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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

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

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	Please use IRS label or print or type: See Specific Instructions.	C Name of organization CHATHAM COUNTY PARTNERSHIP FOR CHILDREN Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 200 SANFORD HWY City or town, state or country, and ZIP + 4 PITTSBORO, NC 27312 F Name and address of principal officer: GENEVIEVE MEGGINSON 200 SANFORD HWY, PITTSBORO, NC 27312	D Employer identification number 56-1885127 E Telephone number 919-542-7449 G Gross receipts \$ 2,272,426. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
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.CHATHAMKIDS.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1994 M State of legal domicile: NC	

Part I Summary

1	Briefly describe the organization's mission or most significant activities: IN COLLABORATION WITH OUR COMMUNITY PARTNERS, WE PLAN, FUND, AND IMPLEMENT QUALITY CHILDHOOD		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of employees (Part V, line 2a)	5	8
6	Total number of volunteers (estimate if necessary)	6	110
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	2,503,650.
9	Program service revenue (Part VIII, line 2g)	9	1,540.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	1,383.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	534.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	3,997.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	2,509,970.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	2,271,229.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	795,666.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	670,069.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶	b	299,610.
17	Other expenses (Part IX, column (A), lines 11a, 11d, 11f-24f)	17	286,170.
18	Total expenses. Add lines 16a, 16b, 17, and 18 (must equal Part IX, column (A), line 25)	18	1,274,447.
19	Revenue less expenses. Subtract line 18 from line 12	19	1,314,646.
20	Total assets (Part X, line 16)	20	2,369,723.
21	Total liabilities (Part X, line 26)	21	2,270,885.
22	Net assets or fund balances. Subtract line 21 from line 20	22	140,247.
23		23	344.
24		24	135,800.
25		25	140,826.
26		26	1,607.
27		27	6,289.
28		28	134,193.
29		29	134,537.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer: <i>Kate Scott</i> KATE SCOTT, BOARD CHAIR Type or print name and title	Date: 10-14-10	
Paid Preparer's Use Only	Preparer's signature: DONALD D. ISENHOUR Firm's name (or yours if self-employed), address, and ZIP + 4: MAST, EVANS & ISENHOUR, L.L.P. P O BOX 1029 CONOVER, NC 28613-1029	Date: 10/07/10 Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions): 828-464-2812

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

617 b

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

IN COLLABORATION WITH OUR COMMUNITY PARTNERS, WE PLAN, FUND, AND IMPLEMENT QUALITY EARLY CHILDHOOD EDUCATION, HEALTH, AND FAMILY SUPPORT INITIATIVES.

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.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 1,316,645. including grants of \$ 1,649.) (Revenue \$)

MORE AT FOUR - DEVELOPMENT AND IMPLEMENTATION OF MORE AT FOUR PREKINDERGARTEN PROGRAMS FOR AT-RISK FOUR-YEAR-OLDS WHO ARE AT RISK OF FAILURE IN KINDERGARTEN. THE GOAL IS TO PROVIDE QUALITY PREKINDERGARTEN SERVICES IN ORDER TO ENHANCE KINDERGARTEN READINESS. SERVED 282 UN-SERVED AND UNDERSERVED AT RISK FOUR-YEAR-OLD CHILDREN. 59% OF THE TOTAL NUMBER OF AT RISK FOUR-YEAR-OLD CHILDREN SERVED HAD NEVER BEEN ENROLLED BEFORE IN HIGH QUALITY PREKINDERGARTEN CLASSROOM; 41% OF THE CHILDREN MAY HAVE BEEN PREVIOUSLY ENROLLED IN A LOWER QUALITY PROGRAM.

