



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2008**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning July 1 , 2008, and ending June 30 , 20 09	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Mecklenburg Partnership for Children Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 601 East Fifth Street 500 City or town, state or country, and ZIP + 4 Charlotte, NC 28202
	D Employer identification number 56 1853108
	E Telephone number (704) 377-6588
	G Gross receipts \$ 9613446
	F Name and address of principal officer: Jane Meyer
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: www.smartstartofmeck.org	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
L Year of formation: M State of legal domicile NC	

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)**H(c)** Group exemption number**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To improve childcare in Mecklenburg County NC	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	30
	5 Total number of employees (Part V, line 2a)	14
	6 Total number of volunteers (estimate if necessary)	35
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7b
Revenue	8 Contributions and grants (Part VIII, line 11)	10493299
	9 Program service revenue (Part VIII, line 2g)	26848
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25448
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10596
	12 Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10556191
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9458198
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	702006
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25)	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	442800
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10603004
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	(46813)
	20 Total assets (Part X, line 16)	83191
	21 Total liabilities (Part X, line 26)	19667
	22 Net assets or fund balances. Subtract line 21 from line 20	63524
	23 Beginning of Year	65177
	24 End of Year	32152

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <i>Timika Shafeek Horton</i>	Date 1/12/10
Paid Preparer's Use Only	Type or print name and title <i>Timika Shafeek-Horton Chair</i>	Preparer's identifying number (see instructions)
	Preparer's signature	Check if self-employed <input type="checkbox"/>
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN
Phone no		

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 11282Y

Form **990** (2008)

SCANNED FEB 10 2010

Part III Statement of Program Service Accomplishments (see instructions)

- 1** Briefly describe the organization's mission:
To improve childcare in Mecklenburg County NC
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,457,884 including grants of \$ 1,455,717) (Revenue \$ 1,457,884)
Child Care and Education Quality
See Statements 1 and 2

4b (Code:) (Expenses \$ 4,419,047 including grants of \$ 4,316,822) (Revenue \$ 4,419,047)
Childcare Affordability and More at Four
See Statements 1 and 2

4c (Code:) (Expenses \$ 1,661,797 including grants of \$ 1,661,797) (Revenue \$ 1,661,797)
Health and Safety
See Statements 1 and 2

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 1,456,275 including grants of \$ 1,167,415) (Revenue \$ 1,456,275)

4e Total program service expenses ► \$ 8,995,003 (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓
3 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	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	✓
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any accounts where 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	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	✓
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	✓
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	✓
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	✓
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	✓
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	✓
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	✓
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	✓
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	✓

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	✓
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	✓
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	✓
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	✓
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 656	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	
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 14	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b ✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. 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	Section 501(c)(12) organizations. 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	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

	Yes	No
<i>For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>		
1a Enter the number of voting members of the governing body	1a	30
b Enter the number of voting members that are independent	1b	30
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	✓
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	✓
6 Does the organization have members or stockholders?	6	✓
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	✓
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	✓
b Each committee with authority to act on behalf of the governing body?	8b	✓
9a Does the organization have local chapters, branches, or affiliates?	9a	✓
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	✓
11 Is there any officer, director or 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 in Schedule O	11	✓

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	✓
13 Does the organization have a written whistleblower policy?	13	✓
14 Does the organization have a written document retention and destruction policy?	14	✓
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	✓
b Other officers or key employees of the organization?	15b	✓
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	✓
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

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

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Lynn Harrold 601 East Fifth Street Suite 500 Charlotte, NC 28202

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

[illegible]

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

[illegible]

1b Total	164823
----------	--------

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 0

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

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.

