

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)

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2023**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the **2023** calendar year, or tax year beginning **07/01/23**, and ending **06/30/24**

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

**C** Name of organization  
**PARTNERSHIP FOR CHILDREN OF CUMBERLAND COUNTY, INC.**  
**Doing business as**  
**351 WAGONER DRIVE SUITE 200**  
**City or town, state or province, country, and ZIP or foreign postal code**  
**FAYETTEVILLE NC 28303**

**D** Employer identification number  
**56-1845926**  
**E** Telephone number  
**910-867-9700**  
**G** Gross receipts \$ **16,599,547**

**F** Name and address of principal officer:  
**MARY SONNENBERG**  
**351 WAGONER DRIVE SUITE 200**  
**FAYETTEVILLE NC 28303**  
**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No  
**H(b)** Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list. See instructions

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

**J** Website: **WWW.CCPFC.ORG**  
**H(c)** Group exemption number

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of formation: **1993**  
**M** State of legal domicile: **NC**

**Part I Summary**

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
**THE PARTNERSHIP'S MISSION IS TO BE THE DRIVING FORCE TO ENGAGE PARTNERS TO ACHIEVE LASTING POSITIVE OUTCOMES FOR ALL CHILDREN, BEGINNING AT BIRTH.**  
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.  
3 Number of voting members of the governing body (Part VI, line 1a) **24**  
4 Number of independent voting members of the governing body (Part VI, line 1b) **17**  
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) **65**  
6 Total number of volunteers (estimate if necessary) **95**  
7a Total unrelated business revenue from Part VIII, column (C), line 12 **-68,411**  
7b Net unrelated business taxable income from Form 990-T, Part I, line 11 **0**

Revenue

8 Contributions and grants (Part VIII, line 1h) **14,195,451**  
9 Program service revenue (Part VIII, line 2g) **213,135**  
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) **4,675**  
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) **-26,454**  
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) **14,386,807**

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) **7,260**  
14 Benefits paid to or for members (Part IX, column (A), line 4) **0**  
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **3,495,562**  
16a Professional fundraising fees (Part IX, column (A), line 11e) **0**  
b Total fundraising expenses (Part IX, column (D), line 25) **1,599**  
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) **11,072,191**  
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) **14,575,013**  
19 Revenue less expenses. Subtract line 18 from line 12 **-188,206**

Net Assets or Fund Balances

20 Total assets (Part X, line 16) **3,703,640**  
21 Total liabilities (Part X, line 26) **1,055,097**  
22 Net assets or fund balances. Subtract line 21 from line 20 **2,648,543**

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

**TAYLOR MOBLEY**

Type or print name and title

**TREASURER**

Date

**3/31/2025**

Paid Preparer Use Only

Print/Type preparer's name

**PAMELA W. VILLEGAS, CPA**

Firm's name

**COMSTOCK & VILLEGAS, CPAS, PA**

Firm's address

**2545 RAVENHILL DR STE 106**  
**FAYETTEVILLE, NC 28303**

Preparer's signature

**Pamela W. Villegas, CPA**

Date

**03/27/25**

Check ☐ if PTIN self-employed

Firm's EIN

**910-483-6077**

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2023)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒

1 Briefly describe the organization's mission:

THE PARTNERSHIP'S MISSION IS TO BE THE DRIVING FORCE TO ENGAGE PARTNERS TO  
ACHIEVE LASTING POSITIVE OUTCOMES FOR ALL CHILDREN, BEGINNING AT BIRTH.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.

☐ Yes ☒ No3 Did the organization cease conducting, or make significant changes in how it conducts, any program  
services?

If "Yes," describe these changes on Schedule O.

☐ Yes ☒ No4 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 \$ 1,730,281 including grants of \$ 81,060 ) (Revenue \$ )  
SEE SCHEDULE O4b (Code: ) (Expenses \$ 10,168,854 including grants of \$ 330,353 ) (Revenue \$ )  
SEE SCHEDULE O4c (Code: ) (Expenses \$ 720,733 including grants of \$ 5,004 ) (Revenue \$ )  
SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ 2,362,342 including grants of \$ 9,797 ) (Revenue \$ )

4e Total program service expenses 14,982,210

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<b>2</b>	X
<b>3</b> 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	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	X
<b>7</b> 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	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	X
<b>9</b> 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	<b>9</b>	X
<b>10</b> 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	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> X	
<b>b</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	<b>11b</b>	X
<b>c</b> 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	<b>11c</b>	X
<b>d</b> 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	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> X	
<b>f</b> 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	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b> X	
<b>b</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	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	X
<b>15</b> 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	<b>15</b>	X
<b>16</b> 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	<b>16</b>	X
<b>17</b> 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	<b>17</b>	X
<b>18</b> 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	<b>18</b>	X
<b>19</b> 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	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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	<b>21</b> X	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> 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	<b>22</b> X	
<b>23</b> 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	<b>23</b>	X
<b>24a</b> 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</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<b>25a</b>	X
<b>b</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	<b>25b</b>	X
<b>26</b> 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	<b>26</b>	X
<b>27</b> 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	<b>27</b>	X
<b>28</b> 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).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	<b>28a</b> X	
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	<b>28b</b>	X
<b>c</b> 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	<b>28c</b> X	
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<b>32</b>	X
<b>33</b> 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	<b>33</b>	X
<b>34</b> 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	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	X
<b>b</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	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<b>36</b>	X
<b>37</b> 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	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	<b>38</b> X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 40	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	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	2a	65
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
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	X
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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	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	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	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	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, 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 6069.	17	



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

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 24		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b> 17		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship with any other officer, director, trustee, or key employee?	<b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		X
<b>7a</b> 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?	<b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	X	
<b>9</b> 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.	<b>9</b>		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b> X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b> X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b> X	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b> X	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b> X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b> X	
<b>b</b> Other officers or key employees of the organization	<b>15b</b> X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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?	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed NC

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
MARIE LILLY 351 WAGONER DRIVE, STE. 200  
FAYETTEVILLE NC 28303 910-867-9700

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY SONNENBERG	40.00									
PRESIDENT	0.00			X				121,529	0	15,210
(2) PAMELA ADAMS-WATKINS	0.04									
BOARD MEMBER	0.00	X						0	0	0
(3) LONNIE BALLARD	0.22									
BOARD MEMBER	0.00	X						0	0	0
(4) LISA CHILDERS	0.18									
BOARD MEMBER	0.00	X						0	0	0
(5) PATRICIA FECHER	0.38									
BOARD MEMBER	0.00	X						0	0	0
(6) TERRASINE GARDNER	0.27									
BOARD MEMBER	0.00	X						0	0	0
(7) SANDEE GRONOWSKI	0.30									
BOARD MEMBER	0.00	X						0	0	0
(8) VAN GUNTER	0.43									
BOARD MEMBER	0.00	X						0	0	0
(9) HAJA JALLOW-KONRAT	0.53									
VICE CHAIR	0.00	X		X				0	0	0
(10) BRIAN JONES	0.54									
CHAIR	0.00	X		X				0	0	0
(11) MARVIN CONNELLY, JR.	0.20									
BOARD MEMBER	0.00	X						0	0	0