4b (Code:) (Expenses \$ 200,354. including grants of \$ 195,891.) (Revenue \$)

CHILD CARE AND EDUCATION QUALITY - SERVICES INCLUDED QUALITY ENHANCEMENT GRANTS FOR UPGRADE AND MAINTENANCE OF EDUCATION QUALITY; CHILD CARE RESOURCE AND REFERRAL, PROFESSIONAL DEVELOPMENT, SALARY SUPPLEMENTS, PROVIDER TRAINING, MENTORING PROGRAMS, HEALTH/SAFETY TRAINING FOR CHILD CARE PROFESSIONALS, SPECIAL NEEDS SUPPORT FOR CHILD CARE PROFESSIONALS, LEARNING MATERIALS AND TEACHING AIDS, CHILD CARE NEEDS AND RESOURCE ASSESSMENTS, KINDERGARTEN ORIENTATION/TRANSITION, OR HEALTH INSURANCE BENEFITS FOR CHILD CARE PROVIDERS. 74% OF CHILDREN IN CHILD CARE ARE IN 4 OR 5 STAR RATED PROGRAMS. 88% OF CHILDREN RECEIVING SUBSIDIZED CHILD CARE ARE IN 4 OR 5 STAR RATED PROGRAMS. 97% OF CHILDREN WITH SPECIALIZED NEEDS RECEIVING SUBSIDIZED CHILD CARE ARE IN 4 OR 5 STAR RATED PROGRAMS. 88% OF CHILDREN IN CHILD CARE HAVE TEACHERS

4c (Code:) (Expenses \$ 183,345. including grants of \$ 183,345.) (Revenue \$)

HEALTH & SAFETY - SERVICES INCLUDE ACTIVITIES THAT PROVIDE HEALTH SERVICES OR SERVICE SUPPORT THAT ENHANCES OR INCREASES ACCESS TO HEALTH CARE. INCLUDES ORAL HEALTH SERVICES, VISION SCREENINGS, COMPREHENSIVE SCREENS AND HEALTH SERVICES, PRENATAL/NEW BORN SERVICES, CHILD CARE HEALTH CONSULTANTS, COMPREHENSIVE HEALTH SUPPORT, CHILD ABUSE AND NEGLECT INTERVENTION, SPECIAL NEEDS - EARLY INTERVENTION SERVICES, TRANSPORTATION TO HEALTH SERVICES, HEALTH NEEDS AND RESOURCE ASSESSMENT DEVELOPMENTAL SCREENINGS, NUTRITION PROGRAM AND HOME VISITING. 5.1% OF THE TOTAL BIRTH TO 2 YEAR OLD POPULATION WERE IDENTIFIED AND RECEIVED EARLY INTERVENTION SERVICES FOR CHILDREN WITH OR AT RISK FOR SPECIAL NEEDS/DISABILITIES. 8% OF THE TOTAL 3 TO 5 YEAR OLD POPULATION WERE IDENTIFIED AND RECEIVED SPECIAL EDUCATION SERVICES FOR CHILDREN WITH OR

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

(Expenses \$ 289,183. including grants of \$ 289,183.) (Revenue \$)

4e Total program service expenses \$ 1,989,527.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
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		
6 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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 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		X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• 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.		
• 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.		
• 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.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		X
12A 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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 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? If "Yes," complete Schedule I, Parts I and II	X	
22 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? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) 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		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 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		X
27 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? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
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		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

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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	6
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	8
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	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
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	X
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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
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	X
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	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	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	

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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
1a Enter the number of voting members of the governing body	21	
1b Enter the number of voting members that are independent	21	
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?		X
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (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: **GENEVIEVE MEGGINSON - 919-542-7449**
200 SANFORD HWY, SUITE 4, PITTSBORO, NC 27312

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.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PATSY MEACHAM CHAIR	1.00	X		X				0.	0.	0.
ARLENE GOODMAN VICE-CHAIR	1.00	X		X				0.	0.	0.
DOLLY HUFFMAN CLAYTON SECRETARY	1.00	X		X				0.	0.	0.
PHYLLIS SMITH TREASURER	1.00	X		X				0.	0.	0.
ARVELIS BYRD DIRECTOR	0.50	X						0.	0.	0.
ROBYN ALLGOOD DIRECTOR	0.50	X						0.	0.	0.
CATHERINE BETTS DIRECTOR	0.50	X						0.	0.	0.
DAVID HUGHES DIRECTOR	0.50	X						0.	0.	0.
DR. KAREN ALLEN DIRECTOR	0.50	X						0.	0.	0.
CONNIE MCADAMS DIRECTOR	0.50	X						0.	0.	0.
DAISY WOMBLE DIRECTOR	0.50	X						0.	0.	0.
HOLLY COLEMAN DIRECTOR	0.50	X						0.	0.	0.
JO SANDERS DIRECTOR	0.50	X						0.	0.	0.
JUNE HORTON DIRECTOR	0.50	X						0.	0.	0.
KATHY VITARO DIRECTOR	0.50	X						0.	0.	0.
KATE SCOTT DIRECTOR	0.50	X						0.	0.	0.
LISA LACKMANN DIRECTOR	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DEBRA BRIGHT DIRECTOR	0.50	X						0.	0.	0.
ROBERT LOGAN DIRECTOR	0.50	X						0.	0.	0.
SANDY COLETTA DIRECTOR	0.50	X						0.	0.	0.
VANESSA FARRAR DIRECTOR	0.50	X						0.	0.	0.
AMY RABB DIRECTOR	0.50	X						0.	0.	0.
GENEVIEVE MEGGINSON EXECUTIVE DIRECTOR	40.00			X				62,086.	0.	8,896.
1b Total								62,086.	0.	8,896.

