.00
9	Prepaid expenses and deferred charges	0.00
10	Land, buildings, and equipment: cost or other basis. Complete Part 10 of Schedule D.	0.00
11	Investments, publicly traded securities	0.00
12	Investments, other securities. See Part IV, line 11.	0.00
13	Investments, organizational. See Part IV, line 11.	0.00
14	Intangible assets	0.00
15	Other assets. See Part IV, line 11.	0.00
16	ASSETS TOTAL	1,486,787.11
17	Accounts payable and accrued expenses	62,597.17
18	Grants payable	0.00
19	Deferred revenue	0.00
20	Tax-exempt bond liabilities	0.00
21	Loans to or from account holders. Complete Part IV of Schedule D.	0.00
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part 8 of Schedule I.	0.00
23	Secured mortgages and notes payable to unrelated third parties	0.00
24	Unsecured notes and loans payable to unrelated third parties	0.00
25	Other liabilities (including federal income tax, payments to related third parties, and other liabilities not included on lines 17-24). Complete Part 8 of Schedule D.	0.00
26	LIABILITIES TOTAL	62,597.17
27	Net Assets or Fund Balances	1,424,190.00
28	Part 8 Assets and Liabilities	1,424,190.00
29	Part 8 Assets and Liabilities	1,424,190.00
30	Part 8 Assets and Liabilities	1,424,190.00
31	Part 8 Assets and Liabilities	1,424,190.00
32	Part 8 Assets and Liabilities	1,424,190.00
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GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC

Form 990 (2016)

56-1982976 Page 12

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	13,313,907.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,325,774.
3	Revenue less expenses. Subtract line 2 from line 1	3	-11,867.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,444,121.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,432,254.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other MODIFIED CASH If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
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?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2016)

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Form 990-BE
 2016

SCHEDULE A
Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 501(c)(29) nonprofit charitable trust.

Department of the Treasury Internal Revenue Service Form 990-BE 2016

Part I Section for Public Charity Status

1. **Organization:** WILLIARD COUNTY PARTNERSHIP FOR PUBLIC CHARITY INC (Employer identification number: 56-1983976)

2. **Section 501(c)(3) code:** 170

3. **Section 501(c)(3) description:** ORGANIZATION FOR PUBLIC CHARITY INC

4. **Is the organization a private foundation?** Yes No

5. **Is the organization a non-functionally integrated supporting organization?** Yes No

6. **Is the organization a non-functionally integrated supporting organization?** Yes No

7. **Is the organization a non-functionally integrated supporting organization?** Yes No

8. **Is the organization a non-functionally integrated supporting organization?** Yes No

9. **Is the organization a non-functionally integrated supporting organization?** Yes No

10. **Is the organization a non-functionally integrated supporting organization?** Yes No

11. **Is the organization a non-functionally integrated supporting organization?** Yes No

12. **Is the organization a non-functionally integrated supporting organization?** Yes No

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2016 ANNUAL CONTRIBUTION COMPANY BALANCE SHEET 3516

16

GUILDFORD COUNTY PARTNERSHIP FOR

2016 Form 990 of 990-BL-2216 CHILLAGER, INC **56-1982976** page 3
(Part I) Support Schedule for Organizations Disclosed in Sections 170(b)(1)(F) and 170(b)(1)(G)
 Complete only if you checked the box on line 3, 7, or 8 of Part I of the organization used to qualify under Part III of the organization
 with to qualify under the rules stated below. Please complete Part (I).

Section A. Public Support

See instructions for Part I (a) and (b) for the following:

1. Gifts, grants, contributions, and membership fees received. Do not include any amount for the organization's benefit and either paid to or expended on its behalf.
2. The value of services or facilities furnished by a governmental unit to the organization without charge.
3. Total: Add lines 1 through 3.
4. The portion of total contributions by each person (if less than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11.