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) AMANDA KLINCK	0.46									
BOARD MEMBER	0.00	X						0	0	0
(13) KATHERINE LADA	0.48									
BOARD MEMBER	0.00	X						0	0	0
(14) WYNNE LONG	0.12									
BOARD MEMBER	0.00	X						0	0	0
(15) MARY MATHIS	0.10									
BOARD MEMBER	0.00	X						0	0	0
(16) TRE'VONE MCNEILL	0.11									
BOARD MEMBER	0.00	X						0	0	0
(17) TAYLOR MOBLEY	0.19									
TREASURER	0.00	X		X				0	0	0
(18) CHARLES MORRIS	0.00									
BOARD MEMBER	0.00	X						0	0	0
(19) AYESHA NEAL	0.52									
SECRETARY	0.00	X		X				0	0	0
<b>1b Subtotal</b>								121,529		15,210
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								121,529		15,210

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CUMBERLAND COUNTY SCHOOLS P.O. BOX 2537 FAYETTEVILLE NC 28302	SEE SCHEDULE O	1,894,544
TRINITY CHILD CARE 3727 ROSEHILL ROAD FAYETTEVILLE NC 28311	SEE SCHEDULE O	828,212
CHILD CARE NETWORK #109 AND #110 6905 RAEFORD ROAD FAYETTEVILLE NC 28304	SEE SCHEDULE O	783,896
HEAVENLY HAVEN CHILD CARE P.O. BOX 9605 FAYETTEVILLE NC 28311	SEE SCHEDULE O	551,520
WONDER YEARS CHILD CARE 351 WAGONER DRIVE, SUITE 155 FAYETTEVILLE NC 28303	SEE SCHEDULE O	400,933

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

23



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	15,979,176		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	108,395		
	g Noncash contributions included in lines 1a-1f	1g \$			
	h Total. Add lines 1a-1f		16,087,571		
Program Service Revenue	2a OTHER MISC. PROGRAM REVENUE	Business Code	218,308		218,308
	b WORKSHOPS/LIBRARY FEES		15,615		15,615
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		233,923		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		15,644		15,644
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents	(i) Real	250,063		
	b Less: rental expenses	6b	281,036		
	c Rental inc. or (loss)	6c	-30,973		
	d Net rental income or (loss)		-30,973	37,438	-68,411
	7a Gross amount from sales of assets other than inventory	(i) Securities			
	b Less: cost or other basis and sales exps.	7b			
	c Gain or (loss)	7c			
	d Net gain or (loss)				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a			
	b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19	9a			
	b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities				
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a SALES TAX REFUNDS	Business Code	12,346	12,346	
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d		12,346		
12 Total revenue. See instructions		16,318,511	49,784	-68,411	249,567

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	408,213	408,213		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	18,001	18,001		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	132,914	100,264	32,650	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,721,553	2,368,384	353,169	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,710	54,580	20,130	
9 Other employee benefits	470,334	371,091	99,243	
10 Payroll taxes	221,206	179,748	41,458	
11 Fees for services (nonemployees):				
a Management				
b Legal	3,035		3,035	
c Accounting	6,442	2,600	3,842	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	443		443	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	30,613	28,947	1,666	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,302	17,978	6,324	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	56,020		56,020	
23 Insurance	21,397	11,563	9,834	
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.)				
a PURCHASE SVCS/CONTRACTS	9,768,579	9,768,579		
b OTHER CONTRACT SERVICES	1,065,264	1,061,728	3,536	
c COMPUTER SUPPLIES	144,889	136,741	6,549	1,599
d REPAIRS & MAINTENANCE	119,184	102,147	17,037	
e All other expenses	462,053	351,646	110,407	
25 Total functional expenses. Add lines 1 through 24e	15,749,152	14,982,210	765,343	1,599
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

	(A) Beginning of year		(B) End of year
<b>Assets</b>			
1 Cash—non-interest-bearing	1,237,404	1	1,286,287
2 Savings and temporary cash investments	327,427	2	337,165
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net	2,735	4	8,908
5 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	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7 Notes and loans receivable, net		7	
8 Inventories for sale or use		8	
9 Prepaid expenses and deferred charges		9	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,592,545		
b Less: accumulated depreciation	10b 1,735,080	10c	1,857,465
11 Investments—publicly traded securities		11	
12 Investments—other securities. See Part IV, line 11		12	
13 Investments—program-related. See Part IV, line 11		13	
14 Intangible assets		14	
15 Other assets. See Part IV, line 11	197,420	15	403,460
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	3,703,640	16	3,893,285
<b>Liabilities</b>			
17 Accounts payable and accrued expenses	-18,574	17	-9,112
18 Grants payable		18	
19 Deferred revenue		19	
20 Tax-exempt bond liabilities		20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
23 Secured mortgages and notes payable to unrelated third parties	195,660	23	349,905
24 Unsecured notes and loans payable to unrelated third parties		24	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	878,011	25	334,590
26 <b>Total liabilities.</b> Add lines 17 through 25	1,055,097	26	675,383
<b>Net Assets or Fund Balances</b>			
Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
27 Net assets without donor restrictions	2,326,916	27	2,888,070
28 Net assets with donor restrictions	321,627	28	329,832
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
29 Capital stock or trust principal, or current funds		29	
30 Paid-in or capital surplus, or land, building, or equipment fund		30	
31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	2,648,543	32	3,217,902
33 <b>Total liabilities and net assets/fund balances</b>	3,703,640	33	3,893,285

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,318,511
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,749,152
3	Revenue less expenses. Subtract line 2 from line 1	3	569,359
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,648,543
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,217,902

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) BRENDA REID-JACKSON	0.05									
(12) BOARD MEMBER	0.00	X						0	0	0
(21) BIRGIT SEXTON	0.47									
(13) BOARD MEMBER	0.00	X						0	0	0
(22) HEATHER SKEENS	0.42									
(14) BOARD MEMBER	0.00	X						0	0	0
(23) BETTY SMITH	0.39									
(15) BOARD MEMBER	0.00	X						0	0	0
(24) DARLISHA WARREN	0.50									
(16) BOARD MEMBER	0.00	X						0	0	0
(25) EBONE WILLIAMS	0.10									
(17) BOARD MEMBER	0.00	X						0	0	0
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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



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

2023

Open to Public
Inspection

Name of the organization PARTNERSHIP FOR CHILDREN OF CUMBERLAND COUNTY, INC.
Employer identification number 56-1845926

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows include (A) through (E) and a Total row.

**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**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,220,081	14,119,273	15,028,741	14,195,451	16,087,571	72,651,117
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	13,220,081	14,119,273	15,028,741	14,195,451	16,087,571	72,651,117
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						72,651,117

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4	13,220,081	14,119,273	15,028,741	14,195,451	16,087,571	72,651,117
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,628	40	2,779	4,675	15,644	29,766
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						72,680,883
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	258,349
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.96 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14	<b>15</b>	99.97 %
<b>16a 33 1/3% support test — 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test — 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test — 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test — 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 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			
15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15		%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17		%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18		%
19a 33 1/3% support tests — 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
b 33 1/3% support tests — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 on 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**

- 1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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.
- 5a** 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
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described 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	
c 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	

Section 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	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a ☐ The organization satisfied the Activities Test. Complete line 2 below.

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 instructions).

