Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

		ING SELVICE		Wir di ili 350 i di ili structioni and the lates	t milorimation.		Inspection				
A	For the	2023 calend	dar year, or tax year beginning	07/01/2023 and ending	06/3	0/2024					
В	Check if	applicable:	C Name of organization GUILFOI	RD COUNTY PARTNERSHIP FOR CHILDI	REN INC	D Emplo	oyer identification number				
	Address	change	Doing business as				56-1982976				
	Name ch	ange	Number and street (or P.O. box it	f mail is not delivered to street address)	Room/suite	E Teleph	none number				
	Initial retu	ırn	4900 Koger Blvd Suite 151			336-274-5437					
	Final retur	m/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal code			The state of the s				
$\overline{\Box}$	Amended		Greensboro, NC 27407			G Gross	receipts \$ 17,857,515				
\Box		on pending	F Name and address of principal off	ficer: Heather Adams	H(a) Is this		roup return for subordinates? Yes Vo				
			4900 Koger Blvd Suite 151, G		-1		subordinates included? Yes No				
ī	Tax-exen	npt status:		ch a list. See instructions.							
J			✓ 501(e)(3) 501(e) () (insert no.) 4947(a)(1) or 527			exemption number				
			Corporation Trust Associa	ition Other L Year of for			of legal domicile: NC				
12566	art I	Summai		2 704 0 70	1990	THI GLEATO	or logar dominate. 140				
				ion or most significant activities: See	Cohodula O						
a)		Differry dead	oribe the organization a miss	ion of most significant activities. See .	scriedule O						
Activities & Governance							***************************************				
Ĕ	2	Chaple this	boy Diftho oversity d	Tamada and the country of the countr		0000 - 634					
ove				iscontinued its operations or disposed							
Ö				erning body (Part VI, line 1a)			17				
S				rs of the governing body (Part VI, line 1			17				
ij				n calendar year 2023 (Part V, line 2a)			20				
Ė				necessary)			25				
A		Total unrela	7a	0							
-	b	Net unrelat	ed business taxable income		. 7b	0					
				ear	Current Year						
Revenue	0.000			1h)	1-	4,787,885	17,826,531				
			ervice revenue (Part VIII, line		0						
eç S			income (Part VIII, column (A		7,057						
ш	11	Other reve	nue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e)		10,865	16,084				
-	12	Total reven	ue-add lines 8 through 11 (n	nust equal Part VIII, column (A), line 12)	1-	4,805,807	17,857,515				
	13	Grants and	I similar amounts paid (Part I	4,517,510	15,121,248						
				K, column (A), line 4)			0				
S				benefits (Part IX, column (A), lines 5-10)		917,928	983,957				
nse				olumn (A), line 11e)			0				
Expenses	i		aising expenses (Part IX, col-								
யி			enses (Part IX, column (A), lin-			463,604	850,425				
	The property of			equal Part IX, column (A), line 25)	1	5,899,042	16,955,630				
				8 from line 12		1,093,235	901,885				
or ses					Beginning of C		End of Year				
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)			349,895	1,075,568				
Ass 1 Ba	21		. (5			420,131	243,919				
E SE	22		or fund balances. Subtract li			-70.236	831,649				
	rt II		re Block			10,200	001,040				
Antonia	AND ASSESSED BY			return, including accompanying schedules and si	ratements and to	the hest of r	ny knowledge and helief it is				
				officer) is based on all information of which prepared			ny wiowicage and balet, it is				
		MUC	HDA. IL Adon		ï	11/10/	7.024				
Sig	in l	Signature	of officer			Date	2021				
He	200	Heather /	Adams Evacutive Director		,						
Heather Adams, Executive Director Type or print name and title											
_		_	preparer's name	Preparer's signature	Date	To: F	7 if PTIN				
Pa			property o neuro	r reparer a argulature	Date	Check L self-emp	」 "				
Pr	epare	r 									
Us	e Only	y Firm's nam				n's EIN					
Ma	the IP		m's address Phone no.								
ivid	v 1116 165	O CHOCHSS I	THE CERTIFIC WITH THE DIEDSTERS	SULLIVE SHOVE CAPP INSTRUCTIONS			Vec No				

	0 (2023) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	See Schedule O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 13,325,993 including grants of \$ 13,325,993) (Revenue \$ 13,245,928)
	Guilford County Partnership for Children strategically directs the NC Pre-K program for over 2,000 children in Guilford County. NC Pre-K is a free high quality pre-school program for children aged 4 whose families meet eligibility requirements. The program
	prioritizes children with economic, language or developmental challenges. It is offered at 50 participating Guilford County Schools,
	9 Children and Families First sites (Head Start), and 29 licensed four- and five-star private child care providers.
4b	(Code:) (Expenses \$ 1,568,254 including grants of \$ 1,568,254) (Revenue \$ 1,568,254)
	See Schedule O-Health and Safety
	······································
4c	(Code:) (Expenses \$ 853,781 including grants of \$ 853,740) (Revenue \$ 853,740)
	See Schedule O-Family Support
	······································
22	
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 1
	(Expenses \$ 739,672 including grants of \$ 739,672) (Revenue \$ 739,672)
40	Total program service expenses 16,487,700

City	Checklist of Hequired Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2	1	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		1
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
e	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		1
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e	1	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	111 12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
р	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	

Part	Checklist of Required Schedules (continued)		,	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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			,
b		24a 24b		4
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
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			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	25b 26		√ √
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		/
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).	21		*
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		1
	complete Schedule N, Part II	32		1
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	33		1
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	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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	35b		
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	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	1	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	

Form 990 (2023) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) No Yes Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 20 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . 2b Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . 3a √ If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . 10b 11 Section 501(c)(12) organizations. Enter: 11a Gross income from other sources. (Do not net amounts due or paid to other sources 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which 13b Did the organization receive any payments for indoor tanning services during the tax year? . . . 14a If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation on Schedule O. 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

17

FOID 98				Page C
Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ir	nstruc	tions.
Secti	on A. Governing Body and Management	<u>· · · </u>	·-	. 🔻
36011	on A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		163	140
b 2	Enter the number of voting members included on line 1a, above, who are independent . 1b 17 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	any other officer, director, trustee, or key employee?	2		1
4	supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	,,,		1
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		1
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	✓	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	1	
16a				
b	with a taxable entity during the year?	16a		1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		į
Secti	on C. Disclosure			•
17 18	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ✓ Upon request ✓ Other (explain on Schedule O)	95		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and red Heather Adams, (336)274-5437	ords.	į.	