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		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

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

Part VII 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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,260,749.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,995.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		2,264,744.			
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		534.			534.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6 a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	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)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	2,347.			
	b	Less: direct expenses	b	1,197.			
	c	Net income or (loss) from fundraising events		1,150.			1,150.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	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				
11 a	CONFERENCE FEES	611710	2,560.	2,560.			
b	SALES TAX REFUND	900099	2,241.	2,241.			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		4,801.				
12	Total revenue. See instructions.		2,271,229.	4,801.	0.	1,684.	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	670,069.	670,069.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	63,166.	21,852.	41,314.	
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	164,031.	41,456.	122,575.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,760.	2,528.	4,232.	
9 Other employee benefits	34,368.	14,273.	20,095.	
10 Payroll taxes	17,845.	6,308.	11,537.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	43,162.	15,490.	27,672.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	1,471.	169.	1,302.	
13 Office expenses	16,387.	5,896.	10,491.	
14 Information technology	887.	173.	714.	
15 Royalties				
16 Occupancy	31,557.	13,073.	18,484.	
17 Travel	1,505.	174.	1,331.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,124.	97.	12,027.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,288.	500.	2,788.	
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 PURCHASE OF SERVICES MO	1,186,885.	1,186,885.		
b OTHER CONTRACTED SERVIC	5,601.	4,675.	926.	
c DUES AND SUBSCRIPTIONS	3,880.	3,233.	647.	
d EDUCATIONAL SUPPLIES	2,192.	421.	1,771.	
e LEASEHOLD IMPROVEMENTS	1,800.	1,800.		
f All other expenses	3,907.	455.	3,452.	
25 Total functional expenses. Add lines 1 through 24f	2,270,885.	1,989,527.	281,358.	0.
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	83,066.	1	134,537.
	2 Savings and temporary cash investments	51,127.	2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,607.	4	6,289.
	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 Total assets. Add lines 1 through 15 (must equal line 34)	135,800.	16	140,826.	
Liabilities	17 Accounts payable and accrued expenses	1,607.	17	6,289.
	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 Total liabilities. Add lines 17 through 25	1,607.	26	6,289.	
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	120,916.	27	133,386.
	28 Temporarily restricted net assets	13,277.	28	1,151.
	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	134,193.	33	134,537.
34 Total liabilities and net assets/fund balances	135,800.	34	140,826.	

Form 990 (2009)

Part XI Financial Statements and Reporting1 Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☒ Other **MODIFIED CASH**

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

2a

X

2b

X

2c

3a

X

3b

Form 990 (2009)

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

CHATHAM COUNTY PARTNERSHIP FOR CHILDREN

Employer identification number

56-1885127

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

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 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).**

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? ☐

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1572961.	1497217.	1981811.	2503650.	2264744.	9820383.
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 through 3	1572961.	1497217.	1981811.	2503650.	2264744.	9820383.
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)						
6 Public support. Subtract line 5 from line 4						9820383.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1572961.	1497217.	1981811.	2503650.	2264744.	9820383.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,179.	6,329.	6,240.	1,383.	534.	20,665.
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.)		1,661.	3,160.	2,536.	2,241.	9,598.
11 Total support. Add lines 7 through 10						9850646.
12 Gross receipts from related activities, etc. (see instructions)					12	13,766.