2 Activities Test. Answer lines 2a and 2b below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

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 Organizations**

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	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	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

  

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	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: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if 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 Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

**Part VI**

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	PARTNERSHIP FOR CHILDREN OF CUMBERLAND COUNTY, INC.	Employer identification number	56-1845926
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."	
2	Political campaign activity expenditures. See instructions	\$
3	Volunteer hours for political campaign activities. See instructions	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>not over \$500,000.</td><td>20% of the amount on line 1e.</td></tr><tr><td>over \$500,000 but not over \$1,000,000.</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>over \$1,000,000 but not over \$1,500,000.</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>over \$1,500,000 but not over \$17,000,000.</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>over \$17,000,000.</td><td>\$1,000,000.</td></tr></tbody></table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000.	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000.	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000.	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000.	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000.	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000.	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000.	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000.	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000.	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000.	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					



Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		7,500
j Total. Add lines 1c through 1i			7,500
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-B, LINE 1

DURING THE YEAR, THE PARTNERSHIP CONTRIBUTED PRIVATE, UNRESTRICTED FUNDS TO SMART START ADVOCATES AND ALSO MAINTAINED AN ANNUAL MEMBERSHIP IN THE NORTH CAROLINA EARLY EDUCATION COALITION. THESE EXPENDITURES HELPED SUPPORT THESE ORGANIZATIONS' WORK WITH THE STATE LEGISLATURE ON BEHALF OF SMART START'S PROGRAMS TO BENEFIT THE STATE'S CHILDREN.

**Part IV** Supplemental Information *(continued)*

Supplemental information area with horizontal lines for text entry.

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 of the organization
PARTNERSHIP FOR CHILDREN OF
CUMBERLAND COUNTY, INC.
Employer identification number
56-1845926

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
3 Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
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 FASB ASC 958 relating to these items.

Part III

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

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

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange program

e

☐

Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
- ☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
- ☐

Yes

☐

No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
- ☐

Yes

☐

No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V

Endowment Funds

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

- |  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 31,384           | 31,384         | 31,384             | 31,384               | 31,384              |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 31,384           | 31,384         | 31,384             | 31,384               | 31,384              |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %

b Permanent endowment 100.00 %

c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) Unrelated organizations?

Yes

No

3a(i)

X

(ii) Related organizations?

Yes

No

3a(ii)

X

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

3b

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

Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      | 345,000                         |                              | 345,000        |
| b Buildings  |                                      | 3,247,545                       | 1,735,080                    | 1,512,465      |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      |                                 |                              |                |
| e Other  |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 1,857,465      |
- Schedule D (Form 990) 2023

DAA

**Part VII Investments – Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments – Program Related**

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

(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)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS-RENOVATIONS	372,076
(2) BENEFICIAL INTEREST-COMMUNITY FOUND.	31,384
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	403,460
(9)	
<b>Total.</b> (Column (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 IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	309,478
(2) FUNDS DUE TO THE STATE	25,112
(3) TENANT SECURITY DEPOSITS	
(4)	
(5)	
(6)	
(7)	
(8)	334,590
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	16,774,390
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	455,879
e	Add lines 2a through 2d	2e	455,879
3	Subtract line 2e from line 1	3	16,318,511
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	16,318,511

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements	1	16,175,637
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	507,674
e	Add lines 2a through 2d	2e	507,674
3	Subtract line 2e from line 1	3	15,667,963
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	81,189
c	Add lines 4a and 4b	4c	81,189
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	15,749,152

Part XIII

Supplemental Information

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

PART X - FIN 48 FOOTNOTE

THE CUMBERLAND COUNTY PARTNERSHIP IS EXEMPT FROM PAYMENT OF INCOME TAXES UNDER THE PROVISION OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT TO THE EXTENT OF TAXES ON ANY UNRELATED BUSINESS INCOME.

FASB ASC 740 PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, PRESENTED AND DISCLOSED IN THE FINANCIAL STATEMENTS. FASB ASC 740 REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING FINANCIAL STATEMENTS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED BY THE APPLICABLE TAX AUTHORITY. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE CUMBERLAND COUNTY PARTNERSHIP AND HAS CONCLUDED THAT, AS OF JUNE 30,

2024, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

INCOME TAX RETURNS FOR 2021 THROUGH 2023 REMAIN OPEN TO EXAMINATION BY THE TAX AUTHORITIES.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	
RENTAL EXPENSES	\$ 281,036
REFUND OF PRIOR YEAR GRANT	\$ 8,017
RECEIPT OF LOAN PROCEEDS	\$ 166,826

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	
RENTAL EXPENSES	\$ 281,036
REFUND OF PRIOR YEAR GRANT	\$ 8,017
CONSTRUCTION IN PROGRESS-RENOVATIONS	\$ 206,039
LOAN REPAYMENTS	\$ 12,582

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	
DEPRECIATION	\$ 81,189

SCHEDULE I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2023**  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PARTNERSHIP FOR CHILDREN OF  
CUMBERLAND COUNTY, INC.

Employer identification number  
56-1845926

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 of noncash assistance	(h) Purpose of grant or assistance
(1)	ARETHER'S LITTLE 4004 DICKENS AVENUE HOPE MILLS NC 28348	20-4359675			10,111	FMV	EDUC. MATERIALS	INCREASE QUALITY
(2)	CYNTHIA'S CUDDLING CARE 609 DEEP CREEK ROAD FAYETTEVILLE NC 28312	20-0142271			9,756	FMV	EDUC. MATERIALS	INCREASE QUALITY
(3)	HEARTS FOR CHILDREN 541 BUNCE ROAD FAYETTEVILLE NC 28314	87-4337088			9,998	FMV	EDUC. MATERIALS	INCREASE QUALITY
(4)	JUMP START UNIVERSITY 107 UNIVERSITY AVENUE FAYETTEVILLE NC 28301	56-2202617			9,066	FMV	EDUC. MATERIALS	INCREASE QUALITY
(5)	LITTLE BEGINNINGS 4906 ROSEHILL ROAD FAYETTEVILLE NC 28311	74-3151889			9,639	FMV	EDUC. MATERIALS	INCREASE QUALITY
(6)	MARGARITA BLANCHE'S DAY CARE 16 LABOTERIE STREET FT. BRAGG NC 28307	56-2099294			9,429	FMV	EDUC. MATERIALS	INCREASE QUALITY
(7)	NEW LIFE CENTER 1420 HOKE LOOP ROAD FAYETTEVILLE NC 28314	56-1685774			9,852	FMV	EDUC. MATERIALS	INCREASE QUALITY
(8)	TINY TREASURES CHILD CARE 5318 YADKIN ROAD FAYETTEVILLE NC 28303	81-4142059			7,947	FMV	EDUC. MATERIALS	INCREASE QUALITY
(9)	CUMBERLAND COUNTY SCHOOLS 2491 GILLESPIE STREET FAYETTEVILLE NC 28306	56-6001015	GOV	111,963				NC PRE-K GEERS GRANT

2

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

3

3

Enter total number of other organizations listed in the line 1 table

22

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

Schedule I (Form 990) 2023

DAA

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization PARTNERSHIP FOR CHILDREN OF CUMBERLAND COUNTY, INC. Employer identification number 56-1845926