Form 990 (2023)							-			Page 7
Part VII Compensation of Officers, Direction Independent Contractors	ectors, Tr	uste	es,	Ke	y E	mplo	ye	es, Highest C	ompensated E	mployees, and
Check if Schedule O contains a re	snonse or	note	to:	anv	line	in th	ie I	Part VII		
Section A. Officers, Directors, Trustees,										· · · · · · · · · · · · · · · · · · ·
1a Complete this table for all persons required										with or within the
organization's tax year.										
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of										
compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.										
 List all of the organization's current key employees, if any. See the instructions for definition of "key employee." 										
 List the organization's five current highes 										
who received reportable compensation (box 5 o \$100,000 from the organization and any related			60	f Fo	rm	1099-	MI	SC, and/or box	of Form 1099-1	NEC) of more than
· List all of the organization's former office	ers, key er	nploy	ees	, an	id h	nighes	t c	ompensated em	ployees who re	ceived more than
\$100,000 of reportable compensation from the									•	
 List all of the organization's former direct 	tors or tru	stees	s tha	at re	ecei	ived, i	n t	he capacity as a	a former director	r or trustee of the
organization, more than \$10,000 of reportable co										
See the instructions for the order in which to list	the person	s abo	ve.							
☐ Check this box if neither the organization nor	any relate	d org	aniz	atio	n c	ompe	nsa	ted any current	officer, director,	or trustee.
				(0	C)	MOSS ANN				
(A)	(B)			Pos				(D)	(E)	(F)
Name and title	Average					than o		Reportable	Reportable	Estimated amount
	hours					or/truste		compensation	compensation	of other
	per week (list any	ind	lns	HO	Ke	em	Fo	from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	Individual trustee or director	titut	Officer	Key employee	Highest co	Former	1099-MISC/	1099-MISC/	organization and
	related organizations	ual t	iona		old	ee t co		1099-NEC)	1099-NEC)	related organizations
	below	rust	tru		yee	npe				
	dotted line)	ee	Institutional trustee			Highest compensated employee				
Ann Vandervliet Stratton	40.00									
Executive Director	0.00			1				61,071	0	9,348
Heather Adams	40.00									
Executive Director	0.00			1				15,538	0	1,940
Greg Anderson	2.00									Control of the Control of the Control
Chair		1		1				0	0	0
Calvin Foster	2.00									
Vice Chair		1		1				0	0	0
Jessica Lea CPA	2.00									
Treasurer		1		1				0	0	0
Christine Murray	2.00									
Secretary		1		1				0	0	0
Michael Swerbinsky	2.00	,								
Imm Past Chair		1	ļ	1				0	0	0
Betsy Rodriguez	2.00									100
Board Member		1						0	0	0
Brigitte Blanton	2.00	,							71.Au	34900
Board Member		1		-				0	0	0
Catherine Johnson	2.00								E (6)	
Board Member	I	1				1		0	0	0

2.00

2.00

2.00

2.00

Board Member

Board Member

Board Member

Board Member

Board Member

Catherine Scott Little Ph D

Debbi Kennerson MA LPA

Deborah Foster

Kathryn Ashby

0

0

0

0

0

0

0

0

0

0

0

0

Part VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, an	d F	lighest Compe	nsated Emplo	yees (c	ontinued)
(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	e than o is both or/trus	an	(D) Reportable compensation from the	(E) Reportable compensation from related	Estimat of	(F) ed amount other ensation
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	fro organia	m the zation and rganizations
Maria Mayorga	2.00	Ī.,									
Sharon Barlow	2.00	1			-		-	0	0		0
Board Member	2.00	1						0	0	And the second s	0
Whitney Oakley Ph D	2.00										
Board Member	<u> </u>	1					<u> </u>	0	0		0
Anitra Wells	2.00	1									0
Board Member	 	1	-				\vdash	0	0		0
	ļ										
	-	-	-	-	ļ		-				
	+										
	11 (12)										
		ļ	-		-		_				
	 										
	 				<u> </u>		<u> </u>				
		1									
1b Subtotal							•	76,609	0		11,288
c Total from continuation sheets to Part								76 600			11 200
d Total (add lines 1b and 1c)	but not	limite	ed t	to t	thos	e lis	ted	above) who re	eceived more	han \$1	00,000 of
reportable compensation from the organ								. 0			
											Yes No
3 Did the organization list any former employee on line 1a? If "Yes," complete										1	
4 For any individual listed on line 1a, is th										3	V
organization and related organizations											
individual			4		3 0					4	1
5 Did any person listed on line 1a receive										1 1	
for services rendered to the organization Section B. Independent Contractors	irii res, t	comp	iere	301	160	ule J	01 8	sucii persori .		5	√
1 Complete this table for your five hig	hest comp	ensat	ed	ind	epe	ndent	CC	ontractors that	received more	than \$1	00,000 of
compensation from the organization. Rep											
(A)								(B)		(C)	18
Name and business ad	dress						<u> </u>	Description of ser	vices	Compensa	ation
None							+				
					_		1				
O Table makes of help the second			_		<u> </u>		<u> </u>	(2.4.2.			
2 Total number of independent contract received more than \$100,000 of compens							o th		re) wno		
	Jacon 110111	are o	gai	112-01				0		***************************************	200