(A) Name and business address	(B) Description of services	(C) Compensation
none		

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► zero

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants 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 9536578				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		9536578			
Program Service Revenue	2a Ventana Magica	Business Code	3351			
	b Other		100			
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		3451			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7507		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
		(i) Real (ii) Personal				
6a Gross Rents						
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses.		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a Sales Tax Refund		17259				
b Multiple Accounting Contract		39042				
c IBM		4000				
d All other revenue		5609				
e Total. Add lines 11a-11d		65910				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		9613446				

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	8157603	8157603		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	444148	444148		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	132591		132591	
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	462383	213155	249228	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	55246	21117	34129	
9	Other employee benefits	111933	46556	65377	
10	Payroll taxes	45717	15444	30273	
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	14335		14335	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	18400	18400		
12	Advertising and promotion	9432	8733	699	
13	Office expenses	110357	61939	48418	
14	Information technology	7502	3570	3932	
15	Royalties				
16	Occupancy	62595	1760	60835	
17	Travel	5447	1073	4374	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6153	1505	4648	
20	Interest	104		104	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a					
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	9643946	8995003	648943	
26	Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	68545	1	52660
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	14646	4	12517
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis 10a			
	b Less: accumulated depreciation. Complete Part VI of Schedule D 10b		10c	
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	83191	16	65177	
Liabilities	17 Accounts payable and accrued expenses	19667	17	32152
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	19667	26	32152
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	52847	27	31620
	28 Temporarily restricted net assets	10677	28	1405
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	63524	33	33025
	34 Total liabilities and net assets/fund balances	83191	34	65177

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☒ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 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?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		✓
2b		✓
2c		
3a		✓
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Mecklenburg Partnership for Children

Employer identification number

56 : 1853108

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: (Please check only **one** organization.)

- 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.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13089447	9182229	10198757	10493299	9536578	52500310
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	13089447	9182229	10198757	10493299	9536578	52500310
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4.						52500310

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	13089447	9182229	10198757	10493299	9536578	52500310
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12174	31432	49841	25448	7507	126402
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	17444	9508	4729	10196	65910	107787
11 Total support. Add lines 7 through 10						52734499
12 Gross receipts from related activities, etc. (see instructions)					12	68842
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.56 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.66 %
16a 33⅓% support test—2008. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33⅓% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

Mecklenburg Partnership for Children

Employer identification number

56 : 1853108

Part I Line 4 - There are several members who are affiliated in various ways with some of the organizations listed on

Statements 1 and 2. When Board discussion or voting is held regarding the organizations that the member is

affiliated with, the member is not allowed to speak or vote.

Part III See Statements 1 and 2

Part IV Section A Line 10 - 990 is prepared by the CFO, then reviewed by Executive Director, reviewed by the Finance

Committee, reviewed and approved by the Executive Committee and made available to the Board.

Line 12 C - List is prepared annually and updated continuously detailing all members with any conflict

of interest issues. Board members must sign a Conflict of Interest statement annually.

Line 15 a & b - A salary study is performed by an outside consultant every 3 years. The Executive Committee sets the

salary for the Executive Director based on the salary study and evaluation.

Line 19 - All listed information is available to the public upon request

Form 990 Part III - Statement of Program Service Accomplishments

	<u>Grants and Allocation</u>	<u>Program Service Expenses</u>
a Child Care and Education Quality - Services including referrals for quality childcare activities that raise teacher education levels, teacher salary supplement and inclusion services	\$ 1,455,717	\$ 1,457,884
b Child Care Affordability and More at Four - Services to provide affordable childcare and supporting the cost of pre-school classrooms	4,316,822	4,419,047
c Health and Safety - Services to provide early intervention for children ages 0 to 5 in areas of developmental delay, medical conditions, speech/ language, occupational, physical and behavioral theapeutic needs and dental health.	1,661,797	1,661,797
Family Support - Comprehensive family services and resources offered through workshops, support programs and community based sites	1,167,415	1,236,343
Program Evaluation and Coordination - Support for monitoring and evaluation of the effectiveness and feasibility of the organization'a activities and contract agencies to determine if the goals are being met		219,932
Total of Grants/Program Services	<u>8,601,751</u>	<u>8,995,003</u>