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 of noncash assistance	(h) Purpose of grant or assistance
(1)	ACTION PATHWAYS, INC. P.O. BOX 25759 FAYETTEVILLE NC 28314	56-0845795	3	19,304				NC PRE-K GEERS GRANT
(2)	BURNS CHILD CARE CENTER 7376 STONEY POINT ROAD FAYETTEVILLE NC 28306	56-1905307		7,722				NC PRE-K GEERS GRANT
(3)	CHILD CARE NETWORK #109 5791 PEPPERBUSH DRIVE FAYETTEVILLE NC 28304	63-0986576		7,722				NC PRE-K GEERS GRANT
(4)	CHILD CARE NETWORK #110 7011 NEXUS COURT FAYETTEVILLE NC 28304	63-0986576		11,582				NC PRE-K GEERS GRANT
(5)	CHILDREN'S COURTYARD 3330 SOUTH PEAK DRIVE FAYETTEVILLE NC 28306	75-2445627		11,582				NC PRE-K GEERS GRANT
(6)	CREATIVE ENHANCEMENTS DAY CARE CTR 1509 SHAW ROAD FAYETTEVILLE NC 28311	03-0579136		7,722				NC PRE-K GEERS GRANT
(7)	CUMBERLAND COMMUNITY DEVELOPMENT 3727 ROSEHILL ROAD FAYETTEVILLE NC 28311	13-4262791	3	23,165				NC PRE-K GEERS GRANT
(8)	FIRST STEPS CHILDCARE 3437 N. MAIN STREET HOPE MILLS NC 28348	94-3429165		7,722				NC PRE-K GEERS GRANT
(9)	FSU EARLY CHILDHOOD 1200 MURCHISON ROAD FAYETTEVILLE NC 28301	56-1238736		7,722				NC PRE-K GEERS GRANT

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

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

Schedule I (Form 990) 2023

SCHEDULE I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2023**  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PARTNERSHIP FOR CHILDREN OF  
CUMBERLAND COUNTY, INC.

Employer identification number  
56-1845926

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 of noncash assistance	(h) Purpose of grant or assistance
(1)	HEAVENLY HAVEN CHILD CARE P.O. BOX 9605 FAYETTEVILLE NC 28311	02-0649671		15,443				NC PRE-K GEERS GRANT
(2)	KIDZ KASTLE CHILD CARE 4820 CAMDEN ROAD FAYETTEVILLE NC 28306	24-6192639		7,722				NC PRE-K GEERS GRANT
(3)	MOMMY'S DAY CARE & LEARNING CENTER 3108 MURCHISON ROAD FAYETTEVILLE NC 28301	56-1517090		7,722				NC PRE-K GEERS GRANT
(4)	NEXT STEP CHILDCARE CENTER 566 N. REILLY ROAD FAYETTEVILLE NC 28303	81-3487027		7,722				NC PRE-K GEERS GRANT
(5)	PAMPERS, HUGS AND LOVE P.O. BOX 87073 FAYETTEVILLE NC 28304	57-1180008		11,582				NC PRE-K GEERS GRANT
(6)	PANDA 260 MEED COURT FAYETTEVILLE NC 28303	56-1878721		7,722				NC PRE-K GEERS GRANT
(7)	WONDER YEARS 351 WAGONER DRIVE, SUITE 155 FAYETTEVILLE NC 28303	56-1828052		11,582				NC PRE-K GEERS GRANT
(8)								
(9)								

2

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

3

Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 PARTICIPANT TRAINING	458		9,797	FMV	BABY SUPPLIES
2 CAR SEAT DISTRIBUTION	54		5,004	FMV	CAR SEATS
3 STIPENDS/SCHOLARSHIPS	11	3,200			
4					
5					
6					
7					

Part IV

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE PARTNERSHIP FOLLOWS ESTABLISHED CRITERIA, POLICIES AND PROCEDURES FOR

THE AWARDING AND MONITORING OF GRANT FUNDS. EACH PROGRAM HAS SPECIFIC

ELIGIBILITY REQUIREMENTS, PAYMENT METHODS, AND MONITORING POLICIES. THE

PARTNERSHIP IS ALSO SUBJECT TO MONITORING BY THE NORTH CAROLINA PARTNERSHIP

FOR CHILDREN, INC. AND BY OTHER GRANTORS, AND IS REQUIRED TO MAINTAIN

SPECIFIC DOCUMENTATION RELATED TO GRANTS AND OTHER ASSISTANCE.

Name of the organization

PARTNERSHIP FOR CHILDREN OF CUMBERLAND COUNTY, INC.

Employer identification number

56-1845926

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

\$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

\$

Part II

Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III

Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				



**Part IV Business Transactions Involving Interested Persons**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) CUMBERLAND COUNTY SCHOOLS	BOARD MEMBER	1,982,264	SERVICE PROVIDER		X
(2) ACTION PATHWAYS, INC.	BOARD MEMBER	352,590	SERVICE PROVIDER		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L. See instructions.

## SCHEDULE L, PART V - ADDITIONAL INFORMATION

THE PARTNERSHIP FOR CHILDREN IS A NONPROFIT ORGANIZATION WITH A SUCCESSFUL RECORD OF MAKING A DIFFERENCE FOR CUMBERLAND COUNTY'S CHILDREN. THE PARTNERSHIP IS THE LOCAL ADMINISTRATOR FOR SMART START, NORTH CAROLINA'S EARLY CHILDHOOD INITIATIVE, AND THE NC PRE-K (PRE-KINDERGARTEN) PROGRAM. SMART START IS A PUBLIC-PRIVATE INITIATIVE THAT PROVIDES HIGH-QUALITY EARLY CHILDHOOD EDUCATION FUNDING TO ALL NORTH CAROLINA COUNTIES. SMART START FUNDS ARE USED TO IMPROVE THE QUALITY OF CHILD CARE, MAKE CHILD CARE MORE AFFORDABLE AND ACCESSIBLE, PROVIDE ACCESS TO HEALTH SERVICES AND OFFER FAMILY SUPPORT. THE SMART START PROGRAM IS IMPLEMENTED STATEWIDE BY THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC. AND LOCAL PARTNERSHIPS THAT SERVE EACH COUNTY. THE COMPOSITION OF LOCAL PARTNERSHIP BOARDS IS MANDATED BY THE STATE OF NORTH CAROLINA AND CONSISTS OF SPECIFIC REPRESENTATIVES FROM THE COMMUNITY TO GUARANTEE REPRESENTATION WHICH MOST BROADLY REFLECTS THE MAKE-UP OF THE LOCAL PARTNERSHIP SERVICE AREA, ESPECIALLY IN AREAS OF BUSINESS/COMMUNITY, SERVICE AND GOVERNMENT. IN CARRYING OUT SMART START AND NC PRE-K (PRE-KINDERGARTEN) PROGRAM ACTIVITIES, LOCAL PARTNERSHIPS MAY ENTER INTO SERVICE PROVIDER CONTRACTS WITH, OR PROVIDE GRANTS TO, ENTITIES WHO ARE REPRESENTED ON THE BOARD. IN SO DOING, PARTNERSHIPS ARE TO STRICTLY ADHERE TO ESTABLISHED CONFLICT OF INTEREST POLICIES. BOARD

Part IV

Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V

Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

MEMBERS ARE TO ACKNOWLEDGE ANY CONFLICTS OF INTEREST AND DECLARE SUCH

CONFLICT BEFORE AN AGENDA ITEM IN QUESTION IS DISCUSSED OR VOTED UPON BY

THE FULL BOARD.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization	PARTNERSHIP FOR CHILDREN OF CUMBERLAND COUNTY, INC.	Employer identification number 56-1845926
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FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

