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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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.

OMB No 1545-0047

**2009****Open to Public Inspection**

<b>A</b> For the 2009 calendar year, or tax year beginning <b>July 1</b> , 2009, and ending <b>June 30</b> , 20 <b>10</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Mecklenburg Partnership for Children</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>601 East Fifth Street 500</b> City or town, state or country, and ZIP + 4 <b>Charlotte, NC 28202</b>
	<b>D</b> Employer identification number <b>56 1853108</b>
	<b>E</b> Telephone number <b>(704) 377-6588</b>
	<b>G</b> Gross receipts \$ <b>9,402,507</b>
	<b>F</b> Name and address of principal officer <b>Jane Meyer</b> <b>601 East Fifth Street, Charlotte, NC 28202</b>
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶ <b>www.smartstartofmeck.org</b>	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
<b>L</b> Year of formation: <b>1993</b> <b>M</b> State of legal domicile <b>NC</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>To advance a high quality, comprehensive, accountable system of care and education for every child beginning with a healthy birth in Mecklenburg County.</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>30</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>30</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>13</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>35</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7b</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, lines 1b and 1c)	<b>9536578</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>3451</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>7507</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>65910</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>9613446</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>8601751</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>n/a</b>
<b>Expenses</b>	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>762153</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<b>280042</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>9643946</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>(30500)</b>
	<b>20</b> Total assets (Part X, line 16)	<b>65177</b>
<b>Net Assets or Fund Balances</b>	<b>21</b> Total liabilities (Part X, line 26)	<b>32152</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>33025</b>

**Part II Signature Block**

<b>Sign Here</b>	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 <b>Nathan P. Clark, CPA</b>	Date <b>1/31/11</b>
<b>Paid Preparer's Use Only</b>	Type or print name and title <b>Nathan P. Clark, CPA Treasurer</b>	
	Preparer's signature Date Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions)	
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** (2009)

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**Part III** Statement of Program Service Accomplishments

- 1** Briefly describe the organization's mission:  
To advance a high quality, comprehensive, accountable system of care and education for every child  
beginning with a healthy birth in Mecklenburg County.
- 
- 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 \$ 2483215 including grants of \$ 2481184 ) (Revenue \$ )  
Child Care & Education Quality  
See Statements 1 & 2

**4b** (Code: ) (Expenses \$ 3372350 including grants of \$ 3349706 ) (Revenue \$ )  
Childcare Affordability & More at Four  
See Statements 1 & 2

**4c** (Code: ) (Expenses \$ 874246 including grants of \$ 874246 ) (Revenue \$ )  
Health & Safety  
See Statements 1 & 2

**4d** Other program services. (Describe in Schedule O.)  
 (Expenses \$ 2084296 including grants of \$ 1767458 ) (Revenue \$ )

**4e** Total program service expenses **▶** 8814107

**Part IV Checklist of Required Schedules**

	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 . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	<input type="checkbox"/>	<input type="checkbox"/>
• 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.	<input type="checkbox"/>	<input type="checkbox"/>
• 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.	<input type="checkbox"/>	<input type="checkbox"/>
• 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.	<input type="checkbox"/>	<input type="checkbox"/>
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	<input type="checkbox"/>	<input type="checkbox"/>
• 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? If "Yes," complete Schedule D, Part X.	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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. . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	✓	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	✓	
<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? <i>If "Yes," complete Schedule J.</i>		✓
<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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		✓
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
<b>24c</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>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		✓
<b>25b</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? <i>If "Yes," complete Schedule L, Part I.</i>		✓
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II.</i>		✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		✓
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		✓
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		✓
<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? <i>If "Yes," complete Schedule R, Part I.</i>		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		✓
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		✓
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		✓
<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? <i>If "Yes," complete Schedule R, Part VI.</i>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	<b>1a</b> 473		
<b>b</b> Enter the number of Forms W-2G included in 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>	✓	
<b>2a</b> 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	<b>2a</b> 13		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	<b>2b</b>	✓	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>3a</b>		✓
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> 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)?	<b>4a</b>		✓
<b>b</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.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		✓
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		✓
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		✓
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>		✓
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		✓
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		✓
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		✓
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . . . .	<b>1a</b> 30	
<b>b</b> Enter the number of voting members that are independent . . . . .	<b>1b</b> 30	
<b>2</b> 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? . . . . .	<b>2</b>	✓
<b>3</b> 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? . . . . .	<b>3</b>	✓
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	✓
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	✓
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	✓
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	✓
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	✓
<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>	✓
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	✓
<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 in Schedule O . . . . .	<b>9a</b>	✓