Mecklenburg County Partnership for Children

IN: 56-1853108

FY Ended 6/30/09

STATEMENT 2

Fed ID #	Program	Address	Activity	Amount
	Child Care and Education Quality			
56-1316030	Childcare Resources Inc.	700 Kenilworth Ave Charlotte, NC 28204	Reach for the Stars	\$ 258,385
56-1316030	Childcare Resources Inc.	700 Kenilworth Ave Charlotte, NC 28204	Star Guard:Quality Maintenance Initiative	309,547
56-1316030	Childcare Resources Inc.	700 Kenilworth Ave Charlotte, NC 28204	Resource and Referral	53,087
	Various centers	various centers	Smart Start Education Bonus	323,687
	Various Individuals	various centers	Smart Start Textbook Bonus	15,332
56-1316030	Childcare Resources Inc.	700 Kenilworth Ave Charlotte, NC 28204	Smart Start Success @ On-Line Learning	153,006
56-1316030	Childcare Resources Inc.	700 Kenilworth Ave Charlotte, NC 28204	Directors' Leadership Academy	154,977
56-0797174	Central Piedmont Community College	P.O. Box 35328 Charlotte, NC 28235	Early Childhood Teacher Education	63,117
56-1316030	Childcare Resources Inc.	700 Kenilworth Ave Charlotte, NC 28204	Emergent Literacy Matters	124,579
				<u>\$ 1,455,717</u>

Mecklenburg County Partnership for Children

EIN: 56-1853108

FY Ended 6/30/09

STATEMENT 2

Fed ID #	Program	Address	Activity	Amount
Child Care Affordability and More at Four				
56-0547460	Thompson Child Development Center	6800 St Peter's Lane Matthews, NC 28105	Public Preschool	349,860
56-1948420	Lakewood Preschool Cooperative	3115 Kalyne St Charlotte, NC 28208	Public Preschool	83,991
56-0670676	Easter Seals UCP Child Development Center	716 Marsh Road Charlotte, NC 28209	Public Preschool	262,800
56-1668333	Seigle Avenue Preschool Cooperative	600 Seigle Ave, Suite B Charlotte, NC	Public Preschool	53,320
05-0531109	Chapel of Christ the King	408 E 18th St. Charlotte, NC 28206	Community Weekday School- Public Preschool	40,000
36-4522499	Third Presbyterian Church	4019 Central Avenue Charlotte, NC 28205	Central Avenue Bilingual Preschool	126,293
	Star Rating Bonus Program -Various Centers	Various Centers	Bonus for Quality Maintenance for PreK	1,603,300
56-6001074	Charlotte-Mecklenburg Schools	701 East 2nd St Charlotte, NC 28202	More at Four Public Preschool	1,797,258
				\$ 4,316,822

Mecklenburg County Partnership for Children

EIN: 56-1853108

FY Ended 6/30/09

STATEMENT 2

Fed ID #	Program	Address	Activity	Amount
	Health and Safety			
	Community Health Services			
56-0621073		601 E 5th St. Charlotte, NC 28202	Child Care Health Consultants	218,377
56-0621073	Community Health Services	601 E 5th St. Charlotte, NC 28202	NAPSACC	36,450
56-6000319	Mecklenburg County Health Dept.	P.O. Box 34486 Charlotte, NC 28234	Biddle Point Dental Clinic	100,444
56-0621073	Community Health Services	601 E 5th St. Charlotte, NC 28202	Partnership for Dental Health	60,612
58-2107469	Bellas	9901 Mountain Laurel Ln Charlotte, NC 28269	Healthy Eating Begins at Birth	99,650
56-6000319	Mecklenburg County Health Dept.	P.O. Box 34486 Charlotte, NC 28234	Health Check Coordinators	101,492
56-1398929	Carolinas Medical Center	P.O. Box 32861 Charlotte, NC 28232	Pat's Place	14,067
56-0547460	Thompson Child Development	6800 St Peter's Lane Matthews, NC 28105	Polliwog Project	400,000
58-1413074	Presbyterian Hospital	200 Hawthorne Lane Charlotte, NC 28204	Presbyterian Hospital Early Childhood Intervention	80,633
56-6000319	Mecklenburg County Health Dept.	P.O. Box 34486 Charlotte, NC 28234	Smart Start @ Home	497,142
56-6000319	Mecklenburg County Health Dept.	P.O. Box 34486 Charlotte, NC 28234	Nurse Family Partnerships	52,930
				<hr/>
				\$ 1,661,797