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
				and the second s			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514		
ts,	1a	Federated campaig	ns .		1a	0						
ran	b	Membership dues			1b	0						
D E	C	Fundraising events			10	0						
iffs ar /	d	Related organization			1d	0						
m; G	e	Government grants			1e	17,824,223						
on S	f	All other contribution and similar amounts no			1f							
but	a	Noncash contribution			- 11	2,308						
Contributions, Gifts, Grants, and Other Similar Amounts	9				1g	\$ 0						
Contributions, Gifts, Grants, and Other Similar Amounts	h	Total. Add lines 1a-	-1f .				17,826,531					
10000						Business Code						
ce	2a											
e S	b											
S L	C									Table 14		
gram Ser Revenue	d											
Program Service Revenue	е											
ā	f	All other program se										
-	<u>g</u> 3	Total. Add lines 2a- Investment income					0					
	Ū	other similar amoun	3.5			S (S)	14,900	0	0	14,900		
	4	Income from investr					0	0	0	0		
	5	D 111					0	0	0	0		
				(i) Rea		(ii) Personal		A WEST OF				
	6a	Gross rents	6a							a: < = a 1 = 4 = 1		
	b	Less: rental expenses	6b									
	С	Rental income or (loss)		<u> </u>	0	0						
	_d	Net rental income o	r (los	· · · · · · · · · · · · · · · · · · ·				, , , , , , , , , , , , , , , , , , , ,				
	7a	Gross amount from		(i) Securit	ties	(ii) Other						
		sales of assets other than inventory	7a									
a	b	Less: cost or other basis	10									
Other Revenue	~	and sales expenses .	7b			10.0						
eve	С	Gain or (loss)	7c		0	0						
r B	d	Net gain or (loss)							AND THE RESERVE TO A SECOND SE			
the	8a	Gross income from	m fu	ndraising				4.				
0		events (not including		0								
		of contributions rep			_							
		1c). See Part IV, line			8a							
	b b	Less: direct expens Net income or (loss)			8b	nte						
		Gross income f			9 eve			Der Control				
		activities. See Part I			9a							
	b	Less: direct expens	es .		9b							
		Net income or (loss)			ctivitie	es						
	10a	Gross sales of in		ory, less								
		returns and allowan			10a							
		Less: cost of goods			10b							
	С	Net income or (loss)	rom	sales of ir	ivento							
Miscellaneous Revenue	11a	Doimhuraamant of o	olee 4	0.14		Business Code	44 000	44 200		^		
nue	b	Reimbursement of s Other				900099	11,290 4,794		0	0		
scellaneo Revenue	C					300033	7,154	4,154	0			
lisc Re	d	All other revenue			 , ,		0	0	0	0		
Σ	е	Total. Add lines 11a	a-11c	<u></u>			16,084					
	12	Total revenue. See	instr	uctions			17,857,515	16,084	0	14,900		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses Management and general expenses Program service expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 15,121,248 15,121,248 Grants and other assistance to domestic individuals. See Part IV, line 22 n Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . Compensation of current officers, directors, trustees, and key employees 232,607 76,113 156,494 Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 588,503 509,159 79,344 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 34,979 31,485 3,494 Other employee benefits 9 71,780 77,290 5,510 10 50,578 48,521 2,057 11 Fees for services (nonemployees): Management 2,048 2,048 C 6,556 2,763 3,793 Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . 25,391 12,998 12,393 12 Advertising and promotion 10,005 7,344 2,661 Office expenses 13 36,588 19,474 17.114 14 Information technology 32,357 25,882 6,475 15 16 93,185 56,971 36,214 17 Travel . . 3,899 3,187 712 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 4,170 71 4,099 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 23 13,082 7,633 5,449 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) Contracted Services 243,340 177,216 66,124 0 Employee Training 19,757 17,132 0 2,625 C 19,699 19,699 Sales Tax d All other expenses A 340,348 297,693 42,655 25 Total functional expenses. Add lines 1 through 24e 16,955,630 16,487,700 467,930 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720) . . .

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Ω 491,154 348,792 2 563,301 3 Accounts receivable, net 4 1,103 21,113 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 8 Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D . . . 10a b Less: accumulated depreciation 10b 10c 11 11 Investments-other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 33) . . . 349,895 16 1,075,568 17 Accounts payable and accrued expenses 1,916 17 18 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 418,215 25 243,320 26 Total liabilities. Add lines 17 through 25 26 420,131 243,919 Organizations that follow FASB ASC 958, check here Balances and complete lines 27, 28, 32, and 33. 27 27 -85,444 803,732 15,208 28 27,917 Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ö Capital stock or trust principal, or current funds 29 29 Net Assets 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 30 31 Retained earnings, endowment, accumulated income, or other funds. 31 32 32 -70,236 831,649

Total liabilities and net assets/fund balances . . .

1,075,568

349,895

33

	J (2023)		Pa	ge 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)	17,857,515		7,515			
2	Total expenses (must equal Part IX, column (A), line 25)	16,955,630		5,630			
3	Revenue less expenses. Subtract line 2 from line 1		90	1,885			
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4						
5	Net unrealized gains (losses) on investments			0			
6	Donated services and use of facilities			0			
7	Investment expenses			0			
8	Prior period adjustments			0			
9	Other changes in net assets or fund balances (explain on Schedule O)			0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))		83	1,649			
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			V			
	_		Yes	No			
1	Accounting method used to prepare the Form 990: Cash Accrual Other See Sched O						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓_			
	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.						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?	2b	1				
	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.						
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	1					
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? .	2c	1				
	If the organization changed either its oversight process or selection process during the tax year, explain on						
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
		3a	1				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b	1				

Form 990 (2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (e) 2023 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 14,571,142 15,528,660 16,537,443 14,785,702 17,824,223 79,247,170 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . 0 0 Total. Add lines 1 through 3 14,571,142 15,528,660 16,537,443 14,785,702 17,824,223 79,247,170 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 79,247,170 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 Amounts from line 4 14,571,142 15,528,660 16,537,443 14,785,702 17,824,223 79,247,170 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 3,104 5,765 1,897 7,057 14,900 32,723 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 0 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1,450 25,601 30,198 10,765 16,084 84,098 Total support. Add lines 7 through 10 11 79,363,991 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 99.85 % Public support percentage from 2022 Schedule A, Part II, line 14 15 16a 331/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test-2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test-2023, If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedu	ile A (Form 990) 2023						Page 3
Part						J &= == :£	A CONTRACTOR OF THE CONTRACTOR
	(Complete only if you checked th						nder Part II.
Sacti	If the organization fails to qualify ion A. Public Support	under the te	sis listed bei	ow, please co	omplete Part	11.)	
-		(=) 0010	(6) 0000	(=) 0001	(-1) 0000	/s\ 0000	(O Total
Calen	idar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
•	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						
	Amounts included on lines 1, 2, and 3						, 11
, ,	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
C4	line 6.)						
	on B. Total Support			T			
9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
10a	Gross income from interest, dividends,						
100	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
4.0	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization':	s first, second	, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop her	re					
	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8					15	%
16	Public support percentage from 2022 Sch	edule A, Part	III, line 15 .	· · · · ·	· · · · ·	16	%
17	on D. Computation of Investment Inc			au line 10!	mn (f)\	47	0.4
18	Investment income percentage for 2023 (Investment income percentage from 2022)					17	%
19a	331/3% support tests—2023. If the organi						
.00	17 is not more than 331/3%, check this box	and stop here.	The organizati	on qualifies as	a publicly suppo	orted organizati	on \square
b	331/3% support tests - 2022. If the organization						

line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 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.)