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	✓
<b>b</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? . . . . .	<b>10b</b>	
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11</b>	✓
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	✓
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	✓
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	✓
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	✓
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	✓
<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>	✓
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	✓
If "Yes" to line 15a or 15b, describe the process in 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>	✓
<b>b</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? . . . . .	<b>16b</b>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► North Carolina
- 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: ► Catherine Etters, 601 E. 5th Street, Suite 500, Charlotte, NC 28202, 704-377-6588

## 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. 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 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 current officer, director, or trustee.

[illegible]

<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>
-----------------	--

[illegible]

2 Total number of individuals (including but not limited to those listed above) 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* . . . . .

	Yes	No
3		✓
4		✓
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.

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

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

**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
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions).	<b>1e</b>	9360162				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8830				
	<b>g</b> Noncash contributions included in lines 1a-1f. \$						
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			9368992			
<b>Program Service Revenue</b>	<b>2a</b> <u>Ventana Magica</u> . . . . .	<b>Business Code</b>	900099	1449			
	<b>b</b> . . . . .						
	<b>c</b> . . . . .						
	<b>d</b> . . . . .						
	<b>e</b> . . . . .						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶			1449			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			2170			
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶						
	<b>5</b> Royalties . . . . . ▶						
		(i) Real	(ii) Personal				
	<b>6a</b> Gross Rents . . . . .						
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . . ▶						
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other		123		
	<b>b</b> Less: cost or other basis and sales expenses . . . . .						
	<b>c</b> Gain or (loss) . . . . .						
	<b>d</b> Net gain or (loss) . . . . . ▶			123			
	<b>8a</b> Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>						
	<b>b</b> Less: direct expenses . . . . . <b>b</b>						
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▶						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>						
	<b>b</b> Less: direct expenses . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>							
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>							
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> <u>Sales Tax Refund</u> . . . . .		900099	2273				
<b>b</b> <u>Multiple Accounting Contract</u> . . . . .		541200	27500				
<b>c</b> . . . . .							
<b>d</b> All other revenue . . . . .			0				
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			29773				
<b>12 Total revenue.</b> See instructions. . . . . ▶			9402507				

**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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(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	7434647	7434647		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1037947	1037947		
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	104826		104826	
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	420730	175296	245434	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	44551	14628	29923	
9	Other employee benefits	80690	29157	51533	
10	Payroll taxes	39428	12563	26865	
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	3269		3269	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	81926	72547	9380	
12	Advertising and promotion	20861	19620	1241	
13	Office expenses	59721	6675	53046	
14	Information technology	11709	7134	4574	
15	Royalties				
16	Occupancy	66023	1826	64197	
17	Travel	3924	717	3207	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6459	1348	5111	
20	Interest	36	0	36	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1796	0	1796	
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	\$3,224 - Refund of Prior Year Grant	3224		3224	
b					
c					
d					
e					
f	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24f	9421769	8814107	607662	
26	<b>Joint costs.</b> 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
<b>Assets</b>	1 Cash—non-interest-bearing . . . . .	52660	1	49810
	2 Savings and temporary cash investments . . . . .		2	
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .	12517	4	18768
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 or other basis. Complete Part VI of Schedule D . . . . .	10a		
	b Less: accumulated depreciation . . . . .	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 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	65177	16	68578	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	32152	17	54815
	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 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 to unrelated third parties . . . . .		24	
	25 Other liabilities. Complete Part X of Schedule D . . . . .		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	32152	26	54815
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	31620	27	13686
	28 Temporarily restricted net assets . . . . .	1405	28	77
	29 Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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 . . . . .	33025	33	13763
	34 <b>Total liabilities and net assets/fund balances . . . . .</b>	65177	34	68578