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.69 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.69 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. 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 - 2008. 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 A (Form 990 or 990-EZ) 2009

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

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.

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

SALES TAX REFUND

NOTARY FEES

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CHATHAM COUNTY PARTNERSHIP FOR CHILDREN

Employer identification number
56-1885127

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD CARE NETWORK INC 117 EAST SALISBURY ST PITTSBORO, NC 27312	56-1413410	501(C)(3)	277,629.	0.			QUALITY SUBSIDY, CHILD CARE RESOURCE & REFERRAL; QUALITY ENHANCEMENT
CHATHAM COUNTY HEALTH DEPARTMENT 1000 SOUTH 10TH AVE SILER CITY, NC 27344	56-6000284		138,699.	0.			FAMILY SUPPORT, CHILD CARE HEALTH CONSULTATION
CHATHAM COUNTY FAMILY RESOURCE CENTER - 225 CHATHAM SQUARE - SILER CITY, NC 27344	31-1557560	501(C)(3)	49,019.	0.			FAMILY RESOURCE CENTER
FAMILY VIOLENCE AND RAPE CRISIS CENTER - 144 N. CHATHAM AVE - SILER CITY, NC 27344	56-1345420	501(C)(3)	41,057.	0.			FAMILY ADVOCACY PROGRAM/FAMILY INTERVENTION
HEADS UP 120 POSSUM TRAIL PITTSBORO, NC 27312	56-2001070		7,314.	0.			SPECIAL NEEDS: EARLY INTERVENTION/SPECIAL EDUCATION
CHAPEL HILL TRAINING OUTREACH PROJECT INC - 800 EASTOWNE DRIVE, SUITE 105 - CHAPEL HILL, NC 27514	56-2046321	501(C)(3)	105,116.	0.			PARENT EDUCATION; CHILD CARE BEHAVIOR CONSULTANT; ASSURING BETTER CHILD HEALTH DEVELOPMENT

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

5. 1.

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

Schedule I (Form 990) 2009

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
CHILD CARE DEVELOPMENT NON-CASH GRANTS	108	0.	7,773.	PURCHASED COSTS	CONFERENCE SUPPLIES AND MATERIALS-EDUCATION KITS

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

SCHEDULE I, PART I, LINE 2: MONITORING WILL BE ADEQUATELY DOCUMENTED TO SUBSTANTIATE THE WORK PERFORMED, ISSUES NOTED AND RESOLUTION OF ISSUES. GRANTEES MAY BE MONITORED AT VARIOUS FREQUENCIES BUT NO LESS FREQUENTLY THAN ONCE A YEAR. THE EXECUTIVE DIRECTOR WILL PROVIDE PERIODIC REPORTS TO THE BOARD OF DIRECTORS SUMMARIZING GRANTEE MONITORED ISSUES AND RESOLUTION OF ISSUES.

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

CHATHAM COUNTY PARTNERSHIP FOR CHILDREN

Employer identification number

56-1885127

Part I	Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
---------------	--

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

[illegible]

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

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

Part II	Loans to and/or From Interested Persons.
----------------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total			\$							

Part III	Grants or Assistance Benefiting Interested Persons.
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Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
HOLLY COLEMAN	KEY EMPLOYEE OF CHA	138,699.	CHATHAM COU		X
CONNIE MCADAMS	KEY EMPLOYEE OF CHI	277,629.	CHILD CARE		X
ROBERT LOGAN	KEY EMPLOYEE OF CHA	807,850.	CHATHAM COU		X
DR. KAREN ALLEN	KEY EMPLOYEE OF CEN	500.	CENTRAL CAR		X
JO SANDERS	KEY EMPLOYEE OF FAM	41,057.	FAMILY VIOL		X
DAISY WOMBLE	KEY EMPLOYEE OF CHA	807,850.	CHATHAM COU		X

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Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

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
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OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

CHATHAM COUNTY PARTNERSHIP FOR CHILDREN

Employer identification number

56-1885127

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

EDUCATION, HEALTH AND FAMILY SUPPORT INITIATIVES.