Mecklenburg County Partnership for Children

EIN: 56-1853108

FY Ended 6/30/09

STATEMENT 2

Fed ID #	Program	Address	Activity	Amount
Family Support				
58-1661795	Communities in Schools	500 East Morehead Charlotte, NC 28202	Safe Journey	308,961
56-1118865	Youth Homes, Inc.	601 East 5th St. Charlotte, NC 28202	Right Start Parent for Life	75,340
56-1948420	Lakewood Preschool	3115 Kalyne St Charlotte, NC 28208	Infant Toddler Family Support & Education	42,493
56-1045299	YMCA of Greater Charlotte	500 East Morehead Charlotte, NC 28202	YMCA - Eastside Parents as Teachers	134,735
58-1945776	Latin American Coalition	4938 Central Ave. Charlotte, NC 28205	Familias Fuertes Futuro	82,243
56-0532139	YWCA Central Carolinas	3420 Park Road Charlotte, NC 28029	Support for Homeless Families with Preschool Children	36,698
56-0797174	Central Piedmont Community College	P.O. Box 35328 Charlotte, NC 28235	Family Literacy Pathways	204,545
56-1316030	Child Care Resources, Inc.	700 Kenilworth Ave Charlotte, NC 28204	Families Reading Together	145,574
56-1987315	The Lee Institute	400 Hermitage Road Charlotte, NC 28207	Young Child Mental Health Initiative	136,826
				<hr/>
				\$ 1,167,415
				<hr/>
TOTAL				<hr/>
				<hr/>
				\$ 8,601,751
				<hr/>

Smart Start Board of Directors
Updated November, 2008

BOARD OFFICERS:

CHAIR

Leslie Rink 2011
Sr. Relationship Manager II
United Way of Central Carolinas, Inc.
301 South Brevard Street
Charlotte, NC 28202
Bus Ph: 704-371-6324 Fax: 704-371-6361
Email: lsrink@uwcentralcarolinas.org

VICE CHAIR

Timika Shafeek-Horton 2011
Associate General Counsel
Duke Energy Corporation
Mail Code ECO3T
PO Box 1006
Charlotte, NC 28201-1006
Bus Ph 704-382-6373 Fax: 704-382-6863
Email: tshafeek@duke-energy.com

SECRETARY

Susanne Sawyer 2010
1500 Dilworth Road
Charlotte, NC 28203
Home Ph 704-375-7857
Email: sbsawyer39@aol.com

TREASURER

Robert Furr Designee for Dr. Deborah Crandall
4-H Extension Agent
NC Cooperative Extension
1418 Armory Drive
Charlotte, NC 28204
Bus Ph: 704-336-4015 Fax: 704-336-6876
Home Ph: 704-455-7030
Email: robbie_furr@ncsu.edu

PAST CHAIR

John M. Norman 2009
Partner
Greer & Walker LLP
201 S Tryon Street, Suite 1500
Charlotte, NC 28202
Bus Ph: 704-377-0239 Fax: 704-377-8663
jnorman@gwllp.com

BOARD MEMBERSHIP:

Khadijah Abdur-Rahman 2010
Owner
Family Solutions Academy, LLC
7422 Heronwood Lane
Charlotte, NC 28227
Bus Ph: 704-777-1300 Fax: 704-532-1282
Email: Familysolutions1994@yahoo.com

Ginny Amendum 2009
President
Thompson Child & Family Focus
6800 St. Peter's Lane
Matthews, NC 28105-8458
Bus Ph: 704-644-4347 Fax: 704-531-9266
Email: gamendum@thompsoncfff.org

Charles Brown

Director of Libraries
Public Library of Charlotte & Mecklenburg County
310 North Tryon Street
Charlotte, NC 28202
Bus Ph: 704-416-0606 Fax: 704-416-0677
Email: cbrown@plcmc.org

Nancy Carter Designee for Patrick McCrory
1401 Cavendish Court
Charlotte, NC 28211
Bus Ph: 704-336-3431 Fax: 704-770-0189
Home Ph: 704-366-2422
Email: n3157w@yahoo.com

Ann Clark Designee for Dr. Peter Gorman
275 Knoxview Lane
Mooresville, NC 28117
Bus Ph: 980-343-1173 Fax: 980-343-5960
Home Ph: 704-562-3825
Email: a.clark@cms.k12.nc.us