**Part XI Financial Statements and Reporting**

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☒ Other Modified Cas  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
- b** Were the organization's financial statements audited by an independent accountant? . . .
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		✓
<b>2b</b>	✓	
<b>2c</b>	✓	
<b>3a</b>		✓
<b>3b</b>		

Department of the Treasury  
Internal Revenue Service

**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. ▶ See separate instructions.**

OMB No 1545-0047

# 2009

**Open to Public  
Inspection**

Name of the organization

## Mecklenburg Partnership for Children

Employer identification number

56 : 1853108

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
---------------	--

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 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 ☒ 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 33⅓ % 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 33⅓ % 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).**
- 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?

	Yes	No
(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? . . . . .	11g(i))	
(ii) A family member of a person described in (i) above? . . . . .	11g(ii))	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11g(iii))	

### **h** Provide the following information about the supported organization(s).

[illegible]

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	<b>9182229</b>	<b>10198757</b>	<b>10493299</b>	<b>9536578</b>	<b>9368992</b>	<b>48779855</b>
<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 . . . . .	<b>9182229</b>	<b>10198757</b>	<b>10493299</b>	<b>9536578</b>	<b>9368992</b>	<b>48779855</b>
<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. . . . .						<b>48779855</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .	<b>9182229</b>	<b>10198757</b>	<b>10493299</b>	<b>9536578</b>	<b>9368992</b>	<b>48779855</b>
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	<b>31432</b>	<b>49841</b>	<b>25448</b>	<b>7507</b>	<b>2170</b>	<b>116398</b>
<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 IV.) . . . . .	<b>9508</b>	<b>4729</b>	<b>10196</b>	<b>65910</b>	<b>31345</b>	<b>121688</b>
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						<b>49017941</b>
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	n/a
<b>13 First five 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	<b>99.51 %</b>
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	<b>99.56 %</b>
<b>16a 33 1/3 % support test—2009.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 33 1/3 % support test—2008.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2009.</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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2008.</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 <b>stop here.</b> 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>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 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33⅓% support tests—2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33⅓% support tests—2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**Part II, Line 10 Other Income:**

**Sales tax refund, Multiple Accounting Contract income, Private Contributions, Sale of Assets**

Area for supplemental information with horizontal dashed lines.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Mecklenburg Partnership for Children

Employer identification number

56-1853108

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (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:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$

(ii) Assets included in Form 990, Part X . . . . . ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other .....
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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" to 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 XIV and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

- 2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIV.

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

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

- 2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ ..... %
- b** Permanent endowment ▶ ..... %
- c** Term endowment ▶ ..... %

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

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

**Part VII Investments—Other Securities.** 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) . . . . .		
(I) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) . . . . .		
(2) . . . . .		
(3) . . . . .		
(4) . . . . .		
(5) . . . . .		
(6) . . . . .		
(7) . . . . .		
(8) . . . . .		
(9) . . . . .		
(10) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) . . . . .	
(2) . . . . .	
(3) . . . . .	
(4) . . . . .	
(5) . . . . .	
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
(10) . . . . .	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes . . . . .	
(2) . . . . .	
(3) . . . . .	
(4) . . . . .	
(5) . . . . .	
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
(10) . . . . .	
(11) . . . . .	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

**2. FIN 48 (ASC 740) Footnote.** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	9402507
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	9421769
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	(19262)
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV.)	<b>8</b>	
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b>	0
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b>	(19262)

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	9402507
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	9402507
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	9402507

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	9421769
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	9421769
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	9421769

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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Name of the organization

**Name of the organization**  
**Mecklenburg Partnership for Children**

**Employer Identification number**  
**56 : 1853108**

## 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**

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

- 2** Enter total number of section 501(c)(3) and government organizations . . . . .
- 3** Enter total number of other organizations . . . . .