		Yes	No
g y	1		
is d	•		
er	2		
d	3a		
е	3b		
3)	3с		
lf	4a		
n n			
n d 3)	4b		
," N n;	4c		
ly	5a		
ıy	5b		
	5c		
o d or	}		
or	6		
у	7		
е	8		
e	9a		
h	9b		
it	9c		
n d	10a		
0	10b		
dul	ο Δ (Fo	rm 990	1 2023

	le A (Form 990) 2023		F	age 5
Part	Supporting Organizations (continued)			
11	Log the executation reserved a sift or contribution from any of the fallerwise accuracy.		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	1,		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>		
-			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Cooki	supported organizations played in this regard.	3		
1	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i.	notru	otion	-1
a	The organization satisfied the Activities Test. Complete line 2 below.	listru	CHOIR	o).
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struct	ions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below</i> . Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	trus	st on Nov. 20, 1970 (expla	ons A through E.
Sect	ion 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		
Sect	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount		2	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).		ntegrated Type III suppor	ting organization

Schedule A (Form 990) 2023 Page 7

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continue	d)	
Secti	ion D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted		
	organizations, in excess of income from activity			2	44.0VACPAA,
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023			T	
	(reasonable cause required - explain in Part VI). See	70			
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b					
	From 2020				
	From 2021				
	From 2022				
f	Total of lines 3a through 3e			_	
	Applied to underdistributions of prior years			_	
	Applied to 2023 distributable amount			_	
<u>i</u>	Carryover from 2018 not applied (see instructions)			_	
J	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			_	
4	Distributions for 2023 from				
	Section D, line 7: \$			-	
<u>a</u>	Applied to underdistributions of prior years			4	
b	Applied to 2023 distributable amount			-	***
C	Remainder. Subtract lines 4a and 4b from line 4.			\dashv	
_	Remaining underdistributions for years prior to 2023, if				
5	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.				
				-+	
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			1	
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3			-	
	and 4c.				
_ 8	Breakdown of line 7:				
a	Excess from 2019		-	_	
<u>b</u>	Excess from 2020			\dashv	
C	Excess from 2021			-	
d	Excess from 2022			_	
e	Excess from 2023				

	•
	••••

Schedule A (Form 990)	2023
Scriedule A (Form 950) 4	.020

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

20**23**

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

56-1982976 GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

totaling \$5,000 or more during the year

Employer identification number

GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC 56-1982976 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (c) (b) (d) (a) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person 1 North Carolina Partnership for Children Payroll Noncash 1100 Wake Forest Road 3,612,498 (Complete Part II for Suite 300 noncash contributions.) Raleigh, NC 27604 (c) (d) (a) (b) Type of contribution Name, address, and ZIP + 4 Total contributions No. 1 Person 2 NCDHHS (DCDEE) Payroll Noncash 14,211,725 (Complete Part II for noncash contributions.) Raleigh, NC 27603 (d) (a) (c) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4

Person

Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC 56-1982976

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional spa	ace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

chedule B (F	Form 990) (2023)				Page	of	of Part II
lame of org	ganization				Employer ide	ntificat	tion number
BUILFORD	Exclusively religious, charitable, 6 (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the duplicate copies of Part III if additional contributions of \$1,000 or less for the copies of Part III if additional copies of Part III if ad	etc., contributions to the year from any ations completing Pa the year. (Enter this in	one contributor. Int III, enter the total Information once. S	Complete I of <i>exclusi</i>	n section 50 columns (a) t vely religious	throug	, (8), or h (e) and
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Des	scription of h	ow gif	ft is held
	Transferee's name, address, a		fer of gift	iship of tra	nsferor to trai	nsfere	e
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of h	ow gif	t is held
	Transferee's name, address, a		fer of gift Relation	ship of tra	nsferor to tran	nsferee	•

(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of h	ow gif	t is held
	Transferee's name, address, a		fer of gift Relation	ship of trai	nsferor to tran	nsferee	•
-							
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of h	ow gif	t is held
	Transferee's name, address, a		fer of gift Relation	ship of tra	nsferor to tran	sferec	
H			110,000				<u> </u>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name o	f the organization		Employer identification number
GUILF	ORD COUNTY PARTNERSHIP FOR CHILDREN INC		56-1982976
Par	Organizations Maintaining Donor Advi		ls or Accounts
	Complete if the organization answered "		
_	Tatal worsels on at and afficient	(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		
6	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, are only for charitable purposes and not for the benefit		
	그는 그 사람들은 아이들은 점점 없었다면 하다면 하는데 아들이 얼마나 아들이		
			· · · · · · · · Yes No
Par		Voc" on Form 000 Dort IV line 7	
1	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the c		£ = c =+== == ==
	Preservation of land for public use (for example, recre		f a historically important land area
		☐ Preservation of	f a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization hel	d a qualified appearation contribution	in the form of a concentation
2	easement on the last day of the tax year.	d a qualified conservation contribution	
	1992-01-94-29-95-17-29-18-1-1-17-17-15-15-15-15-15-15-15-15-15-15-15-15-15-		Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation easements		* 1
c d	Number of conservation easements on a certified hi		
u	Number of conservation easements included on line on a historic structure listed in the National Register	e 20 acquired after July 25, 2006, and	1 1
2			· [2d]
3	Number of conservation easements modified, trans tax year	refred, released, extinguished, or term	inated by the organization during the
4	Number of states where property subject to consen	ration passement is located	
5	Does the organization have a written policy reg		ection handling of
	violations, and enforcement of the conservation eas	ements it holds?	· · · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, inspec		
Ū	cian and volunteer nours devoted to monitoring, mapee	ting, nationing of violations, and emoreting	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	a, handling of violations, and enforcing of	conservation easements during the year
	3,,	9,	· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line	2d above satisfy the requirements of s	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
	sheet, and include, if applicable, the text of the foot		tements that describes the
	organization's accounting for conservation easement	nts.	
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets
	Complete if the organization answered "		
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenue	e statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held		earch in furtherance of public service
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$
	(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 FA		
а	Revenue included on Form 990, Part VIII, line 1 .		\$
b	Assets included in Form 990, Part X		\$

