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**2008**

Open to Public Inspection

Form **990**

**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.

Department of the Treasury  
Internal Revenue Service

**A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BURKE COUNTY SMART START INC</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 630</b> City or town, state or country, and ZIP + 4 <b>MORGANTON, NC 28680-0630</b>	<b>D</b> Employer identification number <b>56-1852721</b>
	<b>F</b> Name and address of principal officer: <b>JOAN ROVENSTINE</b> <b>304 WEST UNION ST, MORGANTON, NC 28655</b>	<b>E</b> Telephone number <b>828-439-2326</b>
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>G</b> Gross receipts \$ <b>4,442,655.</b>
	<b>J</b> Website: <b>WWW.SMARTSTARTKIDS.ORG</b>	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number
<b>K</b> Type 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>	1 Briefly describe the organization's mission or most significant activities: <b>TO DEVELOP AND PROVIDE, THRU PUBLIC AND PRIVATE MEANS, EARLY CHILDHOOD EDUCATION AND</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	34
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34
	5 Total number of employees (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	37
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,235,712.	4,432,894.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,027.	2,221.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,780.	7,540.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,248,519.	4,442,655.
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,752,191.	1,959,031.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	283,807.	327,657.
	16a Professional fees and salaries (Part IX, column (A), line 11e)		
	16b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	137,366.	2,195,722.	
18 Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	4,173,364.	4,482,410.	
19 Revenue less expenses. Subtract line 18 from line 12	75,155.	-39,755.	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	179,855.	130,663.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,291.	1,854.
		168,564.	128,809.

**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.

Signature of officer: *Joan Rovenstine* Date: *12/15/09*  
**JOAN ROVENSTINE, EXECUTIVE DIRECTOR**  
 Type or print name and title

Preparer's signature: **DONALD D. ISENHOUR** Date: **12/10/09** Check if self-employed   
 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**  
 EIN: **56-1852721** Phone no.: **828-464-2812**

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TO REACH OUT, BRING TOGETHER AND EMPOWER FAMILIES, CHURCHES, SCHOOLS, BUSINESSES, AND GOVERNMENT TO IMPROVE THE LIVES OF YOUNG CHILDREN

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 [X]

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 [X]

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 \$ 688,674. including grants of \$ 688,674. ) (Revenue \$ )

CHILD CARE & EDUCATION AFFORDABILITY - HEAD START EXPANSION EXTENDED THE HEAD START PROGRAM 50 ADDITIONAL DAYS FOR 97 ELIGIBLE CHILDREN. 64% (28 OF 44) CHILDREN PARTICIPATING RETAINED 90% OF SCORING LEVEL. MOBILE PRESCHOOL CLASSROOMS SERVED 435 CHILDREN AT 18 SITES IN BURKE COUNTY PROVIDING EDUCATION. 98.4% OF PARTICIPANT CHILDREN DEMONSTRATED AT LEAST ONE MONTH OF DEVELOPMENTAL GROWTH FOR EVERY CALENDER MONTH OF PARTICIPATION. QUALITY BONUSSES PROVIDED TO 41 CHILD CARE FACILITIES SERVING 476 NON-SUBSIDIZED CHILDREN. 100% OF CHILD CARE FACILITIES RECEIVING QUALITY BONUSSES MAINTAINED OR INCREASED THEIR QUALITY AS MEASURED BY THE STAR LICENSURE RATING.

4b (Code ) (Expenses \$ 2,281,576. including grants of \$ 106,151. ) (Revenue \$ )

MORE AT FOUR - DEVELOPMENT AND IMPLEMENTATION OF MORE AT FOUR PREKINDERGARTEN PROGRAM 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. 470 CHILDREN SERVED IN 37 CLASSROOMS AT 23 SITES LOCATED IN AREA PUBLIC SCHOOLS AND CHILD CARE FACILITIES.

4c (Code ) (Expenses \$ 573,479. including grants of \$ 573,379. ) (Revenue \$ )

CHILD CARE AND EDUCATION QUALITY - CHILD CARE RESOURCE AND REFERRAL SERVICES, SALARY SUPPLEMENTS, AND HEALTH CARE BENEFITS FOR CHILD CARE PROVIDERS TO ENHANCE THE QUALITY OF CHILD CARE FACILITIES. PROFESSIONAL DEVELOPMENT SUPPLEMENTS PAID TO 96 CHILD CARE PROVIDERS ENROLLED IN EARLY CHILDHOOD CLASSES WITH 72% COMPLETING HIGHER LEVELS OF EDUCATION. HEALTH INSURANCE BENEFITS PROVIDED TO 149 CHILD CARE PROVIDERS IN 17 CHILD CARE FACILITIES WITH 72% IN 4 OR 5 STAR FACILITIES PROVIDING HEALTH INSURANCE BY JUNE 30, 2009. A PARENT COUNSELOR PROVIDED SERVICES TO 213 FAMILIES OF CHILDREN BETWEEN THE AGES BIRTH TO FIVE TO ASSIST THEM IN LOCATING AND ACCESSING CHILD CARE RESOURCES BY MAINTAINING A DATABASE OF 70 CHILD CARE FACILITIES. A PROFESSIONAL DEVELOPMENT COORDINATOR PROVIDED INSTRUCTIONAL AND