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Both financial and program monitoring are done on an annual basis at minimum (more frequently in some instances) by The Mecklenburg Partnership for Children.

In addition, The North Carolina Partnership for Children completes both financial and program monitoring on an annual basis.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

► Attach to Form 990.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**Mecklenburg Partnership for Children**

Employer identification number

**56 : 1853108**

Part 1 Line 4 - There are several members who are affiliated in various ways with some of the organizations listed on

Statements 1 & 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 & 2

Part VI Section B Line 11a - Form 990 is prepared by the Fiscal Officer, then reviewed by the Executive Director, reviewed

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

Line 12C - 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.

Mecklenburg County Partnership for Children

FY Ended 6/30/2010

EIN: 56-1853108

SCHEDULE 1  
PART II

Schedule I (Form 990) Part II - Grants & Other Assistance to Governments & Organizations in the U.S.								
1(a)	1(b)	1(c)	1(d)	1(e)	1(f)	1(g)	1(h)	
Organization	Address	Fed ID #	IRC Section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance (Activity)
Child Care and Education Quality								
Central Piedmont Community College	P.O. Box 35009 Charlotte, NC 28235	56-0797174	501(c)(3)	\$ 134,896	n/a	FMV	n/a	Early Childhood Teacher Education
Childcare Resources Inc	4601 Park Road, Suite 500 Charlotte, NC 28209	56-1316030	501(c)(3)	\$ 279,286	n/a	FMV	n/a	Directors' Leadership Academy
Childcare Resources Inc	4601 Park Road, Suite 500 Charlotte, NC 28209	56-1316030	501(c)(3)	\$ 251,482	n/a	FMV	n/a	Reach for the Stars
Childcare Resources Inc	4601 Park Road, Suite 500 Charlotte, NC 28209	56-1316030	501(c)(3)	\$ 249,350	n/a	FMV	n/a	Infant Toddler Quality Initiative
Childcare Resources Inc	4601 Park Road, Suite 500 Charlotte, NC 28209	56-1316030	501(c)(3)	\$ 53,087	n/a	FMV	n/a	Resource and Referral
Childcare Resources Inc	4601 Park Road, Suite 500 Charlotte, NC 28209	56-1316030	501(c)(3)	\$ 151,021	n/a	FMV	n/a	Smart Start Success @ On-Lane Learning
Childcare Resources Inc	4601 Park Road, Suite 500 Charlotte, NC 28209	56-1316030	501(c)(3)	\$ 447,332	n/a	FMV	n/a	Star Guard Quality Maintenance Initiative
Total Child Care and Education Quality				\$ 1,566,454				