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

WITH COLLEGE LEVEL EARLY CHILDHOOD EDUCATION. 480 CHILDREN IN CHILD
CARE CLASSROOMS RECEIVING QUALITY ENHANCEMENT SUPPORT; 561 CHILDREN IN
21 CHILD CARE PROGRAMS WERE SERVED BY DIRECT TEACHING STAFF WHO
RECEIVED SALARY SUPPLEMENTS FOR HIGHER EDUCATION.

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

AT RISK FOR SPECIAL NEEDS/DISABILITIES. 76% OF MEDICAID-ELIGIBLE
CHILDREN WERE ENROLLED IN HEALTH CHECK AND ACCESSED WELL CHILD CARE.
672 CHILD IMMUNIZATION RECORDS WERE REVIEWED AND PARENTS REMINDED OF
SCHEDULED IMMUNIZATIONS. 2145 CHILDREN IN CARE OF 6 PEDIATRIC MEDICAL
PRACTICES PARTICIPATING IN TRAINING AND CONSULTATION TO INCREASE EARLY
IDENTIFICATION AND SERVICES FOR CHILDREN WITH SPECIAL NEEDS.

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

CHILD CARE & EDUCATION AFFORDABILITY - SERVICES INCLUDED SUBSIDY
ADMINISTRATION OUTSIDE OF DCD, PUBLIC PRE-K CLASSES, HEAD START
WRAPAROUND/EXTENDED DAY, CHILD CARE COSTS SUPPORT, CHILD CARE SUBSIDY
OUTSIDE DCD. AVERAGE OF 200 CHILDREN A MONTH RECEIVED FUNDED CHILD CARE
SUBSIDY, 47 CHILDREN RECEIVED SHORT-TERM CRISIS SUBSIDY.
EXPENSES \$ 130814. INCLUDING GRANTS OF \$ 130814. REVENUE \$ 0.

FAMILY SUPPORT - SERVICES INCLUDED FAMILY RESOURCE CENTER FUNDING.

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Schedule O (Form 990) 2009

SCHEDULE O

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PARENTING SKILLS TRAINING, TEEN PARENT/CHILD PROGRAMS, ONGOING PARENT

EDUCATION PROGRAM, FAMILY CRISIS INTERVENTION, LITERACY PROJECTS,

COMMUNITY OUTREACH INFORMATION PROGRAMS. 96% OF PARENTS RECEIVING

PARENTING SKILLS EDUCATION AND COUNSELING REPORT THAT THEY FEEL MORE

COMPETENT AND CONFIDENT IN RAISING THEIR CHILDREN. SERVED 50 CHILDREN

OF FATHERS PARTICIPATING IN PARENTING EDUCATION AND SUPPORT ACTIVITIES.

EXPENSES \$ 158369. INCLUDING GRANTS OF \$ 158369. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE COMMITTEE OF THE

PARTNERSHIP BOARD REVIEWS THE FINANCIAL STATEMENTS AND IRS FORM 990 PRIOR

TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: A BOARD COMPOSITION FORM IS USED

AS A VOTING GUIDE. BOARD MINUTES RECORD ABSTENTIONS WHEN

APPROPRIATE/APPLICABLE. NCPC REVIEWS BOARD MINUTES ANNUALLY FOR COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15: PAY STUDY CONDUCTED BY INDEPENDENT

CONTRACTOR IN 2000 USING COMPARABLE POSITIONS, SUBSEQUENT INCREASES HAVE

BEEN DEVELOPED USING THE CONSUMER PRICE INDEX RATE OF INFLATION AS WELL AS

PERFORMANCE REVIEWS CONDUCTED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAINTAINS A PUBLIC

DISCLOSURE FOLDER THAT IT UPDATES ANNUALLY AND MAKES AVAILABLE TO ANYONE

WHO REQUESTS TO VIEW.

FORM 990, PART XI, FINANCIAL STATEMENTS AND REPORTING, QUESTION 1

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Schedule O (Form 990) 2009

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SCHEDULE O
(Form 990)

Department of the Treasury
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THE ORGANIZATION USES THE MODIFIED CASH BASIS OF ACCOUNTING FOR ITS
BOOKS AND RECORDS AND ALSO FOR 990 PURPOSES. THIS METHOD OF ACCOUNTING
IS REQUIRED BY THE NC STATE AUDITORS OFFICE AS WELL AS THE NORTH
CAROLINA PARTNERSHIP FOR CHILDREN, INC. THESE ORGANIZATIONS HAVE
REGULATORY OVERSITE OF THE CHATHAM COUNTY PARTNERSHIP FOR CHILDREN,
INC.