04/2012	01/2013	01/2014	01/2015	01/2016	Total
139,497.03	123,480.72	129,561.07	136,238.10	133,079.59	661,856.71
139,497.03	123,480.72	129,561.07	136,238.10	133,079.59	661,856.71

Section B. Total Support

See instructions for Part I (c) and (d) for the following:

1. Amounts from line 4.
2. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.
3. Net income from unrelated business activities, whether or not the business is regularly carried on.
4. Other income. Do not include gifts or loans from the sale of stocks or bonds (Explain in Part III).
5. Total support. Add lines 1 through 4.
6. Gross receipts from related activities, net (see instructions).
7. 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 complete the Supplemental Information.

1,096	311	313	312	248	3,380
3,111	3,897	5,890	1,322	5,780	19,920
					562,076.71

14. Public support percentage for 2016: 56.1% (Explain in Part III.)

15. Public support percentage for 2015: 56.1% (Explain in Part III.)

16. Public support percentage for 2014: 56.1% (Explain in Part III.)

17. Public support percentage for 2013: 56.1% (Explain in Part III.)

18. Public support percentage for 2012: 56.1% (Explain in Part III.)

19. Public support percentage for 2011: 56.1% (Explain in Part III.)

20. Public support percentage for 2010: 56.1% (Explain in Part III.)

21. Public support percentage for 2009: 56.1% (Explain in Part III.)

22. Public support percentage for 2008: 56.1% (Explain in Part III.)

23. Public support percentage for 2007: 56.1% (Explain in Part III.)

24. Public support percentage for 2006: 56.1% (Explain in Part III.)

25. Public support percentage for 2005: 56.1% (Explain in Part III.)

26. Public support percentage for 2004: 56.1% (Explain in Part III.)

27. Public support percentage for 2003: 56.1% (Explain in Part III.)

28. Public support percentage for 2002: 56.1% (Explain in Part III.)

29. Public support percentage for 2001: 56.1% (Explain in Part III.)

30. Public support percentage for 2000: 56.1% (Explain in Part III.)

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GUILFORD COUNTY PARTNERSHIP FOR

Schedule A (Form 990 or 990-EZ) 2016 **CHILDREN INC**

56-1982976 Page 3

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 (less 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. Add lines 6 and 7c						

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 8						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. Add lines 9, 10c, 11, and 12						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 %

16 Public support percentage from 2016 Schedule A, Part III, line 16 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 2016 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.

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

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Schedule A (Form 990 or 990-EZ) 2016

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GUILFORD COUNTY PARTNERSHIP FOR

Schedule A (Form 990 or 990-EZ) 2016 CHILDREN INC

56-1982976 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12c or 12d in Part I, answer (b) and (c) below.		
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.		
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.		
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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
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).		
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).		
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 4948 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
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.		
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.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(j) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
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.)		

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Schedule A (Form 990 or 990-EZ) 2016

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FORM

GUILFORD COUNTY PARTNERSHIP FOR

RESEARCH AND RESEARCH FOUNDATION INC

56-1982976 Page 6

Part IV Supporting Organizations Requirements

- 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? If "Yes," (a), (b), or (c) is, specify details of that entity.

Section B. Type I Supporting Organizations

- 1 Did the director, trustee, or community of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "Yes," describe in Part IV how the supported organization(s) effectively appointed, substituted, or controlled the organization's activities. If the organization had more than one supported organization, describe how the power to appoint, substitute, remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such power at any time during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that appointed, supported, or controlled the organization? If "Yes," specify in Part IV how providing such benefit caused or contributed to the success of the supported organization(s) that appointed, supported, or controlled the supported organization.