_	•
Page	2

Part	Organizations Maintaining	Collections of	Art, His	torical 1	Treasures, o	or Oti	her Similar As	ssets (con	tinued)
3	Using the organization's acquisition, a collection items (check all that apply).	accession, and of	ther reco	ds, chec	k any of the	follow	ing that make	significant u	se of its
а	☐ Public exhibition		d	☐ Loan	or exchange	progra	am		
b	☐ Scholarly research		е	Other					
C	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.	ion's collections	and expla	ain how t	hey further th	e org	anization's exe	mpt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Part	IV Escrow and Custodial Arra	ingements							
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on For	m 990, I	Part IV, line 9	9, or 1	reported an ar	mount on F	orm
1a	Is the organization an agent, trustee,								
	included on Form 990, Part X?							☐ Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing to	able.				
							Δ	mount	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f	1		
2a	Did the organization include an amoun								☐ No
	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the ex	planatio	n has been pr	ovide	d in Part XIII .		
Par	t V Endowment Funds								
	Complete if the organization			111111111111111111111111111111111111111					
	200 2 300 4 500 5	(a) Current year	(b) Pri	or year	(c) Two years t	oack	(d) Three years bac	k (e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and					- 1			
	losses								
d									
е	Other expenditures for facilities and programs								
f	Administrative expenses					and the same of th			
g	End of year balance								
2	Provide the estimated percentage of the	he current year er	nd balanc	e (line 1g	g, column (a))	heid a	ıs:		
а	Board designated or quasi-endowmen	nt	%						
b	Permanent endowment	%							
C	Term endowment %								
	The percentages on lines 2a, 2b, and 2	2c should equal 1	00%.						
3a	Are there endowment funds not in the	possession of the	ne organi:	zation the	at are held ar	nd adr	ninistered for th	ne	
	organization by:							Y	es No
	(i) Unrelated organizations?							3a(i)	
								3a(ii)	
b	If "Yes" on line 3a(ii), are the related or	ganizations listed	as requi	red on So	chedule R? .			3b	
4	Describe in Part XIII the intended uses	of the organization	on's endo	wment fo	unds.				
Part									
	Complete if the organization	answered "Yes	" on For	m 990, f	Part IV, line	11a. S	See Form 990,	Part X, lin	e 10.
	Description of property	(a) Cost or of (investment)			or other basis other)		occumulated preciation	(d) Book v	alue
1a	Land								
b	Buildings		7						
C	Leasehold improvements								
d	Equipment								***************************************
e	Other		**************************************						
	Add lines 1a through 1e. (Column (d) m	nust equal Form 9	90, Part)	(, line 10	c, column (B))			*****	

Part VII	Investments—Other Securities	N/ Bas 446 Cas E	000 D-+ V K 10
-	Complete if the organization answered "Yes" on Form 990, Part (a) Description of security or category	(b) Book value	
	(including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		7
	neld equity interests		
(3) Other	***************************************		
(A)			
(B)			
(D)			
(E)			
(F)	***************************************		
(H)			
	mn (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments—Program Related	V	000 D-+ V E 10
	Complete if the organization answered "Yes" on Form 990, Part		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	A Charles and the Control of the Con		
(9)			
Total. (Colui	mn (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets		000 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Territoria	Complete if the organization answered "Yes" on Form 990, Part	V, line 11d. See F	
/4\	(a) Description	-w	(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, line 15, col. (B))		
Part X	Other Liabilities		
	Complete if the organization answered "Yes" on Form 990, Part I	V. line 11e or 11f.	See Form 990. Part X.
	line 25.		articipation of the state of t
1.	(a) Description of liability		(b) Book value
(1) Federal in	ncome taxes		
(2) Due to S	State		243,320
(3)		- 100	
(4)			
(5)			
_(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, line 25, col. (B))		. 243,320
	runcertain tax positions. In Part XIII, provide the text of the footnote to the organ		
organization's	s liability for uncertain tax positions under FASB ASC 740. Check here if the text	of the footnote has b	een provided in Part XIII . 🔽

Part			Return
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements	$\epsilon \ \ \bullet \ \ \bullet$	1 17,857,515
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	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 (
е	Add lines 2a through 2d		2e 0
3	Subtract line 2e from line 1		3 17,857,515
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	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 17,857,515
Part	XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses p	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1 16,955,630
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b (
С	Other losses	20	-1 1
d	Other (Describe in Part XIII.)	2d 0	
e	A LUC A LUC L A L		2e 0
3	Subtract line 2e from line 1		3 16,955,630
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		10,333,030
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 0	
b	Other (Describe in Part XIII.)	4a 0	4
0.50	Annual An		4 40 1
5	Add lines 4a and 4b	0.19)	4c 0 5 16.955.630
Part		e 10.)	5 16,955,630
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Bot IV lines 1b and 2	h: Dort V line 4: Dort V line
Parl	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	oformation
	ule D, Part X, Line 2 - The Guilford County Partnership for Children is exempt		
	n 501 (c) (3) of the Internal Revenue Code, except to the extent of taxes on an		
	nce for how uncertain tax positions should be recognized, measured, presente		
	quires the evaluation of tax positions taken or expected to be taken in the cou		
	er the tax positions are "more-likely-than-not" to be sustained by the applicab		
	en does not believe there are any unrecognized tax benefits or costs as of Jur	ie 30, 2024. Income tax retur	ns for 2021 through 2023
remair	open to examination by the tax authorities.	***************************************	

Schedule D (Form 990) 2023

Page 4

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

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

Name of the organization							Employer id	dentification numb	er
GUILFORD COUNTY PARTNERSHIP I								56-1982976	
Part I General Information									
 Does the organization mainta 									
the selection criteria used to								· Ves	☐ No
2 Describe in Part IV the organ									
Part II Grants and Other As Part IV, line 21, for ar	ssistance to Do ny recipient that	mestic Organiz received more th	ations and Don nan \$5,000. Part	nestic Governm Il can be duplica	ents. Complete ated if additional	if the organization space is needed	on answer 1.	red "Yes" on I	-orm 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assista		(h) Purpose o or assistar	
(1) Sch I, Stmt 1									
(2)									
(3)		a money or consideration of which are also are considerated and considerat							
(4)									
(5)									
(6)									
(7)								***	NATION AND ADMINISTRATION AND AD
(8)									
(9)								Action of the Control	
(10)									
(11)								and the second s	
(12)									
2 Enter total number of section	501(c)(3) and gov	ernment organiza	tions listed in the l	ine 1 table				g)
3 Enter total number of other o	rganizations listed	in the line 1 table						2	0