Nathan Clark 2010
4301 Truscott Road
Charlotte, NC 28226
Home Ph: 704-543-1370
Email: nclark@deloitte.com

Nancy Crown 2010
Sr. Vice President
Bank of America
100 N. Tryon St., NC1-007-11-25
Charlotte, NC 28255
Bus Ph: 980-388-7174 Fax: 980-386-6662
Email: nancy.crown@bankofamerica.com

Darrell Cunningham Designee for Mary Wilson
Division Director, Community Resources Division
Mecklenburg County Dept. of Social Services
301 Billingsley Road
Charlotte, NC 28211
Bus Ph: 704-336-3286 Fax: 704-336-3361
Email: Darrell.Cunningham@MecklenburgCountyNC.gov

Dr. John Ellis Designee for Grayce Crockett
Senior AMH Manager
Children's Developmental Services
Carlton G. Watkins Center
3500 Ellington St.
Charlotte, NC 28211
Bus Ph: 704-336-7100 Fax: 704-336-7112
Email: John.Ellis@MecklenburgCountyNC.gov

Victor Guevara 2010
9008 E. WT Harris Blvd., Apt. B
Charlotte, NC 28227
Home Ph: 704-307-5078
Email: Ktune81@yahoo.com

Mike Harrell 2010
Manager
Beacon Partners
9335 Harris Corners Parkway, Suite 250
Charlotte, NC 28269
Bus Ph: 704-597-7757 Fax: 704-598-6335
Email: mike@beacondevelopment.com

Molly Hefner 2011
6728 Stanette Drive
Charlotte, NC 28277
Home Ph: 704-293-1801
Email: mollyhefner7@gmail.com

Dr. Cynthia Johnston Designee for Dr. P. Anthony Zeiss
Dean, Campus Administration
Central Piedmont Community College
Central Campus - Post Office Box 35009
Charlotte, NC 28235
Bus Ph: 704-330-6121 Fax: 704-330-6140
Email: cynthia_johnston@cpcc.edu

Liz Jordak 2011
301 Queens Road #105
Charlotte, NC 28204
Home Ph: 704-373-1040
Email: ejordak@bellsouth.net

Jared Keaton 2010
Assistant Executive Director of Administration
Bethlehem Center of Charlotte
2705 Baltimore Avenue
Charlotte, NC 28203
Bus Ph: 704-371-7451, Ext 107, Fax: 704-371-7435
Email: jkeaton@bethlehemcenter.org

Dr. Wynn Mabry
Health Director
Mecklenburg County Health Department
249 Billingsley Road
Charlotte, NC 28211
Bus Ph: 704-336-2610 Fax: 704-432-0217
Email: Earl.Mabry@MecklenburgCountyNC.gov

Anne C. McNeill 2011
5204 McChesney Drive
Charlotte, NC 28269
Bus Ph: 704-287-8809 (Cell)
Home Ph: 704-948-1670
Email: anmcneil@us.ibm.com

Janice Price 2011
Director
First United Methodist CDC
501 N. Tryon Street
Charlotte, NC 28202
Bus Ph: 704-333-4882 Fax: 704-376-0812
Email: jpfumcdc@aol.com

Phil Redmond 2009
Associate Director, Child Care
The Duke Endowment
100 N. Tryon Street, Suite 3500
Charlotte, NC 28202
Bus Ph: 704-376-0291 Fax: 704-376-9336
Email: predmond@tde.org

Jennifer Roberts
Mecklenburg County Commissioner
PO Box 31787
Charlotte, NC 28231
Bus Ph: 704-336-2574 Fax: 704-336-5887
Email: Jennifer.Roberts@MecklenburgCountyNC.gov

Peter Safir Designee for Harry Jones
Homeless Services Director
Mecklenburg County
700 N. Tryon Street
Charlotte, NC 28202
Bus Ph: 704-336-3100 Fax: 704-336-4198
Email: Peter.Safir@MecklenburgCountyNC.gov

Caroline K. Schuster 2011
Human Resources
Wachovia
401 S. Tryon St., 27th Floor, NC0958
Charlotte, NC 28202
Bus Ph: 704-383-9395
Home Ph: 704-271-3968
Email: caroline.schuster@wachovia.com