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s) if "Yes," describe in Part IV how control or management of the supported organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations by the last day of the first 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 that practicality prohibited? Were any of the organization's officers, directors, or trustees either (i) responsible for the support organization(s) or (ii) serving on the governing body of a supported organization? If "Yes," explain in Part IV how the organization met each of these conditions.
- 2 Did the organization maintain a close and continuous working relationship with the supported organization(s) by reason of the relationship described in 1? Did the organization have a written agreement with the supported organization(s) regarding the relationship described in 1? If "Yes," describe in Part IV the nature of the organization's agreement with the supported organization(s) and the terms of the agreement.
- 3 By reason of the relationship described in 1, did the organization have a written agreement with the supported organization(s) regarding the relationship described in 1? If "Yes," describe in Part IV the nature of the organization's agreement with the supported organization(s) and the terms of the agreement.

Section E. Type III Fundraising Supporting Organizations

- 1 Check the box that best describes the organization used to satisfy the integral Part Test during the taxable year ending:
 - a The organization used to satisfy the integral Part Test. Complete line 2 below.
 - b The organization is the parent or child of a supported organization. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part IV how the supported government entity (the recipient organization) was established and how the organization determined that the organization was responsible to those supported organizations, and how the organization determined that the activities described in (b) benefited activities that, but for the organization's involvement, one or more of the supported organization(s) would have been engaged in? If "Yes," explain in Part IV the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
 - d Part of a Supported Organization. Answer in Part IV below.
 - e Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organization(s)? If "Yes," explain in Part IV.
 - f Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of the supported organization(s) during the tax year? If "Yes," describe in Part IV the ways in which the organization exercised such direction.

Form 990 or Form 990-E 2019

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**GUILFORD COUNTY PARTNERSHIP FOR
Schedule A (Form 990 or 990-EZ) 2018 CHILDREN INC** 56-1982976 Page 6

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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)		

Schedule A (Form 990 or 990-EZ) 2018

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GUILFORD COUNTY PARTNERSHIP FOR

Schedule A (Form 990 or 990-EZ) 2018 **CHILDREN INC**

56-1982976 Page 7

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 2018 from Section C, line 8	
10 Line 9 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pro-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 9			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2018			
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 2018 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7.			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
d Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
e Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
a Breakdown of line 7:			
b			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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SCHEDULE A - Form 990 or 990-EZ 2018 CHILDREN, INC. 56-1987976 (2018)
Part V Supplemental information. Provide the information required on Part V, line 10, Part II, line 11, or Part III, line 12, for each of the following categories: (a) Section 513(c)(2)(A), (b) Section 513(c)(2)(B), (c) Section 513(c)(2)(C), (d) Section 513(c)(2)(D), (e) Section 513(c)(2)(E), (f) Section 513(c)(2)(F), (g) Section 513(c)(2)(G), (h) Section 513(c)(2)(H), (i) Section 513(c)(2)(I), (j) Section 513(c)(2)(J), (k) Section 513(c)(2)(K), (l) Section 513(c)(2)(L), (m) Section 513(c)(2)(M), (n) Section 513(c)(2)(N), (o) Section 513(c)(2)(O), (p) Section 513(c)(2)(P), (q) Section 513(c)(2)(Q), (r) Section 513(c)(2)(R), (s) Section 513(c)(2)(S), (t) Section 513(c)(2)(T), (u) Section 513(c)(2)(U), (v) Section 513(c)(2)(V), (w) Section 513(c)(2)(W), (x) Section 513(c)(2)(X), (y) Section 513(c)(2)(Y), (z) Section 513(c)(2)(Z). Also complete this part for any additional information.

SCHEDULE A - PART II, LINE 10 - EXPLANATION FOR OTHER INCOME

SALES TAX REFUND

Year	Amount
2012 AMOUNT: \$	3,111.
2013 AMOUNT: \$	3,897.
2014 AMOUNT: \$	5,890.
2015 AMOUNT: \$	1,322.
2016 AMOUNT: \$	5,700.