Mecklenburg County Partnership for Children

FY Ended 6/30/2010

EIN: 56-1853108

SCHEDULE 1  
PART II

Schedule I (Form 990) Part II - Grants & Other Assistance to Governments & Organizations in the U.S.							
1 (a)	1 (b)	1 (c)	1 (d)	1 (e)	1 (f)	1 (g)	1 (h)
Organization	Address	Fed ID # IRC Section if applicable	Amount of cash grant	Amount of non- cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance (Activity)
<b>Child Care Affordability and More at Four</b>							
Community Weekday School	408 E 18th St NC 28206	05-0531109	26,312	n/a	FMV	n/a	Community Weekday School- Public Preschool
Charlotte-Mecklenburg Schools	700 Marsh Road NC 28209	56-6001074	1,173,943	n/a	FMV	n/a	More at Four Public Preschool
Easter Seals UCP Child Development Center	716 Marsh Road Charlotte, NC 28209	56-0670676	264,000	n/a	FMV	n/a	Public Preschool
Lakewood Preschool Cooperative	3115 Kalyne St NC 28208	56-1948420	83,910	n/a	FMV	n/a	Public Preschool
Seigle Avenue Preschool Cooperative	3045 N Davidson St Charlotte, NC 28204	56-1668333	67,740	n/a	FMV	n/a	Public Preschool
Star Rating Bonus Program - Various Centers	Various Centers	n/a	1,129,198	n/a	FMV	n/a	Bonus for Quality Maintenance for PreK
Central Avenue Bilingual Preschool	4019 Central Avenue Charlotte, NC 28205	36-4522499	244,743	n/a	FMV	n/a	Central Avenue Bilingual Preschool
Thompson Child Development Center	6800 St Peter's Lane Mathews, NC 28105	56-0547460	359,860	n/a	FMV	n/a	Public Preschool
<b>Total Child Affordability and More at Four</b>			<b>\$ 3,349,706</b>				
<b>Health and Safety</b>							
Mecklenburg County Health Dept	2845 Beatnes Ford Rd Charlotte, NC 28216	56-6000319	194,503	n/a	FMV	n/a	Child Care Health Consultants
Mecklenburg County Health Dept	249 Billingsley Rd Charlotte, NC 28211	56-6000319	21,500	n/a	FMV	n/a	Healthy Futures Starting in the Kitchen
Mecklenburg County Health Dept	1801 Rozzelles Ferry Rd Charlotte, NC 28208	56-6000319	102,445	n/a	FMV	n/a	Biddle Point Dental Clinic
Mecklenburg County Health Dept	2845 Beatnes Ford Rd Charlotte, NC 28216	56-6000319	61,597	n/a	FMV	n/a	Health Check Coordinators
Presbyterian Hospital	P O Box 33549 Charlotte, NC 28233	58-1413074	89,200	n/a	FMV	n/a	Presbyterian Hospital Early Childhood Intervention
Thompson Child Development Center	6800 St Peter's Lane Mathews, NC 28105	56-0547460	405,000	n/a	FMV	n/a	Pollwog Project
<b>Total Health and Safety</b>			<b>\$ 874,245</b>				

Mecklenburg County Partnership for Children

FY Ended 6/30/2010

EIN: 56-1853108

SCHEDULE 1  
PART II

Schedule I (Form 990) Part II - Grants & Other Assistance to Governments & Organizations in the U.S.							
1 (a)	1 (b) Fed ID #	1 (c) IRC Section if applicable	1 (d) Amount of cash grant	1 (e) Amount of non- cash assistance	1 (f) Method of valuation (book, FMV, appraisal, other)	1 (g) Description of non-cash assistance	1 (h) Purpose of grant or assistance (Activity)
<b>Family Support</b>							
Pat's Place Child Advocacy Center	1819 E Blvd Charlotte, NC 28203	501(c)(3)	47,882	n/a	FMV	n/a	Pat's Place
Thompson Child Development Center	6800 St Peter's Lane Matthews, NC 28105	501(c)(3)	24,526	n/a	FMV	n/a	The Incredible Years
Child Care Resources, Inc	4601 Park Road, Suite 500 Charlotte, NC 28209	501(c)(3)	71,426	n/a	FMV	n/a	Families Reading Together
Child Care Resources, Inc	4601 Park Road, Suite 500 Charlotte, NC 28209	501(c)(3)	83,888	n/a	FMV	n/a	Raising A Reader
The Children's Home Society of NC	601 E 5th St, Ste 330 Charlotte, NC 28202	501(c)(3)	42,989	n/a	FMV	n/a	Right Start Parent for Life
Communities in Schools	601 E 5th St, Ste 330 Charlotte, NC 28202	501(c)(3)	326,584	n/a	FMV	n/a	Safe Journey
Latin American Coalition	4938 Central Ave Charlotte, NC 28205	501(c)(3)	3,247	n/a	FMV	n/a	Familias Fuertes, Futuro Feliz
Mecklenburg County Health Dept	249 Billingsley Rd Charlotte, NC 28211	Mecklenburg County	75,000	n/a	FMV	n/a	Nurse Family Partnerships
Mecklenburg County Health Dept	2845 Beatties Ford Rd Charlotte, NC 28216	Mecklenburg County	495,619	n/a	FMV	n/a	Smart Start @ Home
The Lee Institute	400 Hermitage Road Charlotte, NC 28207	501(c)(3)	175,200	n/a	FMV	n/a	Young Child Mental Health Initiative
YMCA of Greater Charlotte	500 E Morehead, Ste 300 Charlotte, NC 28202	501(c)(3)	225,608	n/a	FMV	n/a	YMCA - Eastside Parents as Teachers
Youth Homes, Inc	601 E 5th St, Ste 330 Charlotte, NC 28202	501(c)(3)	34,979	n/a	FMV	n/a	Right Start Parent for Life
YWCA Central Carolinas	3420 Park Road Charlotte, NC 28029	501(c)(3)	37,294	n/a	FMV	n/a	Support for Homeless Families with Preschool Children
<b>Total Family Support</b>			\$ 1,644,242				
<b>Total Grants &amp; Other Assistance to Governments Organizations</b>			\$ 7,434,647	Form 990 Part IX Line 1			