CHILD CARE & EDUCATION QUALITY - PROFESSIONAL DEVELOPMENT, QUALITY  
ENHANCEMENT AND TECHNICAL ASSISTANCE ENCOURAGED EARLY CARE AND EDUCATION  
PROFESSIONALS TO CONTINUE THEIR PROFESSIONAL GROWTH AND AWARDED THEM  
PROFESSIONAL DEVELOPMENT SUPPLEMENTS. THE PARTNERSHIP ASSISTED 8 DIRECT  
TEACHING STAFF FROM 7 CHILD CARE FACILITIES TO INCREASE HIGHER EDUCATION BY  
PROVIDING SUPPORT FOR COLLEGE-LEVEL COURSE CREDIT. 9 STAFF FROM 7 CHILD  
CARE FACILITIES PARTICIPATED IN CONSULTATION AND COACHING WITH PROFESSIONAL  
DEVELOPMENT ADVISING AND PLANS. 785 DIRECT TEACHING STAFF FROM 166  
LICENSED CHILD CARE FACILITIES ATTENDED NON-CREDIT BASED EARLY CHILDHOOD  
EDUCATION TRAINING OR WORKSHOPS. THE PARTNERSHIP PROVIDED 9 CHILD CARE  
FACILITIES WITH ONE-TIME INCENTIVES TO SUPPORT STARS, AVERAGING \$8,798 PER  
SITE. 278 CHILD CARE PROFESSIONALS REPRESENTING 108 CHILD CARE FACILITIES  
OR FAMILY PROVIDERS WERE ISSUED EDUCATION-BASED SALARY SUPPLEMENTS THROUGH  
THE WAGES PROGRAM, IMPACTING 4,723 CHILDREN. 84% OF WAGES PARTICIPANTS  
REMAINED AT THEIR CHILD CARE FACILITIES. 100% OF EVALUATION RESPONDENTS  
INDICATED THAT RECEIVING A WAGES SUPPLEMENT HELPS EASE FINANCIAL STRESS.  
THE CHILD CARE HEALTH CONSULTANT PROGRAM TRAINED 72 CHILD CARE STAFF IN 15  
CHILD CARE CENTERS IN HEALTH-RELATED TOPICS IN COLLABORATION WITH THE  
CUMBERLAND COUNTY HEALTH DEPARTMENT. THIS PROGRAM SUPPORTED CHILD CARE  
CENTERS IN BOTH CUMBERLAND AND HOKE COUNTIES. ADDITIONALLY, 186 CHILD CARE  
STAFF FROM 32 FACILITIES ACROSS THE STATE PARTICIPATED IN DCDEE-APPROVED  
TRAINING. COACHES PROVIDED SERVICES AND SUPPORT TO 14 CHILD CARE CENTERS  
OR FAMILY CHILD CARE HOMES THAT RECEIVED TECHNICAL ASSISTANCE TO INCREASE  
OR MAINTAIN STAR LEVELS.

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

Schedule O (Form 990) 2023

Name of the organization	Employer identification number
PARTNERSHIP FOR CHILDREN OF	56-1845926

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

CHILD CARE AND EDUCATION AFFORDABILITY - SUBSIDIES OFFSET THE COST OF EARLY LEARNING PROGRAMS FOR CHILDREN FROM LOW-INCOME WORKING FAMILIES, INCREASING THE LIKELIHOOD THAT PARENTS WILL BE PRODUCTIVE MEMBERS OF THE WORKFORCE. IN PARTNERSHIP WITH THE CUMBERLAND COUNTY DEPARTMENT OF SOCIAL SERVICES, THE PARTNERSHIP ALLOCATED \$2,531,000 TO PROVIDE LOW-INCOME FAMILIES ACCESS TO HIGH QUALITY CHILD CARE BY OFFSETTING THE COST OF 3-5 STAR RATED CHILD CARE FACILITIES FOR 343 CHILDREN THROUGH THE CHILD CARE SUBSIDY PROGRAM. IN ADDITION, THE PARTNERSHIP PROVIDED SUBSIDY SUPPORT TO ASSIST WITH ACCESS TO HIGH QUALITY, INCLUSIVE CHILD CARE FOR 46 CHILDREN TO HELP PARENTS MEET EDUCATIONAL GOALS.

THE NC PRE-K (PRE-KINDERGARTEN) PROGRAM OFFERS CHILDREN A HIGH-QUALITY PRESCHOOL EXPERIENCE AT NO CHARGE TO PARENTS, WITH SMOOTHER PRE-K TO KINDERGARTEN TRANSITIONS. THE PROGRAM IS A STATE-FUNDED, COMMUNITY-BASED PRE-KINDERGARTEN PROGRAM DESIGNED TO PROVIDE 4-YEAR-OLD CHILDREN, WHO MAY NOT OTHERWISE BE SERVED, WITH A VALUABLE EDUCATIONAL EXPERIENCE. THIS PART-DAY PROGRAM PROVIDES YOUNG CHILDREN WITH ACCESS TO A SPECIFIC CURRICULUM AND PRESCHOOL EXPERIENCE TO ENHANCE THEIR SCHOOL READINESS. THE NC PRE-K PROGRAM STANDARDS ARE BUILT ON THE PREMISE THAT IN ORDER TO BE ACADEMICALLY SUCCESSFUL IN SCHOOL, CHILDREN NEED TO BE PREPARED IN ALL FIVE OF THE MAJOR DOMAINS OF DEVELOPMENT OUTLINED BY THE NATIONAL EDUCATIONAL GOALS PANEL. EACH OF THESE DOMAINS IS CRITICAL TO CHILDREN'S WELL-BEING, IN PARTICULAR FOR THEIR SUCCESS IN READING AND MATH AS THEY COME TO SCHOOL. THE NC PRE-K PROGRAM PROVIDED A HIGH-QUALITY PRESCHOOL PROGRAM FOR 1,564 CHILDREN, INCLUDING 52 SITES WITH 88 CLASSROOMS SUPPORTED BY APPROXIMATELY 191 TEACHERS.

Name of the organization	Employer identification number
PARTNERSHIP FOR CHILDREN OF	56-1845926

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

FAMILY SUPPORT - THE KALEIDOSCOPE PLAY AND LEARN PROGRAM SERVED 60 CHILDREN AND 49 PARENTS/GUARDIANS THROUGH FACILITATED PLAYGROUPS IN VARIOUS COMMUNITY SETTINGS. KINDERMUSIK ENRICHED THE BRAIN DEVELOPMENT OF 468 PRE-K CHILDREN, INCLUDING 63 CHILDREN WITH IDENTIFIED SPECIAL NEEDS. THE PROGRAM COLLABORATED WITH 56 TEACHERS IN 28 CLASSROOMS AND PROVIDED 468 CHILD HOME KITS. ALL CLASSROOM TEACHERS RECEIVED DIGITAL AT HOME MATERIAL ACCESS FOR ADDITIONAL KINDERMUSIK RESOURCES. OF 48 PARENTS RESPONDING TO SURVEYS, 90% FELT THEIR CHILD BENEFITED FROM PARTICIPATING IN THE PROGRAM. 14,067 CHILDREN RECEIVED AGE-APPROPRIATE BOOKS MONTHLY THROUGH THE DOLLY PARTON IMAGINATION LIBRARY PROGRAM. IN ADDITION, THE PARTNERSHIP INCREASED 414 PARENTS' KNOWLEDGE IN HOW TO IDENTIFY QUALITY CHILD CARE BY PROVIDING BEST PRACTICE CHILD CARE CONSULTATION GROUNDED IN A PARENTAL CHOICE MODEL; 340 PARENTS/GUARDIANS RECEIVED CHILD CARE REFERRALS. THE PARTNERSHIP FOR CHILDREN'S FAMILY RESOURCE CENTER PROVIDED A HUB FOR ORGANIZATIONS PROVIDING PROGRAMS TO PATRONS TO STRENGTHEN FAMILIES THROUGH PARENTING SUPPORT, INFORMATION AND REFERRAL, CHILD CARE, CHILD DEVELOPMENT ACTIVITIES, AND OTHER PROGRAMS. IT ALSO PROVIDED A SHARED OFFICE INFRASTRUCTURE AND HIGH-QUALITY TRAINING AND EDUCATIONAL SPACE FOR PARTNERING ORGANIZATIONS. THE FAMILY RESOURCE CENTER HAD 11,842 DUPLICATED VISITORS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