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2018 01-14 2018 NEVAN UNITED CHURCH COUNTRY PARTNERSHIP 2516 1
 Schedule A Form 990 or 990-EZ 2018

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SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 8, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC**

Employer identification number
56-1982976

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 8

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisers in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisers in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/08, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 118 (ASC 858), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 118 (ASC 858), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to those items
- (i) Revenue included on Form 990, Part VII, line 7 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 118 (ASC 858) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2018

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GUILFORD COUNTY PARTNERSHIP FOR

Schedule D (Form 990) 2016

CHILDREN INC

56-1982976 Page 2

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

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
 - (ii) related organizations
- b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R7?

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

Schedule D (Form 990) 2016

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2016 06000 GUILFORD COUNTY PARTNERSHIP 2516 1

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FORM

2016 GUILDFORD COUNTY PARTNERSHIP FOR CHILDREN INC. 58-1187216 - Part 2

Part VII Investments - Other Securities

Complete this section if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or equity interest (attach separate sheet) (b) Book value (c) Fair market value (d) If a stock value, check or specify the market value

01	Financial institution		
02	Directly held equity interests		
03	Other		
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			
16			
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Part VIII Investments - Program Related

Complete this section if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of security or equity interest (attach separate sheet) (b) Book value (c) Fair market value (d) If a stock value, check or specify the market value

01			
02			
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Part IX Other Assets

Complete this section if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description (b) Book value

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Part X Other Assets

Complete this section if the organization answered "Yes" on Form 990, Part IV, line 11e. See Form 990, Part X, line 21.

(a) Description of security (b) Book value

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Part XI Other Assets

Complete this section if the organization answered "Yes" on Form 990, Part IV, line 11f. See Form 990, Part X, line 22.

(a) Description of security (b) Book value

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Part XII Other Assets

Complete this section if the organization answered "Yes" on Form 990, Part IV, line 11g. See Form 990, Part X, line 23.

(a) Description of security (b) Book value

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Part XIII Other Assets

Complete this section if the organization answered "Yes" on Form 990, Part IV, line 11h. See Form 990, Part X, line 24.

(a) Description of security (b) Book value

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Part XIV Other Assets

Complete this section if the organization answered "Yes" on Form 990, Part IV, line 11i. See Form 990, Part X, line 25.

(a) Description of security (b) Book value

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GUILFORD COUNTY PARTNERSHIP FOR

CHILDREN INC

56-1982976 Page 4

Schedule D (Form 990) 2018

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

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

1	Total revenue, gains, and other support per audited financial statements		1	13,313,907.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	13,313,907.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	13,313,907.

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

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

1	Total expenses and losses per audited financial statements		1	13,325,774.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	13,325,774.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 16.)		5	13,325,774.

Part XIII Supplemental Information.

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

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Schedule D (Form 990) 2018

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SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047
2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For information about Schedule I (Form 990) and its instructions, go to www.irs.gov/form990.

Name of the organization: **GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC** | Employee identification number: **56-1982976**

Part I General Information on Grants and Assistance

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

2 **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 recipients that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (Debt, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROBERTT COLLEGE 900 EAST WASHINGTON ST GREENSBORO, NC 27401	34-0532214	301(C)(13)	122,222	0			FOR EDUCATION
CHILD CARE CENTER 1408 WESSY WOODBURY AVE GREENSBORO, NC 27402	34-0714934		1,319,400	0			FOR EDUCATION
COALITION ON INFANT MORTALITY 1703 MAPLE STREET GREENSBORO, NC 27402	34-1824884		78,462	0			HEALTH CARE
CR PAUL ACADEMY 1223 ELCH PLACE MCKINNALE, NC 27163	34-0532450		223,000	0			FOR EDUCATION
FAMILY SERVICES OF THE TRIANGLE 802 HODDER DRIVE JAYMONTON, NC 27322	34-1681731		709,010	0			FAMILY SUPPORT
FAMILY SUPPORT SERVICES OF CENTRAL CAROLINA - 801 GREEN VALLEY ROAD - GREENSBORO, NC 27402	34-1661951	301(C)(13)	121,987	0			HEALTH CARE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: **11**

3 Enter total number of other organizations listed in the line 1 table: **0**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2016)