Mecklenburg County Partnership for Children

SCHEDULE 1

FY Ended 6/30/2010

PART III

EIN: 56-1853108

Schedule I (Form 990) Part III - Grants & Other Assistance to Individuals in the U.S.					
1(a)	1(b)	1(c)	1(d)	1(e)	1(f)
Type of Grant or Assistance	Number of recipients	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance (Activity)
Childcare Resources Inc Stipends/Scholarships	10	\$ 5,000	n/a	FMV	n/a
Childcare Resources Inc Stipends/Scholarships	10	\$ 8,000	n/a	FMV	n/a
Various Individuals Education Literacy Kits	1,749	n/a	\$ 123,217	FMV	Parent & Community Education Literacy Kits
Various Individuals Education Bonus	585	\$ 896,016	n/a	FMV	n/a
Various Individuals Textbook Bonus	41	n/a	\$ 5,714	FMV	Smart Start Textbook Bonus
Total		\$ 909,016	\$ 128,931		
Total Grants & Other Assistance to Individuals (1c +1d)				\$ 1,037,947	Form 990 Part IX Line 2
TOTAL PROGRAM SERVICES				\$ 8,472,594	

Mecklenburg County Partnership for Children  
EIN: 56-1853108  
FY Ended 6/30/2010

STATEMENT - 1

Form 990 Part III - Statement of Program Service Accomplishments

	<u>Grants and Allocation</u>	<u>Program Service Expenses</u>
<b>4a Child Care and Education Quality</b> - Services including referrals for quality childcare activities that raise teacher education levels, teacher salary supplement and inclusion services	\$ 2,481,184	\$ 2,483,215
<b>4b Child Care Affordability and More at Four</b> - Services to provide afford childcare and supporting the cost of pre-school classrooms	\$ 3,349,706	\$ 3,372,350
<b>4c Health and Safety</b> - 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.	\$ 874,245	\$ 874,246
<b>4d Family Support</b> - Comprehensive family services and resources offered through workshops, support programs and community based sites	\$ 1,767,459	\$ 1,835,538
<b>4d Program Evaluation and Coordination</b> - 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	\$ -	\$ 248,758
<b>4e Total of Grants/Program Services</b>	<u>\$ 8,472,594</u>	<u>\$ 8,814,107</u>