PROGRAM SUPPORT, COORDINATION, AND EVALUATION - PROGRAM MANAGEMENT

ACTIVITIES INCLUDED CONDUCTING ON-SITE FISCAL AND PROGRAMMATIC MONITORING OF ALL FUNDED PROJECTS, AS WELL AS THE ONGOING COORDINATION OF PROJECTS AND

Name of the organization	Employer identification number
PARTNERSHIP FOR CHILDREN OF	56-1845926

ACTIVITIES, TO DETERMINE IF SHORT-TERM AND LONG-TERM GOALS WERE BEING ACHIEVED. THE PARTNERSHIP FOR CHILDREN SUPPORTED 12 IN-HOUSE AND EXTERNAL DIRECT SERVICE PARTNERS THROUGH ONSITE MONITORING VISITS, PLANNING SESSIONS, IN-SERVICE, AND CONSULTATIONS. IN ADDITION, THE PARTNERSHIP SUPPORTED MULTIPLE COUNTIES WITH ONE OR MORE OF THE FOLLOWING SHARED SERVICES: MULTI-PARTNERSHIP ACCOUNTING AND CONTRACTING (MAC) SERVICES, REGION 5 CHILD CARE RESOURCE AND REFERRAL, AND INFORMATION TECHNOLOGY SERVICES. THE PARTNERSHIP'S INFORMATION TECHNOLOGY SERVICES PROVIDED RELIABLE AND AFFORDABLE TECHNOLOGY SERVICES FOR EARLY CHILDHOOD ORGANIZATIONS TO ENHANCE OR IMPROVE THE SERVICES PROVIDED TO FAMILIES AND CHILDREN IN THE COMMUNITY.

HEALTH AND SAFETY - THROUGH THE ASSURING BETTER CHILD HEALTH AND DEVELOPMENT PROGRAM (ABCD), THE PARTNERSHIP STRENGTHENED THE DEVELOPMENTAL SCREENING AND REFERRAL PRACTICES OF 23 MEDICAL PRACTICES REPRESENTING 60 PROVIDERS, IMPACTING AN ESTIMATED 27,914 YOUNG CHILDREN. IN ADDITION, THE PARTNERSHIP PROVIDED THE FAMILY CONNECTS PROGRAM, A 3-COUNTY REGIONAL PILOT FOR UNIVERSAL NEWBORN HOME VISITING. THE PROGRAM WAS PRIMARILY FUNDED WITH A MULTI-YEAR PRESCHOOL DEVELOPMENT GRANT FOR ELIGIBLE BIRTHS, WITH CONTINUATION SUPPORTED BY SMART START FUNDING. 3,313 BABIES MET THE RESIDENCY REQUIREMENTS, OF WHICH 3,311 FAMILIES WERE OFFERED NEWBORN HOME VISITS. 1,322 FAMILIES COMPLETED THE PROGRAM WITH UP TO 12 WEEKS OF SUPPORT AND RECEIVED NEWBORN HOME VISITS, AND 458 PARTICIPANTS RECEIVED BABY BUNDLES AS INCENTIVES TO COMPLETE THE PROGRAM. A TOTAL OF 5,665 REFERRALS FOR SERVICES WERE MADE FOR PARTICIPATING FAMILIES. ADDITIONALLY, SMART START FUNDING HELPED 220 FAMILIES WITH NEWBORNS INELIGIBLE FOR HOME VISITS WITH OTHER SUPPORTIVE ASSISTANCE AND REFERRALS; 187 PARENTS RECEIVED AT LEAST ONE REFERRAL FOR SERVICE, AND 180 COMPLETED AT LEAST ONE REFERRAL

Name of the organization	Employer identification number
PARTNERSHIP FOR CHILDREN OF	56-1845926

FOR A PARENT USE OF SERVICE RATE OF 96%. THE PARTNERSHIP ADVANCED THE COLLABORATION AND ALIGNMENT OF ORGANIZATIONS COORDINATING AND IMPLEMENTING EFFECTIVE MODELS AND STRATEGIES TO ADDRESS SPECIFIC COMMUNITY ISSUES/NEEDS THROUGH COMMUNITY ENGAGEMENT EFFORTS, INCLUDING OVER 72 MEETINGS, 15 COMMUNITY PRESENTATIONS, AND 42 OUTREACH EVENTS HOSTED OR ATTENDED. THE LARGEST COMMUNITY EVENT, LITTLE LAND: BIG PLAY FOR FAMILIES, INCLUDED OVER 1,500 CHILDREN AND FAMILIES. THROUGH THE COMMUNITY ENGAGEMENT AND DEVELOPMENT (CED) PROGRAM, THE PARTNERSHIP LEVERAGED COMMUNITY VOLUNTEERS CONTRIBUTING 738 HOURS VALUED AT \$22,568.

THE PARTNERSHIP FOR CHILDREN BECAME FLEXIBLE AND INNOVATIVE IN PROVIDING SERVICES REMOTELY AND VIRTUALLY DURING AND AFTER THE PANDEMIC, WITH SOME STAFF CONTINUING TO WORK REMOTELY THROUGHOUT THE YEAR. THE PARTNERSHIP AND ITS TEAMS CONTINUE TO BE ABLE TO SEE COMMUNITY NEEDS THROUGH A DIFFERENT LENS THAT TAUGHT THEM THAT THEY COULD THINK ON THEIR FEET IN A CRISIS, LEARN FROM IT, AND BECOME MORE EFFECTIVE. THE PARTNERSHIP'S ACTIVITIES ARE BACK TO PRE-PANDEMIC LEVELS WITH A FEW EXCEPTIONS. HOWEVER, THE LEVEL OF QUALITY AND EXCELLENCE DEMONSTRATED BY THE PARTNERSHIP'S STAFF AND EXTERNAL PARTNERS CAN STILL BE SEEN IN THE NUMBER OF INDIVIDUALS, CHILDREN, AND FAMILIES BENEFITING FROM THE PARTNERSHIP'S WORK.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A DRAFT COPY OF FORM 990 IS EMAILED TO ALL BOARD MEMBERS. A DETAILED REVIEW IS PERFORMED AND, AFTER ANY CHANGES ARE MADE, THE FINAL COPY OF FORM 990 IS PRESENTED TO THE BOARD OFFICERS FOR APPROVAL. AFTER FORM 990 IS APPROVED, IT IS THEN REVIEWED AND SIGNED BY A BOARD OFFICER AND PREPARED FOR E-FILING WITH THE INTERNAL REVENUE SERVICE.



Name of the organization

Employer identification number

PARTNERSHIP FOR CHILDREN OF

56-1845926

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

CONFLICTS OF INTEREST ARE REFLECTED ON THE BOARD MEMBER'S TENT CARD AT THE MEETINGS; EACH AGENDA ITEM IS REVIEWED FOR CONFLICTS OF INTEREST.