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GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC 56-1982976 Page 1

Schedule I (Form 990) **CONTRIBUTION OF GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS IN THE UNITED STATES (SCHEDULE I (FORM 990), PART II)**

(a) Name and address of organization or government	(b) EIN	(c) IRD section if applicable	(d) Amount of each grant	(e) Amount of non-cash assistance	(f) Method of valuation (cash, FMV, appraised, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUILFORD CHILD DEVELOPMENT 1200 ARLINGTON STREET GREENSBORO NC 27406	38-0282874	501(C)(13)	2,708,873	0			HC PRE & TERTIARY & CHILD CARE AND EDUCATION APPROPRIATEITY, FAMILY SUPPORT
GUILFORD COUNTY DEPT OF PUBLIC HEALTH - 1109 WALKER STREET - GREENSBORO NC 27403	31-6003102	501(C)(13)	802,445	0			HEALTH & SAFETY
GUILFORD COUNTY PUBLIC SCHOOLS 712 STONE ELM STREET GREENSBORO NC 27401	64-6000222	501(C)(13)	3,744,688	0			HC PRE & TERTIARY
218 GLOST CHILDCARE CENTER 3412 S BAY WINDOVER AVE GREENSBORO NC 27420	10-4180266	501(C)(13)	174,850	0			HC PRE & TERTIARY
1308 APICAL LEARNING CENTER 1010 GARDENWOOD ROAD EAST POINT NC 27819	33-2318224		236,000	0			HC PRE & TERTIARY
2320 A&S RING LEARNING ACADEMY 516 PIGEON CHURCH ROAD GREENSBORO NC 27402	16-8568211		214,350	0			HC PRE & TERTIARY
PARENTS AS TEACHERS GUILFORD COUNTY 413 NORTH EDGEMONT ST WILKS 201 - GREENSBORO NC 27403	33-1783502	501(C)(13)	132,633	0			FAMILY SUPPORT
201170 AVENUE CHILD DEVELOPMENT CENTER LLC 2113 BRILLIANT AVE GREENSBORO NC 27403	20-0182842		112,000	0			HC PRE & TERTIARY
READING CONNECTIONS 1301 N. WALKER STREET GREENSBORO NC 27401	36-1788736	501(C)(13)	67,492	0			FAMILY SUPPORT

Schedule I (Form 990)

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GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC

Schedule I (Form 990) **56-1982976** Page 1

(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
TRJAD CHILD DEVELOPMENT CENTER INC 311 OLD WINSTON RD HIGH POINT, NC 27269	56-1991438		234,000	0			NC PRE-K TUITION
UNIVERSITY OF NORTH CAROLINA AT GREENSBORO - 1111 SPRING GARDEN STREET - GREENSBORO, NC 27412	56-6001468	GOVERNMENT	882,016	0			HEALTH & SAFETY; CHILDREN EDUCATION; FAMILY SUPPORT
WAYNE-TAYLOR YMCA 2603 E. FLORIDA ST GREENSBORO, NC 27403	56-0842243	501 (C)(13)	145,950	0			NC PRE-K TUITION
KIDS IRC 620 GATE CIFT BLVD GREENSBORO, NC 27406	58-1427993		117,000	0			NC PRE-K TUITION
TRJAD ADULT AND PEDIATRIC MEDICINE INC - 1002 SOUTH BURNER ST - GREENSBORO, NC 27406	56-1991438		15,047	0			FAMILY SUPPORT/LITERACY - REACH OUT AND READ

Schedule I (Form 990)

31

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Return to Form 990 (2018) **GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC** 56-1982976 Page 8

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 classified if additional space is needed.

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

Part IV Supplemental information. Provide the information required by Part I, line 2, Part II, column (b) and (c) if applicable.