Mecklenburg County Partnership for Children

EIN: 56-1853108

FY Ended 6/30/2010

STATEMENT - 2

Organization	Address	Fed ID #	Amount	Activity
<b>Child Care and Education Quality</b>				
Central Piedmont Community College	P.O. Box 35009 Charlotte, NC 28235	56-0797174	\$ 134,896	Early Childhood Teacher Education
Childcare Resources Inc.	4601 Park Road, Suite 500 Charlotte, NC 28209	56-1316030	\$ 284,286	Directors' Leadership Academy
Childcare Resources Inc.	4601 Park Road, Suite 500 Charlotte, NC 28209	56-1316030	\$ 251,482	Reach for the Stars
Childcare Resources Inc.	4601 Park Road, Suite 500 Charlotte, NC 28209	56-1316030	\$ 257,350	Infant Toddler Quality Initiative
Childcare Resources Inc.	4601 Park Road, Suite 500 Charlotte, NC 28209	56-1316030	\$ 53,087	Resource and Referral
Childcare Resources Inc.	4601 Park Road, Suite 500 Charlotte, NC 28209	56-1316030	\$ 151,021	Smart Start Success @ On-Line Learning
Childcare Resources Inc.	4601 Park Road, Suite 500 Charlotte, NC 28209	56-1316030	\$ 447,332	Star Guard Quality Maintenance Initiative
Various Individuals Education & Textbook Bonus			\$ 901,730	
<b>Total Child Care and Education Quality</b>			<b>\$ 2,481,184</b>	

Mecklenburg County Partnership for Children

EIN: 56-1853108

FY Ended 6/30/2010

STATEMENT - 2

Organization	Address	Fed ID #	Amount	Activity
<b>Child Care Affordability and More at Four</b>				
Community Weekday School	408 E 18th St. Charlotte, NC 28206	05-0531109	26,312	Community Weekday School- Public Preschool
Charlotte-Mecklenburg Schools	700 Marsh Road Charlotte, NC 28209	56-6001074	1,173,943	More at Four Public Preschool
Easter Seals UCP Child Development Center	716 Marsh Road Charlotte, NC 28209	56-0670676	264,000	Public Preschool
Lakewood Preschool Cooperative	3115 Kalyne St Charlotte, NC 28208	56-1948420	83,910	Public Preschool
Seigle Avenue Preschool Cooperative	3045 N. Davidson St. Charlotte, NC 28204	56-1668333	67,740	Public Preschool
Star Rating Bonus Program -Various Centers	Various Centers	n/a	1,129,198	Bonus for Quality Maintenance for PreK
Central Avenue Bilingual Preschool	4019 Central Avenue Charlotte, NC 28205	36-4522499	244,743	Central Avenue Bilingual Preschool
Thompson Child Development Center	6800 St Peter's Lane Matthews, NC 28105	56-0547460	359,860	Public Preschool
<b>Total Child Affordability and More at Four</b>			<b>\$ 3,349,706</b>	
<b>Health and Safety</b>				
Mecklenburg County Health Dept.	2845 Beatties Ford Rd. Charlotte, NC 28216	56-6000319	194,503	Child Care Health Consultants
Mecklenburg County Health Dept.	249 Billingsley Rd. Charlotte, NC 28211	56-6000319	21,500	Healthy Futures Starting in the Kitchen
Mecklenburg County Health Dept.	1801 Rozzelles Ferry Rd Charlotte, NC 28208	56-6000319	102,445	Biddle Point Dental Clinic
Mecklenburg County Health Dept.	2845 Beatties Ford Rd. Charlotte, NC 28216	56-6000319	61,597	Health Check Coordinators
Presbyterian Hospital	P.O. Box 33549 Charlotte, NC 28233	58-1413074	89,200	Presbyterian Hospital Early Childhood Intervention
Thompson Child Development Center	6800 St Peter's Lane Matthews, NC 28105	56-0547460	405,000	Polliwog Project
<b>Total Health and Safety</b>			<b>\$ 874,245</b>	
<b>Family Support</b>				