SHOULD INSTANCES ARISE WHEN A CONFLICT MAY BE PERCEIVED, ANY MEMBER WHO MAY BENEFIT DIRECTLY OR INDIRECTLY FROM THE PARTNERSHIP'S DISBURSEMENT OF FUNDS RECUSES FROM DELIBERATIONS BY THE PARTNERSHIP REGARDING THE DISBURSEMENT OF FUNDS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD CHAIR, UNDER THE ADVISEMENT OF THE EXECUTIVE COMMITTEE, SETS THE COMPENSATION OF THE PRESIDENT OF THE PARTNERSHIP. COMPARATIVE DATA IS OBTAINED FROM SIMILAR NONPROFIT ORGANIZATIONS, AND THE PRESIDENT'S SALARY RANGE IS ADJUSTED ACCORDINGLY THROUGH BOARD ACTION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

WITH THE EXCEPTION OF THE PRESIDENT, NO OFFICER OR DIRECTOR RECEIVES ANY COMPENSATION. PER THE BYLAWS, THE PRESIDENT IS AUTHORIZED BY THE BOARD TO DETERMINE THE COMPENSATION OF ALL OTHER EMPLOYEES OF THE ORGANIZATION. THE PARTNERSHIP PERIODICALLY REVIEWS PAY LEVELS AT LEAST EVERY THREE YEARS, AND MAY RETAIN AN INDEPENDENT CONSULTANT FOR SUCH REVIEW. ALL ADJUSTMENTS TO PAY LEVEL RANGES MUST BE APPROVED BY THE BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS AND POLICIES ARE MADE AVAILABLE FOR INSPECTION AT THE PARTNERSHIP'S OFFICE UPON REQUEST AND ARE ALSO INCLUDED ON THE PARTNERSHIP'S WEBSITE. FINANCIAL STATEMENTS ARE INCLUDED IN THE PARTNERSHIP'S PUBLISHED ANNUAL REPORT AS WELL AS IN AUDIT REPORTS MADE

Name of the organization	Employer identification number
PARTNERSHIP FOR CHILDREN OF	56-1845926

AVAILABLE BY THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC. UPON REQUEST.

FORM 990, PART VII - ADDITIONAL INFORMATION

SECTION B. INDEPENDENT CONTRACTORS, COL. (B)

CUMBERLAND COUNTY SCHOOLS PROVIDED SUPPORT SERVICES OF CHILDREN IN PRESCHOOL CLASSROOMS. TRINITY CHILD CARE PROVIDED SUPPORT SERVICES OF CHILDREN IN PRESCHOOL CLASSROOMS. CHILD CARE NETWORK #109 AND #110 PROVIDED ASSISTANCE THROUGH CHILD CARE SUBSIDIES AND PRESCHOOL CLASSROOMS. HEAVENLY HAVEN CHILD CARE PROVIDED ASSISTANCE THROUGH CHILD CARE SUBSIDIES AND PRESCHOOL CLASSROOMS. WONDER YEARS CHILD CARE PROVIDED ASSISTANCE THROUGH CHILD CARE SUBSIDIES AND PRESCHOOL CLASSROOMS.

FORM 990, PART XII - ADDITIONAL INFORMATION

THE PARTNERSHIP WAS AUDITED BY AN INDEPENDENT ACCOUNTING FIRM CONTRACTED BY THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC., WHO WAS RESPONSIBLE FOR THE SELECTION AND OVERSIGHT OF THE AUDITOR. THE FINANCIAL STATEMENTS WERE NOT PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

Form **990-T**

Department of the Treasury  
Internal Revenue Service

**Exempt Organization Business Income Tax Return**  
**(and proxy tax under section 6033(e))**

For calendar year 2023 or other tax year beginning 07/01/23, and ending 06/30/24

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2023**

Open to Public Inspection  
for 501(c)(3)  
Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>PARTNERSHIP FOR CHILDREN OF CUMBERLAND COUNTY, INC.</b>	<b>D</b> Employer identification number <b>56-1845926</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. <b>351 WAGONER DRIVE SUITE 200</b>	<b>E</b> Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>FAYETTEVILLE NC 28303</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.
		<b>C</b> Book value of all assets at end of year <b>3,893,285</b>	
<b>G</b> Check organization type	<input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university	<input type="checkbox"/> 6417(d)(1)(A) Applicable entity	
<b>H</b> Check if filing only to claim	<input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800		
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation	<input type="checkbox"/>		
<b>J</b> Enter the number of attached Schedules A (Form 990-T)	<b>1</b>		
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation		

**L** The books are in care of **MARIE LILLY** Telephone number **910-867-9700**

<b>Part I Total Unrelated Business Taxable Income</b>	
<b>1</b> Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>1</b> 0
<b>2</b> Reserved	<b>2</b>
<b>3</b> Add lines 1 and 2	<b>3</b>
<b>4</b> Charitable contributions (see instructions for limitation rules)	<b>4</b>
<b>5</b> Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	<b>5</b>
<b>6</b> Deduction for net operating loss. See instructions	<b>6</b> 0
<b>7</b> Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	<b>7</b> 0
<b>8</b> Specific deduction (generally \$1,000, but see instructions for exceptions)	<b>8</b> 1,000
<b>9</b> Trusts. Section 199A deduction. See instructions	<b>9</b>
<b>10</b> Total deductions. Add lines 8 and 9	<b>10</b> 1,000
<b>11</b> Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	<b>11</b> 0

<b>Part II Tax Computation</b>	
<b>1</b> Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	<b>1</b> 0
<b>2</b> Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>2</b> 0
<b>3</b> Proxy tax. See instructions	<b>3</b>
<b>4</b> Other tax amounts. See instructions	<b>4</b>
<b>5</b> Alternative minimum tax	<b>5</b>
<b>6</b> Tax on noncompliant facility income. See instructions	<b>6</b>
<b>7</b> Total. Add lines 3 through 6 to line 1 or 2, whichever applies	<b>7</b> 0

<b>Part III Tax and Payments</b>		
<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	
<b>b</b> Other credits (see instructions)	<b>1b</b>	
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>	
<b>e</b> Total credits. Add lines 1a through 1d	<b>1e</b>	
<b>2</b> Subtract line 1e from Part II, line 7	<b>2</b>	
<b>3a</b> Amount due from Form 4255	<b>3a</b>	
<b>b</b> Amount due from Form 8611	<b>3b</b>	
<b>c</b> Amount due from Form 8697	<b>3c</b>	
<b>d</b> Amount due from Form 8866	<b>3d</b>	
<b>e</b> Other amounts due (see instructions)	<b>3e</b>	
<b>f</b> Total amounts due. Add lines 3a through 3e	<b>3f</b>	
<b>4</b> Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	0
<b>5</b> Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>	

For Paperwork Reduction Act Notice, see instructions.  
DAA

Form **990-T** (2023)

**Part III Tax and Payments** (continued)

6a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	<b>Total payments.</b> Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	0
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> <b>Refunded</b>	11	

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No										
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X										
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$												
4	Enter available pre-2018 NOL carryovers here \$ -52,825. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.												
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.												
<table><tr><th>Business Activity Code</th><th>Available post-2017 NOL carryover</th></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>		Business Activity Code	Available post-2017 NOL carryover		\$		\$		\$		\$		
Business Activity Code	Available post-2017 NOL carryover												
	\$												
	\$												
	\$												
	\$												
6a	Reserved for future use												
b	Reserved for future use												