Rev. Gloria Simmons 2010
236 South Union Street
Concord, NC 28025-5049
Home Ph: 704-784-9388
Email: glo346@hotmail.com

Kelley Smith 2011
4300 Chandworth Road
Charlotte, NC 28210
Home Ph: 704-556-9781
Email: geo.smith.sales@gmail.com

Phelps Sprinkle 2009
Principal
Topics Education
809 W. Hill Street, Suite C
Charlotte, NC 28208
Bus Ph: 704-358-3198 Fax: 704-358-3199
Email: phelps@topicseducation.com

Smart Start Board of Directors
Updated November, 2009

BOARD OFFICERS:

CHAIR

Timika Shafeek-Horton 2011
Associate General Counsel
Duke Energy Corporation
Mail Code ECO3T
PO Box 1006
Charlotte, NC 28201-1006
Bus Ph: 704-382-6373 Fax: 704-382-6863
Email: timika.shafeek-horton@duke-energy.com

VICE CHAIR

Caroline K. Schuster 2011
4200 Horseshoe Bend
Weddington, NC 28104
Home Ph. 704-271-3968
Email carolinekschuster@msn.com

SECRETARY

Susanne Sawyer 2010
1500 Dilworth Road
Charlotte, NC 28203
Home Ph: 704-375-7857
Email: sbsawyer39@aol.com

TREASURER

Robert Furr Designee for Dr. Deborah Crandall
4-H Extension Agent
NC Cooperative Extension
1418 Armory Drive
Charlotte, NC 28204
Bus Ph: 704-336-4015 Fax: 704-336-6876
Home Ph 704-455-7030
Email: robbie_furr@ncsu.edu

PAST CHAIR

Leslie Rink 2011
Sr. Relationship Manager II
United Way of Central Carolinas, Inc.
301 South Brevard Street
Charlotte, NC 28202
Bus Ph: 704-371-6324 Fax 704-371-6361
Email: lsrink@uwcentralcarolinas.org

BOARD MEMBERSHIP:

Charles Brown

Director of Libraries
Public Library of Charlotte & Mecklenburg County
310 North Tryon Street
Charlotte, NC 28202
Bus Ph: 704-416-0606 Fax: 704-416-0677
Email: cbrown@plcmc.org

Natalie Burnham 2012

YCommunity Senior Outreach Director
YMCA
400 East Morehead Street
Charlotte, NC 28202
Bus Ph: 704-716-6120 Fax: 704-716-6064
Email: natalie.burnham@ymcacharlotte.org

Nancy Carter Designee for Patrick McCrory
1401 Cavendish Court
Charlotte, NC 28211
Bus Ph: 704-336-3431 Fax: 704-770-0189
Home Ph: 704-366-2422
Email: n3157w@yahoo.com

Ann Clark Designee for Dr. Peter Gorman
275 Knoxview Lane
Mooresville, NC 28117
Bus Ph: 980-343-1173 Fax: 980-343-5960
Home Ph: 704-562-3825
Email: a.clark@cms.k12.nc.us

Nathan Clark 2010

4301 Truscott Road
Charlotte, NC 28226
Home Ph: 704-543-1370
Email: nclark@deloitte.com

Nancy Crown 2010

Sr. Vice President
Bank of America
100 N. Tryon St., NC1-007-11-25
Charlotte, NC 28255
Bus Ph: 980-388-7174 Fax: 980-386-6662
Email: nancy.crown@baml.com

Darrell Cunningham Designee for Mary Wilson
Division Director, Community Resources Division
Mecklenburg County Dept. of Social Services
301 Billingsley Road
Charlotte, NC 28211
Bus Ph: 704-336-3286 Fax: 704-336-3361
Email: Darrell.Cunningham@MecklenburgCountyNC.gov

Dr. Linda Dunlap Designee for Dr. P. Anthony Zeiss
Director of Teacher Education
Central Piedmont Community College
Central Campus - Post Office Box 35009
Charlotte, NC 28235
Bus Ph: 704-330-6883
Email: linda.dunlap@cpcc.edu