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	·				
POPUL A STATE OF THE STATE OF T					
dule I, Part I, Line 2 - Monitoring is done annu trecipients, the teachers, assistant teachers,	ally in accordance with a and staff at the childcare	pproved Monitoring F centers are monitore	Policies and Procedures d to determine complian	on all organizations, entities, nce with standards set by the S	and centers. For all NC Pre-K tuit State of North Carolina. For all oth
edule I, Part I, Line 2 - Monitoring is done annu- nt recipients, the teachers, assistant teachers, nt recipients they are monitored to ensure com- plution of issues. The Executive Director provides. Issues of noncompliance that cannot be re	ally in accordance with a and staff at the childcare pliance with grant require des periodic reports to the solved through the monit	pproved Monitoring F centers are monitore ments. All monitorin Board of Directors s oring process are ref	Policies and Procedures d to determine compliar gs are adequately docu summarizing those orga erred to the Board of Di	on all organizations, entities, nee with standards set by the S mented to substantiate the wo nizations/entities/centers mon rectors for determination of fu	and centers. For all NC Pre-K tuiti State of North Carolina. For all other rk performed, issues noted and hitored, issues and resolution of urther action(s) to be taken.
edule I, Part I, Line 2 - Monitoring is done annu It recipients, the teachers, assistant teachers, It recipients they are monitored to ensure com Idution of issues. The Executive Director provides. Issues of noncompliance that cannot be re	ally in accordance with a and staff at the childcare pliance with grant require des periodic reports to the solved through the monit	pproved Monitoring F centers are monitore ments. All monitorin Board of Directors s oring process are ref	Policies and Procedures d to determine compliar gs are adequately docus ummarizing those orga erred to the Board of Di	on all organizations, entities, nee with standards set by the S mented to substantiate the wo nizations/entities/centers mon rectors for determination of fu	and centers. For all NC Pre-K tuiti State of North Carolina. For all oth rk performed, issues noted and itored, issues and resolution of irther action(s) to be taken.
edule I, Part I, Line 2 - Monitoring is done annult recipients, the teachers, assistant teachers, it recipients they are monitored to ensure com lution of issues. The Executive Director provides. Issues of noncompliance that cannot be re	ally in accordance with a and staff at the childcare pliance with grant require des periodic reports to the solved through the monit	pproved Monitoring F centers are monitore ments. All monitorin Board of Directors s oring process are ref	Policies and Procedures d to determine compliar gs are adequately docus summarizing those orga erred to the Board of Di	on all organizations, entities, one with standards set by the semented to substantiate the wo nizations/entities/centers mon rectors for determination of fu	and centers. For all NC Pre-K tuiti State of North Carolina. For all oth- rk performed, issues noted and nitored, issues and resolution of inther action(s) to be taken.
edule I, Part I, Line 2 - Monitoring is done annu t recipients, the teachers, assistant teachers, t recipients they are monitored to ensure com lution of issues. The Executive Director provices. Issues of noncompliance that cannot be re	ally in accordance with a and staff at the childcare pliance with grant require des periodic reports to the solved through the monit	pproved Monitoring F centers are monitore ements. All monitorin Board of Directors s oring process are ref	Policies and Procedures d to determine compliar gs are adequately docu- summarizing those orga erred to the Board of Di	on all organizations, entities, nee with standards set by the S mented to substantiate the wo nizations/entities/centers mon rectors for determination of fu	and centers. For all NC Pre-K tuitl State of North Carolina. For all oth rk performed, issues noted and nitored, issues and resolution of urther action(s) to be taken.
edule I, Part I, Line 2 - Monitoring is done annut t recipients, the teachers, assistant teachers, t recipients they are monitored to ensure com lution of issues. The Executive Director provices. Issues of noncompliance that cannot be re	ally in accordance with a and staff at the childcare pliance with grant require des periodic reports to the solved through the monit	pproved Monitoring F centers are monitore ements. All monitorin Board of Directors s oring process are ref	Policies and Procedures d to determine compliar gs are adequately docu- summarizing those orga erred to the Board of Di	on all organizations, entities, nee with standards set by the S mented to substantiate the wo nizations/entities/centers mon rectors for determination of fu	and centers. For all NC Pre-K tuiti State of North Carolina. For all oth rk performed, issues noted and nitored, issues and resolution of urther action(s) to be taken.
edule I, Part I, Line 2 - Monitoring is done annuit recipients, the teachers, assistant teachers, it recipients they are monitored to ensure comulation of issues. The Executive Director provides. Issues of noncompliance that cannot be re	ally in accordance with a and staff at the childcare pliance with grant require des periodic reports to the solved through the monit	pproved Monitoring F centers are monitore ements. All monitorin Board of Directors s oring process are ref	Policies and Procedures d to determine compliar gs are adequately docu- summarizing those orga erred to the Board of Di	on all organizations, entities, nee with standards set by the S mented to substantiate the wo nizations/entities/centers mon rectors for determination of fu	and centers. For all NC Pre-K tuiti State of North Carolina. For all oth rk performed, issues noted and nitored, issues and resolution of urther action(s) to be taken.
edule I, Part I, Line 2 - Monitoring is done annut t recipients, the teachers, assistant teachers, t recipients they are monitored to ensure com lution of issues. The Executive Director provices. Issues of noncompliance that cannot be re	ally in accordance with a and staff at the childcare pliance with grant require des periodic reports to the solved through the monit	pproved Monitoring F centers are monitore ements. All monitorin Board of Directors s oring process are ref	Policies and Procedures d to determine compliar gs are adequately docu- summarizing those orga erred to the Board of Di	on all organizations, entities, nee with standards set by the S mented to substantiate the wo nizations/entities/centers mon rectors for determination of fu	and centers. For all NC Pre-K tuitl State of North Carolina. For all oth rk performed, issues noted and nitored, issues and resolution of urther action(s) to be taken.
edule I, Part I, Line 2 - Monitoring is done annuit recipients, the teachers, assistant teachers, it recipients they are monitored to ensure comulation of issues. The Executive Director provides. Issues of noncompliance that cannot be re	ally in accordance with a and staff at the childcare pliance with grant require des periodic reports to the solved through the monit	pproved Monitoring F centers are monitore ements. All monitorin Board of Directors s oring process are ref	Policies and Procedures d to determine compliar gs are adequately docu summarizing those orga erred to the Board of Di	on all organizations, entities, nee with standards set by the S mented to substantiate the wo nizations/entities/centers mon rectors for determination of fu	and centers. For all NC Pre-K tuit State of North Carolina. For all oth rk performed, issues noted and nitored, issues and resolution of inther action(s) to be taken.
edule I, Part I, Line 2 - Monitoring is done annut t recipients, the teachers, assistant teachers, t recipients they are monitored to ensure com lution of issues. The Executive Director provides. Issues of noncompliance that cannot be re	ally in accordance with a and staff at the childcare pliance with grant require des periodic reports to the solved through the monit	pproved Monitoring F centers are monitore ements. All monitorin Board of Directors s oring process are ref	Policies and Procedures d to determine compliar gs are adequately docu summarizing those orga erred to the Board of Di	on all organizations, entities, nee with standards set by the S mented to substantiate the wo nizations/entities/centers mon rectors for determination of fu	and centers. For all NC Pre-K tuit State of North Carolina. For all oth rk performed, issues noted and nitored, issues and resolution of inther action(s) to be taken.
dule I, Part I, Line 2 - Monitoring is done annut t recipients, the teachers, assistant teachers, t recipients they are monitored to ensure com lution of issues. The Executive Director provious. Issues of noncompliance that cannot be re	ally in accordance with a and staff at the childcare pliance with grant require des periodic reports to the solved through the monit	pproved Monitoring F centers are monitore ments. All monitorin Board of Directors s oring process are ref	Policies and Procedures d to determine compliar gs are adequately docus summarizing those orga erred to the Board of Di	on all organizations, entities, nee with standards set by the S mented to substantiate the wo nizations/entities/centers mon rectors for determination of fu	and centers. For all NC Pre-K tuit State of North Carolina. For all oth rk performed, issues noted and iitored, issues and resolution of irther action(s) to be taken.
edule I, Part I, Line 2 - Monitoring is done annut t recipients, the teachers, assistant teachers, t recipients they are monitored to ensure com lution of issues. The Executive Director provides. Issues of noncompliance that cannot be re	ally in accordance with a and staff at the childcare pliance with grant require des periodic reports to the solved through the monit	pproved Monitoring F centers are monitore ments. All monitorin Board of Directors s oring process are ref	Policies and Procedures d to determine compliar gs are adequately docus summarizing those orga erred to the Board of Di	on all organizations, entities, nee with standards set by the Smented to substantiate the wo nizations/entities/centers mon rectors for determination of fu	and centers. For all NC Pre-K tuit State of North Carolina. For all oth rk performed, issues noted and iitored, issues and resolution of irther action(s) to be taken.