PART I, LINE 2:
 MONITORING IS DONE ANNUALLY ON ALL ORGANIZATIONS, ENTITIES, AND CENTERS.
 FOR ALL NC PRE-K TUITION GRANT RECIPIENTS, THE TEACHERS, ASSISTANT
 TEACHERS, AND STAFF AT THE CHILDCARE CENTERS ARE MONITORED TO DETERMINE
 COMPLIANCE WITH STANDARDS SET BY THE STATE OF NORTH CAROLINA. FOR ALL OTHER
 GRANT RECIPIENTS THEY ARE MONITORED TO ENSURE COMPLIANCE WITH GRANT
 REQUIREMENTS. ALL MONITORINGS ARE ADEQUATELY DOCUMENTED TO SUBSTANTIATE THE
 WORK PERFORMED, ISSUES NOTED AND RESOLUTION OF ISSUES. THE EXECUTIVE
 DIRECTOR PROVIDES PERIODIC REPORTS TO THE BOARD OF DIRECTORS SUMMARIZING

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Schedule I (Form 990) **GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC** 56-1982976 Page 2
Part IV Supplemental Information

THOSE ORGANIZATIONS/ ENTITIES/ CENTERS MONITORED, ISSUES AND RESOLUTION OF ISSUES. ISSUES OF NONCOMPLIANCE THAT CANNOT BE RESOLVED THROUGH THE MONITORING PROCESS ARE REFERRED TO THE BOARD OF DIRECTORS FOR DETERMINATION OF FURTHER ACTION(S) TO BE TAKEN.

Horizontal lines for supplemental information.

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Schedule I (Form 990)

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FORM 990

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SCHEDULE J (Form 990) **2016**
 For certain Officers, Directors, Trustees, Key Employees, and Highest Paid Officers of the Organization and for Independent Contractors
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Open to Public Inspection
 Information about this schedule is available at www.irs.gov/efile.
 Name of the organization: **GUILFORD COUNTY PARTNERSHIP FOR CHILDREN, INC** Employee identification number: **56-1982976**

Part I Questions Regarding Compensation

1. Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
 First class or charter travel
 Housing allowance or restricted tax personal use
 Payments for business use of personal residence
 Health or dental club dues or related fees
 Personal benefits such as stock, shares, hair, club
 Charitable contributions

2. If any of the boxes on the 1a are checked, did the organization follow a written policy regarding payment of remuneration to persons of the type described above? Yes No. Complete Part III to explain.
 Did the organization require recusal prior to membership or awarding contracts to directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on the 1a?
 Yes No. Complete Part III to explain.

3. Indicate whether any of the following the filing organization used to select the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to select compensation of the CEO/Executive Director but explain in Part III.
 Compensation committee
 Independent compensation consultant
 Form 990 of the organization
 Approved by the board or compensation committee

4. During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
 a. Receive a retirement payment or change of control payment?
 b. Receive a payment for a non-qualified deferred compensation plan?
 c. Receive a payment for a non-qualified deferred compensation plan?
 If "Yes" to any of these items, list the name and provide the applicable amounts for each item in Part III.

5. Only section 501(c)(3), 501(c)(29), and 501(c)(28) organizations must complete this part.
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
 a. The organization?
 b. Any related organization?
 If "Yes" on the file or 5b, describe in Part III.

6. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
 a. The organization?
 b. Any related organization?
 If "Yes" on the file or 6b, describe in Part III.

7. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any nonretirement payment not described on lines 5 and 6? If "Yes," describe in Part III.

8. Were any amounts reported on Form 990, Part VII, 501(c)(3) or 501(c)(29) or 501(c)(28) that were subject to the rule described in section 501(c)(3) or 501(c)(29) or 501(c)(28) "Yes," describe in Part III.