Dr. John Ellis Designee for Grayce Crockett
Senior AMH Manager
Children's Developmental Services
Carlton G. Watkins Center
3500 Ellington St.
Charlotte, NC 28211
Bus Ph: 704-336-7100 Fax: 704-336-7112
Email: John.Ellis@MecklenburgCountyNC.gov

Courtney Gleason 2012

Vice President – Commercial Markets
RBC Bank (USA)
200 Providence Road, Suite 300
Charlotte, NC 28207
Bus Ph: 704-686-1023 Fax: 704-686-1164
Email: courtney.gleason@rbc.com

Victor Guevara 2010

9008 E. WT Harris Blvd., Apt B
Charlotte, NC 28227
Home Ph: 704-307-5078
Email: Ktune81@yahoo.com

Mike Harrell 2010

Manager
Beacon Partners
9335 Harris Corners Parkway, Suite 250
Charlotte, NC 28269
Bus Ph: 704-597-7757 Fax: 704-598-6335
Email: mike@beacondevelopment.com

Liz Jordak 2011

301 Queens Road #105
Charlotte, NC 28204
Home Ph: 704-373-1040
Email: ejordak@bellsouth.net

Jared Keaton 2010

Assistant Executive Director of Administration
Bethlehem Center of Charlotte
2705 Baltimore Avenue
Charlotte, NC 28203
Bus Ph: 704-371-7451, Ext 107, Fax: 704-371-7435
Email: jkeaton@bethlehemcenter.org

Dr. Wynn Mabry

Health Director
Mecklenburg County Health Department
249 Billingsley Road
Charlotte, NC 28211
Bus Ph: 704-336-2610 Fax: 704-432-0217
Email: Earl.Mabry@MecklenburgCountyNC.gov

Anne C. McNeill 2011

5204 McChesney Drive
Charlotte, NC 28269
Bus Ph: 704-287-8809 (Cell)
Home Ph: 704-948-1670
Email: anmcneil@us.ibm.com

Janice Price 2011

Director
First United Methodist CDC
501 N Tryon Street
Charlotte, NC 28202
Bus Ph: 704-333-4882 Fax: 704-376-0812
Email: jpfumcdc@aol.com

Jennifer Roberts

Mecklenburg County Commissioner
PO Box 31787
Charlotte, NC 28231
Bus Ph: 704-336-2574 Fax: 704-336-5887
Email: Jennifer.Roberts@MecklenburgCountyNC.gov

Peter Safir Designee for Harry Jones

Homeless Services Director
Mecklenburg County
700 N. Tryon Street
Charlotte, NC 28202
Bus Ph: 704-336-3100 Fax: 704-336-4198
Email: Peter.Safir@MecklenburgCountyNC.gov

Allison Schweizer 2012

10823 Kingfisher Drive
Charlotte, NC 28226
Home Ph: 704-724-0524
Email: amschweizer@hotmail.com

Rev. Gloria Simmons 2010

236 South Union Street
Concord, NC 28025-5049
Home Ph: 704-784-9388
Email: glo346@hotmail.com

Kelley Smith 2011

4300 Chandworth Road
Charlotte, NC 28210
Home Ph: 704-556-9781
Email: geo.smith.sales@gmail.com

Phelps Sprinkle 2009

Principal
Topics Education
809 W. Hill Street, Suite C
Charlotte, NC 28208
Bus Ph: 704-358-3198 Fax: 704-358-3199
Email: phelps@topicseducation.com

Glenda Woolf, CPA JD 2012

301 East Boulevard, Suite 102
Charlotte, NC 28203
Bus Ph: 704-365-5029 Fax: 704-377-8507
Email: woolftax@aol.com

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Mecklenburg Partnership for Children	Employer identification number 56 1853108	
	Number, street, and room or suite no. If a P.O. box, see instructions. 601 E. 5th Street Suite 500		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Charlotte, NC 28202		

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **Lynn Harrold 601 E. 5th Street Suite Charlotte, NC 28202**

Telephone No. ► (**704**) **943-9415** FAX No. ► (**704**) **377-1824**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **February 15**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 or
- ☒ tax year beginning **July 1**, 20**08**, and ending **June 30**, 20**09**.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.