

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**  
Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change  <input type="checkbox"/> Name change  <input type="checkbox"/> Initial return  <input type="checkbox"/> Final return/terminated  <input type="checkbox"/> Amended return  <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>North Mecklenburg Child Development Association</b>		<b>D</b> Employer identification number <b>56-0891613</b>
	Doing business as		<b>E</b> Telephone number <b>704-892-1228</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO Box 848</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>Davidson NC 28036</b>		<b>G</b> Gross receipts \$ <b>680,310</b>
	<b>F</b> Name and address of principal officer: <b>BRENDA KOLLS</b> <b>PO BOX 848</b> <b>DAVIDSON NC 28036</b>		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3)    501(c) ( ) ◀ (insert no.)    4947(a)(1) or    527		<b>H(a)</b> Is this a group return for subordinates?    Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included?    Yes    No If "No," attach a list. (see instructions)	
<b>J</b> Website: ▶ <b>N/A</b>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation    Trust    Association    Other ▶			<b>L</b> Year of formation:
			<b>M</b> State of legal domicile:

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PRE-SCHOOL EDUCATION &amp; DEVELOPMENT</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>	0	
	<b>4</b>	0	
	<b>5</b>	22	
	<b>6</b>	0	
	<b>7a</b>	0	
	<b>7b</b>	0	
<b>Revenue</b>		Prior Year	Current Year
	<b>8</b> Contributions and grants (Part VIII, line 1h)	198,972	206,777
	<b>9</b> Program service revenue (Part VIII, line 2g)	455,970	473,507
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		26
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	654,942	680,310	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	442,090	472,920
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>160</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	129,008	146,659
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	571,098	619,579
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	83,844	60,731	
<b>Net Assets or Fund Balances</b>		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16)	252,746	327,405
	<b>21</b> Total liabilities (Part X, line 26)	168,651	182,579
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	84,095	144,826	

**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.

<b>Sign Here</b>	Signature of officer	Date <u>2/14/17</u>			
	Type or print name and title <b>BRENDA KOLLS</b> <span style="float: right;"><b>TREASURER</b></span>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Brenda H Pressley, CPA</b>	Preparer's signature 	Date 02/07/17	Check if self-employed <input type="checkbox"/>	PTIN P00237011
	Firm's name ▶ <b>Brenda H. Pressley, CPA, PA</b>	Firm's EIN ▶ <b>03-0436900</b>			
	Firm's address ▶ <b>Davidson, NC 28036-1060</b>	Phone no. <b>704-892-1914</b>			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes  No   
 For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)  
 DAA