Form: Schedule I (2023)

Page: 1

Description of Grants and Other Assistance to Governments and Organizations in the United States

Part II, Line 1

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst
Name and address	ABG Provider Services 2211 Jane Street Greensboro, NC 27407	56-2238199	222,703	
IRC code section Method of valuation	Greensoord, No 21407			
Desc. of Non-Cash Asst.				
Purpose of grant	NC Pre-K Tultion			
Name and address	Appleville Academy 2204 Joan Ave Greensboro, NC 27455	47-4126248	68,571	
IRC code section Method of valuation	Greensbord, NO 21433			
Desc. of Non-Cash Asst. Purpose of grant	NC Pre-K Tuition			
Name and address	Cadence Education LLC 880 N Gainey Center Dr Scottsdale, AZ 85258	86-0793666	132,922	ن پر در در در ده دهنده در دوم رود در
IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant	NC Pre-K Tuition			
Name and address	Childcare Network	63-0986576	1,902,755	
namo ana addicis	6053 Veterans Parkway Building 300 Columbus, GA 31909	03-0300370	1,902,733	
IRC code section Method of valuation Desc. of Non-Cash Asst.				
Purpose of grant	NC Pre-K Tuition			
Name and address	Children and Families First 1200 Arlington Street Greensboro, NC 27406	56-0863474	1,926,660	
IRC code section	501 (c) (3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	NC Pre-K Tuition, Childcare, Education			
Name and address	DePaul Academy 1605 MLK Jr Drive High Point, NC 27260	02-0653490	255,059	
IRC code section Method of valuation Desc. of Non-Cash Asst.	501 (c) (3)			
Purpose of grant	NC Pre-K Tuition			
Name and address	Educational Playtime Too 2300 Spring Garden Street Greensboro, NC 27401	45-2347323	119,623	
IRC code section				

Purpose of grant

NC Pre-K Tuition

Schedule I, Part IV, Statem Name and address IRC code section Method of valuation Desc. of Non-Cash Asst.	Kid Appeal Learning Center 1010 Greensboro Road High Point, NC 27260	GUILFORD COUNTY PARTNEF 52-2316704	RSHIP FOR CHILDREN INC 529,139
Purpose of grant	NC Pre-K Tuition	50.4407000	07.101
Name and address	KIDS Inc 624 Lee Street Greensboro, NC 27406	58-1427993	67,134
IRC code section Method of valuation Desc. of Non-Cash Asst.			
Purpose of grant	NC Pre-K Tuition		
Name and address	Kindermission 4065 Premier Dr High Point, NC 27265	82-3451385	96,973
IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant	NC Pre-K Tuition		
Name and address	Kindernoggin	45-2114418	201,133
Name and address	2206 Deep River Road High Point, NC 27265	45-2114410	201,133
IRC code section Method of valuation Desc. of Non-Cash Asst.			
Purpose of grant	NC Pre-K Tuition		
Name and address	KUEHG Corp 5005 Meadows Road Suite 200 Lake Oswego, OR 97035	06-1097006	256,140
IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant	NC Pre-K Tuition		
Name and address	Milestones School 4230 Regency Dr Greensboro, NC 27410	56-1938935	133,281
IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant	NC Pre-K Tuition		
Name and address	Phillips Ave Child Development 2312 Phillips Ave Greensboro, NC 27405	20-0707847	62,100
IRC code section Method of valuation Desc. of Non-Cash Asst.			
Purpose of grant	NC Pre-K Tuition		
Name and address	Quality Child Care 2313 Yanceyville Street Greensboro, NC 27405	56-2187810	132,203