9. If "Yes" on the 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.501(c)(3)-7?
 Yes No

10. For purposes of Regulations section 53.501(c)(3)-7, see the instructions for Form 990.

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Schedule J (Form 990) 2016 **GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC** **56-1982976** Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)						
	(ii)						
	(iii)						
	(iv)						
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Schedule J (Form 990) 2016 35

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GUILFORD COUNTY PARTNERSHIP FOR SCHOLARSHIP OPPORTUNITIES CHALLENGER, INC.
 Part IV Business Transactions Involving Interested Persons

56-1901976 Page 2

Complete by appropriate personnel for all items on Form 990, Part IV, line 20a, 20b, 20c, or 20d.
 Of relationship between interested person and the organization

(a) Name of interested person	(b) Amount of transaction	(c) Description of transaction	(d) Nature of organization's interest
ROBIN BRIFT	KEY EMPLOYEE OF GCU 2,709,475	GUILFORD CO	Y
JOHN WEIL	KEY EMPLOYEE OF UNI 882,016	UNIVERSITY	Y
GLORIA JACKSON	KEY EMPLOYEE OF TRI 234,000	TRIAD CHILD	Y
NATIA HARRY	KEY EMPLOYEE OF GCU 3,744,668	GUILFORD CO	Y

Part V Supplemental Information
 Provide and name information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

- (A) NAME OF PERSON: ROBIN BRIFT
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
KEY EMPLOYEE OF GUILFORD CHILD DEVELOPMENT
- (C) DESCRIPTION OF TRANSACTION: GUILFORD CHILD DEVELOPMENT IS A DIRECT SERVICE PROVIDER
- (A) NAME OF PERSON: JOHN WEIL
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
KEY EMPLOYEE OF UNIVERSITY OF NORTH CAROLINA-GREENSBORO (UNC-G)
- (C) DESCRIPTION OF TRANSACTION: UNIVERSITY OF NORTH CAROLINA GREENSBORO IS A DIRECT SERVICE PROVIDER
- (A) NAME OF PERSON: GLORIA JACKSON
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION
KEY EMPLOYEE OF TRIAD CHILD DEVELOPMENT CENTER
- (C) DESCRIPTION OF TRANSACTION: TRIAD CHILD DEVELOPMENT CENTER IS A DIRECT SERVICE PROVIDER

(A) NAME OF PERSON: NATIA HARRY
 Schedule L Form 990 or 990-EZ 2018

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Page 3

Schedule M from Form 990 or 990-EZ
Part V Supplemental Information
GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC 56-1982876 Page 2
Complete this part to provide additional information by reference to Schedule A, line 14b, if applicable.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION.
KEY EMPLOYER OF GUILFORD COUNTY SCHOOLS
(D) DESCRIPTION OF TRANSACTION: GUILFORD COUNTY SCHOOLS IS A DIRECT SERVICE PROVIDER

Table with multiple empty rows for supplemental information.

2016 UGCU PARTNERSHIP 2516 39
GUILFORD COUNTY PARTNERSHIP 2516 1
Schedule Form 990 or 990-EZ

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From

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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.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC.

Employer identification number
56-1982976

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

ACCESS TO HIGH QUALITY CHILD CARE, TO IMPROVE PRENATAL AND CHILD HEALTH, AND TO SUPPORT AND STRENGTHEN FAMILIES OF PRESCHOOL CHILDREN.

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

COPING WITH THE DIFFICULT CIRCUMSTANCES OF THEIR INFANT CHILDREN HOSPITALIZED IN A NEONATAL INTENSIVE CARE UNIT FOR PREMATURE BIRTHS OR LIFE THREATENING CONDITIONS. THE PROGRAM PROVIDED 1-ON-1 EDUCATION AND SUPPORT TO 405 FAMILIES DURING THEIR HOSPITAL STAY AND 401 PERSONAL VISITS WITH FAMILIES.