**Part V Supplemental Information**  
Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	<div>May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div>			
Paid Preparer Use Only	Signature of officer	Date	Title	
	PAMELA W. VILLEGAS, CPA	03/31/2025	TREASURER	
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	COMSTOCK & VILLEGAS, CPAS, PA	Pamela W. Villegas, CPA	03/27/25	
	Firm's name	Firm's EIN		
	COMSTOCK & VILLEGAS, CPAS, PA			
	Firm's address	Phone no.		
	2545 RAVENHILL DR STE 106 FAYETTEVILLE, NC 28303	910-483-6077		

SCHEDULE A  
(Form 990-T)

Department of the Treasury  
Internal Revenue Service

Unrelated Business Taxable Income  
From an Unrelated Trade or Business

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2023

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization PARTNERSHIP FOR CHILDREN OF		<b>B</b> Employer identification number 56-1845926
<b>C</b> Unrelated business activity code (see instructions) 531120	<b>D</b> Sequence: 1 of 1	

**E** Describe the unrelated trade or business RENTAL OF OFFICE SUITES-FRC

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance	1c		
2	Cost of goods sold (Part III, line 8)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7	29,841	41,348
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13	29,841	41,348
				-11,507

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income				
1	Compensation of officers, directors, and trustees (Part X)	1		
2	Salaries and wages	2		
3	Repairs and maintenance	3		
4	Bad debts	4		
5	Interest (attach statement). See instructions	5		
6	Taxes and licenses	6		
7	Depreciation (attach Form 4562). See instructions	7	20,297	
8	Less depreciation claimed in Part III and elsewhere on return	8a	20,297	8b 0
9	Depletion	9		
10	Contributions to deferred compensation plans	10		
11	Employee benefit programs	11		
12	Excess exempt expenses (Part VIII)	12		
13	Excess readership costs (Part IX)	13		
14	Other deductions (attach statement)	14		
15	Total deductions. Add lines 1 through 14	15		
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		-11,507
17	Deduction for net operating loss. See instructions	17		
18	Unrelated business taxable income. Subtract line 17 from line 16	18		-11,507

For Paperwork Reduction Act Notice, see instructions. Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold**

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				

**Part V Unrelated Debt-Financed Income (see instructions)**

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input checked="" type="checkbox"/> 351 WAGONER DRIVE	FAYETTEVILLE NC 28303				
B	<input type="checkbox"/>					
C	<input type="checkbox"/>					
D	<input type="checkbox"/>					
2	Gross income from or allocable to debt-financed property	STMT 1	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property					
a	Straight line depreciation (attach statement)		177,415			
b	Other deductions (attach statement)	SEE STATEMENT 2	20,297			
c	Total deductions (add lines 3a and 3b, columns A through D)		225,529			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)		245,826			
5	Average adjusted basis of or allocable to debt-financed property (attach statement)	SEE STATEMENT 3	79,798			
6	Divide line 4 by line 5	SEE STATEMENT 4	474,515			
7	Gross income reportable. Multiply line 2 by line 6		16.82%	%	%	%
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)		29,841			
9	Allocable deductions. Multiply line 3c by line 6		41,348			
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)					41,348
11	Total dividends — received deductions included in line 10					

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10.  
Enter here and on Part I,  
line 8, column (A).

Add columns 6 and 11.  
Enter here and on Part I,  
line 8, column (B).

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Add amounts in column 2.  
Enter here and on Part I,  
line 9, column (A).

Add amounts in column 5.  
Enter here and on Part I,  
line 9, column (B).

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7



**Part IX Advertising Income****1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.A ☐  
B ☐  
C ☐  
D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
<b>2</b> Gross advertising income				

**a** Add columns A through D. Enter here and on Part I, line 11, column (A)

<b>3</b> Direct advertising costs by periodical				
---	--	--	--	--

**a** Add columns A through D. Enter here and on Part I, line 11, column (B)

<b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
<b>5</b> Readership costs				
<b>6</b> Circulation income				
<b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
<b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

**a** Add line 8, columns A through D. Enter the greater of the line 8a, columns total or -0- here and on Part II, line 13**Part X Compensation of Officers, Directors, and Trustees (see instructions)**

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

**Total.** Enter here and on Part II, line 1**Part XI Supplemental Information (see instructions)**

## RENTAL OF OFFICE SUITES-FRC

Statement 1 - Schedule A (990T). Part V. Line 3b - Other Debt Finance Expense Information

Description	Deduction
OFFICE BLDG-NONEXEMPT USE	\$
INSURANCE	7,625
CLEANING & MAINTENANCE	2,598
SUPPLIES	2,253
REPAIRS	112,094
UTILITIES	24,175
TELEPHONE	919
CONTRACT & TEMPORARY SERVICES	18,967
PERSONNEL COSTS	40,123
BUILDING IMPROVEMENTS/REPAIRS	11,001
BANK CHARGES	3,526
FURNITURE/FIXTURES	2,248
TOTAL	\$ 225,529

Federal Statements

RENTAL OF OFFICE SUITES-FRC

Statement 2 - Schedule A (Form 990-T). Page 2, Part V, Line 3a - Straightline  
Depreciation Detail

Column								
	DescProp	Cost Basis	Date Acquired	Useful Life	Years Remaining	Current Year Depreciation	Allowable Depreciation	
A	BUILDING	\$ 630,000	1999	40	16	\$ 15,750	\$ 15,750	
A	LAND	70,000	1999	0	0			
A	BUILDING	810,000	2000	40	17	20,250	20,250	
A	LAND	90,000	2000	0	0			
A	BUILDING	1,674,516	2005	40	22	41,863	41,863	
A	LAND	185,000	2005	0	0			
A	RENOVATIONS - OMNI II	24,900	2006	40	23	623	623	
A	BLDG. IMP. - SECURITY SYSTEM	25,535	2007	40	24	638	638	
A	BLDG. IMP. - TELEPHONE SYSTEM	82,594	2007	40	24	2,065	2,065	
A	LESS: DEPRECIATION ALLOCABLE TO PFC			0	0	-56,020	-56,020	
A	LESS: DEPRECIATION ALLOCABLE TO EXE			0	0	-4,872	-4,872	
TOTAL		\$ 3,592,545				\$ 20,297	\$ 20,297	

Federal Statements

RENTAL OF OFFICE SUITES-FRC  
Statement 3 - Schedule A (990T). Part V. Line 4 - Amount of Average Acquisition debt on  
or Allocable to Debt Financed Property

Description	Deduction
OFFICE BLDG-NONEXEMPT USE	
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	3,830,317
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	12
AVERAGE ACQUISITION DEBT	319,193
UNRELATED ACTIVITY PERCENTAGE	25
ALLOCATED ACQUISITION DEBT	79,798

RENTAL OF OFFICE SUITES-FRC  
Statement 4 - Schedule A (990T). Part V. Line 5 - Average Adjusted Basis of or Allocable  
to Debt Financed Property

Description	Deduction
OFFICE BLDG-NONEXEMPT USE	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	1,938,653
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	1,857,464
TOTAL	3,796,117
DIVIDED BY 2	2
AVERAGE ADJUSTED BASIS	1,898,059
UNRELATED ACTIVITY PERCENTAGE	25
ALLOCATED ADJUSTED BASIS	474,515

Name(s) shown on return

PARTNERSHIP FOR CHILDREN OF  
CUMBERLAND COUNTY, INC.

Identifying number

56-1845926

Business or activity to which this form relates

OFFICE BLDG-NONEXEMPT USE

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	20,297

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	20,297
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form **4562** (2023)