Schedule I, Part IV, Statement 1 IRC code section Method of valuation		GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC		
Desc. of Non-Cash Asst. Purpose of grant	NC Pre-K Tuition			
Name and address	Reading Connections 122 N Elm Street Greensboro, NC 27401	56-1726754 96,000	_	
IRC code section	501 (c) (3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Family Support		_	
Name and address	Reedy Fork Early Learning Academy 4440 Reedy Fork Parkway Greensboro, NC 27405	56-1970426 124,294		
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	NC Pre-K Tuition			
Name and address	The Sunshine House 2305 S Holden Road Greensboro, NC 27407	57-1000178 64,258		
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst. Purpose of grant	NC Pre-K Tuition			
			_	
Name and address	Triad Child Development Center 311 Old Winston Road High Point, NC 27265	56-1620711 311,766		
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst. Purpose of grant	NC Pre-K Tuition			
Marie Control of the	AVENDED TO SERVICE BY		-	
Name and address	UNC-Greensboro 1111 Spring Garden Street Greensboro, NC 27412	56-6001468 1,032,842		
IRC code section	Government			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Health & Safety, Family Support, Child Care & Education		_	
Name and address	YESS Learning Center 4211 Hilltop Road Greensboro, NC 27407	14-1921359 132,203		
IRC code section Method of valuation Desc. of Non-Cash Asst.				
Purpose of grant	NC Pre-K Tuition			
Name and address	YWCA-High Point 155 W Westwood Ave High Point, NC 27262	56-0579600 326,001	-	
IRC code section Method of valuation Desc. of Non-Cash Asst.	501 (c) (3)			
Purpose of grant	Health & Safety			
-				

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

20**23**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC

Employer identification number 56-1982976

Form 990, Part I, Line 1 - The Guilford County Partnership for Children is a local non-profit strategically directing Smart Start and NC Pre-K funding to ensure equitable access to high quality childcare, professional development for early childhood educators and caregivers, family support and pre-literacy programs. GCPC is part of North Carolina's nationally recognized, statewide Smart Start network. Our mission is to partner with families, early childhood educators, and our community to support the diverse needs of children prenatal to age five, ensuring their success in school and in life.

Form 990, Part III, Line 1 - The Guilford County Partnership for Children is a local non-profit strategically directing Smart Start and NC Pre-K funding to ensure equitable access to high quality childcare, professional development for early childhood educators and caregivers, family support and pre-literacy programs. GCPC is part of North Carolina's nationally recognized, statewide Smart Start network. Our mission is to partner with families, early childhood educators, and our community to support the diverse needs of children prenatal to age five, ensuring their success in school and in life

Form 990, Part III, Line 4b - Health and Early Intervention - With its Smart Start grant, Guilford County Partnership for Children invests in programs that support healthy development and learning each year. The Every Baby Guilford Adopt-A-Mom Program provided financial support for 54 pregnant persons who do not qualify for Medicaid and are under/uninsured. Guilford Family Connects offers nurse home visits to all deliveries in Guilford County. The Partnership funded roughly 30% of the nurse home visits providing support, education, and early identification and referral of health & safety concerns for approximately 585 participating families. The Family Support Network of Central Carolina Neonatal Intensive Care Unit (NICU) program provided support, education, and connections to 421 families who have a child with special needs or experience a NICU stay. Bringing Out the Best provided coaching and education services for 220 children struggling with social/emotional and behavioral challenges in both the home with 1,468 family contacts and early child care education settings through 92 on site consultation visits. Child Care Health Consultant nurses provide technical assistance to childcare providers to identify and resolve health and safety concerns as well as supporting children with special health needs. 1,103 on site visits were

Form 990, Part III, Line 4c - Family Support - With Smart Start funding, Guilford County Partnership for Children invests in evidence-based programs and strategies that support and guide children ages prenatal to 5 and their families. Services include parent education, home visiting and early literacy activities. Parents as Teachers-Guilford County - served 40 families with 260 home visits by a certified parent educator, group support activities and linkages to community support. The Healthy Start program served 219 families susceptible for abuse or neglect by 1,963 home visits and five group activities aimed at reducing family stress, enhanced parenting skills and knowledge of child health and development and improve access to needed services. The Family Literacy Program served 118 parents/caregivers working to improve their literacy skills and 128 children impacted in PACT (Parent and Child Time) sessions to build pre-literacy skills. The Partnership directly supports families through our Awareness and Engagement program with 2,305 parents participating in engagement efforts promoting awareness of the importance of early childhood and utilization of related resources.

Form 990, Part III, Line 4d - Early Care & Education - The Guilford County Partnership for Children is committed to accessible. affordable and high quality child care for all young children. To achieve high levels of care (NC uses a 5 star quality rating system) Smart Start resources are allocated to fund Education, Quality Improvement and Professional Development (EQuIPD) program administered by UNC-G. EQUIPD provides opportunities for early care and education teachers, family child care providers, and administrators to experience professional development and educational planning, peer coaching, curriculum development experiences, director leadership, consultation of learning contexts for teachers and quality enhancement for facilities. As a result of these strategies, 620 early childhood professionals from 120 facilities participated in professional development sessions, and 659 technical assistance consultations occurred. The Children and Families First Child Development Associate (CDA) Certification program is a national credentialing program through the Council for Professional Recognition. This exceptional early childhood education program for teachers wanting to further their careers and skills has completed cohort with 10 graduates. For further early childhood workforce support the Child Care Services Association with their WAGE\$ program are serving more than 275 childcare providers with income supplements as they continue their secondary education in the field. Program Planning, Coordination and Evaluation-Through the Program Coordination/Evaluation activity, the Guilford County Partnership for Children will work with service providers to clarify program goals and activities; review and improve proposed outcomes, outputs and program evaluation plans; and assist agencies to achieve intended results. The Program Director, with assistance from other Partnership staff and externally contracted program evaluation services will provide support to the Partnership's efforts to coordinate, monitor and evaluate all Smart Start funded activities. Smart Start funds may be used to provide meals for the quarterly Community Partner meetings and for the Program Planning and Accountability Committee meetings. Smart Start funds may be used to provide meals for the quarterly community partner meetings and for the Program Planning and Accountability Committee meetings. Additionally, smart start funds may be

Supplemental Information (Continued)

used to contract with interpretation services for surveys, focus groups, and other data collection strategies to support strategic planning and community needs assessment efforts for non-English-speaking parents, caregivers, and early childhood educators.
Form 990, Part IV, Line 22 - Books for Outreach \$4107 Gift Cards for Needs Assessment Participation \$10,900 Cash Awards for Needs
Assessment Participation \$1700
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 entire 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 XII, Line 1 - Modified Cash
10m oog 1 ar xii zare 1 moames oosii
Form 990, Part XII, Line 2b - 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 assumes the
oversight of their audit.

Schedule O, Statement 1

GUILFORD COUNTY PARTNERSHIP FOR CHILDREN INC

Form: Form 990 (2023)

EIN: 56-1982976 Part III, Line 4d

Page: 2

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	See Schedule O-Child Care and Education; Program Planning, Coordination and Evaluation	739,672	739,672	739,672
Total:		739,672	739,672	739,672