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

CAREGIVERS LITERACY SKILLS TO IMPROVE THEIR ABILITY TO READ TO THEIR CHILDREN WHO MAY BE AT RISK FOR LOW LITERACY SKILLS. THE PROGRAM DISTRIBUTED 465 BOOKS AND OFFERED 56 LEARNING SESSIONS TO 51 PARENTS AND 57 CHILDREN.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CHILDCARE EDUCATION, QUALITY AND AFFORDABILITY - THE PRIMARY PROGRAM IN THIS CATEGORY IS DESIGNED TO IMPROVE THE QUALITY OF CHILD CARE IN GUILFORD COUNTY THROUGH PROFESSIONAL DEVELOPMENT OF TEACHERS, PROGRAM ENHANCEMENT, COMMUNITY LEARNING SESSIONS AND PEER COACHING. THE PROGRAM IS BASED AT A LOCAL UNIVERSITY AND GUIDED 107 PROFESSIONALS TO COMPLETE DEVELOPMENT PLANS; 132 PEOPLE RECEIVED TRAINING IN THREE COMMUNITY LEARNING DAY SESSIONS; COORDINATED EIGHT LEADERSHIP EVENTS.

EXPENSES \$ 688,382. INCLUDING GRANTS OF \$ 688,313. REVENUE \$ 0.

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

Schedule O (Form 990 or 990-EZ) (2016)

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Searchable Form 990-SS (2018) Exchange Information Number
Name of the organization: GUILFORD COUNTY PARTNERSHIP FOR CHILDREN, INC. 58-1882976

FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE 990 IS DISTRIBUTED TO THE MEMBERS OF THE AUDIT & FINANCE COMMITTEE VIA EMAIL PRIOR TO THE FILING OF THE RETURN AND APPROVED BY THE EXECUTIVE COMMITTEE PRIOR TO THE FILING OF THE RETURN. COPIES OF THE RETURN ARE MADE AVAILABLE TO THE BOARD AFTER THE APPROVAL BY THE EXECUTIVE COMMITTEE AND PRIOR TO THE FILING OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:
MEMBERS FILE DISCLOSURE STATEMENTS AND CONFLICTS OF INTEREST ARE ANNOUNCED BEFORE EACH VOTE. MEMBERS WITH CONFLICTS ARE REQUIRED TO ABSTAIN FROM VOTING ON MATTERS WHICH THEY HAVE A CONFLICT. ALL ABSTENTIONS ARE DOCUMENTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD UTILIZED AN INDEPENDENT HUMAN RESOURCE FIRM TO REVIEW AND DEVELOP THE CURRENT EXECUTIVE DIRECTOR JOB DESCRIPTION AND COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION OPERATES UNDER THE NC PUBLIC RECORDS LAW. THE NOTED DOCUMENTS ARE KEPT AT THE ORGANIZATION'S OFFICE AND ARE AVAILABLE UPON REQUEST. THE ORGANIZATION ALSO WILL POST THIS INFORMATION ON IT'S WEBSITE.

FORM 990, PART XI, FINANCIAL STATEMENTS AND REPORTING, QUESTION 1:
THE ORGANIZATION USES THE MODIFIED CASH BASIS OF ACCOUNTING FOR ITS BOOKS AND RECORDS AND ALSO FOR 990 PURPOSES. THIS METHOD OF ACCOUNTING IS REQUIRED BY THE NC STATE AUDITORS OFFICE AS WELL AS THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC. THESE ORGANIZATIONS HAVE

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Schedule O Form 990 or 990-ESS (2018)

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8320010 Form 990 or 990-E 2018
 Name of the organization **GUILFORD COUNTY PARTNERSHIP FOR**
CHILDREN, INC. EIN or other identification number **56-1882916**

REGULATORY OVERSIGHT OF GUILFORD COUNTY PARTNERSHIP FOR CHILDREN, INC.

PART XII, 2C

THE NORTH CAROLINA GENERAL STATUTES REQUIRE A BI-ANNUAL AUDIT. THE
 NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC OVERSEES A STATEWIDE BID
 PROCESS IN ORDER TO SELECT AN INDEPENDENT AUDIT FIRM. EACH LOCAL
 PARTNERSHIP'S STAFF AND BOARD ASSEMBLE THE OVERSIGHT OF THEIR AUDIT.

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