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

(A) NAME OF PERSON: HOLLY COLEMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE OF CHATHAM COUNTY HEALTH DEPARTMENT

(D) DESCRIPTION OF TRANSACTION: CHATHAM COUNTY HEALTH DEPARTMENT IS A
DIRECT SERVICE PROVIDER

(A) NAME OF PERSON: CONNIE MCADAMS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE OF CHILD CARE NETWORKS

(D) DESCRIPTION OF TRANSACTION: CHILD CARE NETWORKS IS A DIRECT SERVICE
PROVIDER

(A) NAME OF PERSON: ROBERT LOGAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE OF CHATHAM COUNTY SCHOOLS

(D) DESCRIPTION OF TRANSACTION: CHATHAM COUNTY SCHOOLS IS A DIRECT
SERVICE PROVIDER AND MORE AT FOUR SERVICE PROVIDER

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Schedule O (Form 990) 2009

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(A) NAME OF PERSON: DR. KAREN ALLEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE OF CENTRAL CAROLINA COMMUNITY COLLEGE

(D) DESCRIPTION OF TRANSACTION: CENTRAL CAROLINA COMMUNITY COLLEGE IS A
MORE AT FOUR SERVICE PROVIDER

(A) NAME OF PERSON: JO SANDERS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE OF FAMILY VIOLENCE & RAPE CRISIS CENTER

(D) DESCRIPTION OF TRANSACTION: FAMILY VIOLENCE & RAPE CRISIS CENTER IS
A DIRECT SERVICE PROVIDER

(A) NAME OF PERSON: DAISY WOMBLE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE OF CHATHAM COUNTY SCHOOLS

(D) DESCRIPTION OF TRANSACTION: CHATHAM COUNTY SCHOOLS IS A MORE AT FOUR
SERVICE PROVIDER

(A) NAME OF PERSON: SANDY COLETTA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER OF CHATHAM FAMILY RESOURCE CENTER

(C) AMOUNT OF TRANSACTION \$ 49019.

(D) DESCRIPTION OF TRANSACTION: CHATHAM FAMILY RESOURCE CENTER IS A
DIRECT SERVICE PROVIDER

(E) SHARING OF ORGANIZATION REVENUES? = NO

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(A) NAME OF PERSON: ARVELIS BYRD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE OF TELAMON CORPORATION (HEAD START)

(C) AMOUNT OF TRANSACTION \$ 143900.

(D) DESCRIPTION OF TRANSACTION: TELAMON HEAD START IS A MORE AT FOUR
SERVICE PROVIDER

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ROBYN ALLGOOD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE/OWNER OF ROBYN'S NEST CREATIVE LEARNING CENTER

(C) AMOUNT OF TRANSACTION \$ 145200.

(D) DESCRIPTION OF TRANSACTION: ROBYN'S NEST CREATIVE LEARNING CENTER IS
A MORE AT FOUR SERVICE PROVIDER

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DOLLY HUFFMAN CLAYTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE OF CHATHAM COUNTY HEALTH DEPARTMENT

(C) AMOUNT OF TRANSACTION \$ 138699.

(D) DESCRIPTION OF TRANSACTION: CHATHAM COUNTY HEALTH DEPARTMENT IS A
DIRECT SERVICE PROVIDER

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: AMY RABB

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(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE OF CHILD CARE NETWORKS

(C) AMOUNT OF TRANSACTION \$ 277629.

(D) DESCRIPTION OF TRANSACTION: CHILD CARE NETWORKS IS A DIRECT SERVICE
PROVIDER

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: VANESSA FARRAR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE OF CHATHAM COUNTY HEALTH DEPARTMENT

(C) AMOUNT OF TRANSACTION \$ 138699.

(D) DESCRIPTION OF TRANSACTION: CHATHAM COUNTY HEALTH DEPARTMENT IS A
DIRECT SERVICE PROVIDER

(E) SHARING OF ORGANIZATION REVENUES? = NO