**Mecklenburg County Partnership for Children**
**EIN: 56-1853108**
**FY Ended 6/30/2010**
**STATEMENT - 2**

<b>Organization</b>	<b>Address</b>	<b>Fed ID #</b>	<b>Amount</b>	<b>Activity</b>
Pat's Place Child Advocacy Center	1819 E. Blvd. Charlotte, NC 28203	20-1820596	47,882	Pat's Place
Thompson Child Development Center	6800 St Peter's Lane Matthews, NC 28105	56-0547460	24,526	The Incredible Years
Child Care Resources, Inc.	4601 Park Road, Suite 500 Charlotte, NC 28209	56-1316030	71,426	Families Reading Together
Child Care Resources, Inc.	4601 Park Road, Suite 500 Charlotte, NC 28209	56-1316030	83,888	Raising A Reader
The Children's Home Society of NC	601 E.5th St., Ste 330 Charlotte, NC 28202	56-0529946	42,989	Right Start Parent for Life
Communities in Schools	601 E.5th St., Ste 300 Charlotte, NC 28202	58-1661795	326,584	Safe Journey
Latin American Coalition	4938 Central Ave. Charlotte, NC 28205	58-1945776	3,247	Familias Fuertes, Futuro Feliz
Mecklenburg County Health Dept.	249 Billingsley Rd. Charlotte, NC 28211	56-6000319	75,000	Nurse Family Partnerships
Mecklenburg County Health Dept.	2845 Beatties Ford Rd Charlotte, NC 28216	56-6000319	495,619	Smart Start @ Home
The Lee Institute	400 Hermitage Road Charlotte, NC 28207	56-1987315	175,200	Young Child Mental Health Initiative
YMCA of Greater Charlotte	500 E. Morehead, Ste 300 Charlotte, NC 28202	56-1045299	225,608	YMCA - Eastside Parents as Teachers
Youth Homes, Inc.	601 E.5th St., Ste 330 Charlotte, NC 28202	56-1118865	34,979	Right Start Parent for Life
YWCA Central Carolinas	3420 Park Road Charlotte, NC 28029	56-0532139	37,294	Support for Homeless Families with Preschool
Various Individuals Education Literacy Kits			\$ 123,217	
<b>Total Family Support</b>			<b>\$ 1,767,459</b>	
<b>TOTAL GRANTS &amp; ALLOCATION</b>			<b>\$ 8,472,594</b>	

**Smart Start Board of Directors**  
**Updated June 2010**

**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**

**Robert Furr**  
Interim County Extension Director  
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

**TREASURER**

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

**SECRETARY**

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

**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:**

**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 Anthony Foxx  
1401 Cavendish Court  
Charlotte, NC 28211  
Bus Ph 704-336-3431 Fax: 704-770-0189  
Home Ph 704-366-2422  
Email: n3157w@yahoo.com

**Stephanie Civers 2013**

Stephanie's Sheltering Arms Day Care  
7724 Pence Pond Lane  
Charlotte, NC 28227  
Home Ph: 704-719-3658 Fax: 704-719-3658  
Email: scivers@carolina.rr.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

**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

**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

**Paul Garafola, NCARB, AIA 2013**

Project Architect  
WHN Architects  
2020 Charlotte Drive  
Charlotte, NC 28203  
Bus Ph: 704-333-9952 Fax: 704-333-9962  
Email: paul@whnarch.com

**Courtney Gleason 2012**

4314 Overlook Cove Road  
Charlotte, NC 28216  
Home Ph: 980-229-9573  
Email: courtneyrgleason@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

**Lois Kilkka** Designee for Charles Brown  
Library Manager, ImagineOn  
Charlotte Mecklenburg Library  
300 E. 7<sup>th</sup> Street  
Charlotte, NC 28202  
Bus Ph: 704-416-4601 Fax: 704-416-4700  
Email: lkilkka@cmlibrary.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

**David Snider 2013**  
Vice President – Client Services  
Foundation For The Carolinas  
217 South Tryon Street  
Charlotte, NC 28202  
Bus Ph: 704-973-4528 Fax: 704-973-4928  
Email: dsnider@fftc.org

**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

**Mary Wilson**  
Director  
Mecklenburg County Dept. of Social Services  
301 Billingsley Road  
Charlotte, NC 28211  
Bus Ph: 704-336-6279 Fax: 704-336-3361  
Email: Mary.Wilson@mecklenburgcountync.gov

**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