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

(Expenses \$ 590,982. including grants of \$ 590,827. ) (Revenue \$ )

4e Total program service expenses \$ 4,134,711. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	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? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 <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? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>		X
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		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 U.S.? <i>If "Yes," complete Schedule F, Part I</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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		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 <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>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<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>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<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>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<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>		X
<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>		X
<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>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

**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	7		
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?		X
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	6		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		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?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
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	<b>Section 501(c)(7) organizations.</b> Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

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

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	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?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	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:		
15a	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)		X
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
16b	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: **THE CORPORATION - 828-439-2326**  
**PO BOX 630, MORGANTON, NC 28680-0630**

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

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

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(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			
SCOTT BAKER DIRECTOR	1.00	X					0.	0.	0.	
BILL ALLMAN DIRECTOR	1.00	X					0.	0.	0.	
RICHARD C. AVERY VICE-CHAIR	2.00	X		X			0.	0.	0.	
REV. TIMOTHY HORLDT DIRECTOR	1.00	X					0.	0.	0.	
A. WILSON HAMMER SECRETARY	2.00	X		X			0.	0.	0.	
SHERRY GORDON DIRECTOR	1.00	X					0.	0.	0.	
KELLI CARSON DIRECTOR	1.00	X					0.	0.	0.	
DAVID BURLESON DIRECTOR	1.00	X					0.	0.	0.	
TINA KYES DIRECTOR	1.00	X					0.	0.	0.	
STEVEN B. CORLEY DIRECTOR	1.00	X					0.	0.	0.	
JUDY HAWKINS DIRECTOR	1.00	X					0.	0.	0.	
HELEN HARRIGER DIRECTOR	1.00	X					0.	0.	0.	
JON RIPEY DIRECTOR	1.00	X					0.	0.	0.	
MARY M. SALSBURY DIRECTOR	1.00	X					0.	0.	0.	
KIM LOGAN DIRECTOR	1.00	X					0.	0.	0.	
SUSAN POLLPETER DIRECTOR	1.00	X					0.	0.	0.	
DAVID L. RUST JR. DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(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			
SPRING WILLIAMS-BYRD CHAIR	2.00	X		X				0.	0.	0.
CHUCK SCHLEIN TREASURER	2.00	X		X				0.	0.	0.
DAVID SMITH DIRECTOR	1.00	X						0.	0.	0.
KAREN J. JOHNSON DIRECTOR	1.00	X						0.	0.	0.
JACKIE MCLEAN DIRECTOR	1.00	X						0.	0.	0.
SALLY SANDY DIRECTOR	1.00	X						0.	0.	0.
REV. BRETT HOWELL DIRECTOR	1.00	X						0.	0.	0.
RUTH ANN SUTTLE DIRECTOR	1.00	X						0.	0.	0.
JANET FISHER DIRECTOR	1.00	X						0.	0.	0.
JACK PERRY DIRECTOR	1.00	X						0.	0.	0.
<b>1b Total</b>								<b>63,617.</b>	<b>0.</b>	<b>8,357.</b>

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

	Yes	No
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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
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		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 those in 1) who received more than \$100,000 in compensation from the organization 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII		Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	439,453.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	38,341.				
	g	Noncash contributions included in lines 1a-1f \$						
	h	<b>Total.</b> Add lines 1a-1f			4,432,894.			
Program Service Revenue	2 a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,221.			2,221.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		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					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
		Less: direct expenses	b					
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a	<b>SALES TAX REFUNDS</b>	900099		7,526.	7,526.			
b	<b>OTHER</b>	900099		14.	14.			
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d			7,540.				
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			4,442,655.	7,540.	0.	2,221.	

**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	1,959,031.	1,959,031.		
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	63,617.	9,778.	53,839.	
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	192,363.	38,596.	153,767.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,862.	2,155.	11,707.	
9 Other employee benefits	34,038.	7,707.	26,331.	
10 Payroll taxes	23,777.	4,609.	19,168.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,775.		13,775.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	2,299.	773.	1,526.	
13 Office expenses	22,430.	1,776.	20,654.	
14 Information technology	1,792.		1,792.	
15 Royalties				
16 Occupancy	21,049.		21,049.	
17 Travel	10,821.	3,945.	6,876.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,379.	697.	3,682.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	4,149.	564.	3,585.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>PURCHASE OF SERVICES -</b>	2,101,797.	2,101,797.		
b <b>SALES TAX PAID</b>	6,068.		6,068.	
c <b>COMPUTER EQUIPMENT/PRIN</b>	2,002.	1,202.	800.	
d <b>TRAINING</b>	1,775.	930.	845.	
e <b>OTHER CONTRACTED SERVIC</b>	1,151.	1,151.		
f All other expenses	2,235.		2,235.	
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>4,482,410.</b>	<b>4,134,711.</b>	<b>347,699.</b>	<b>0.</b>
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	
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	143,329.	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	9,479.	4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost basis		10a	
	b	Less: accumulated depreciation. Complete Part VI of Schedule D		10b	
	10c			10c	
	11	Investments - publicly traded securities	27,047.	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)	179,855.	16	130,663.	
Liabilities	17	Accounts payable and accrued expenses	11,291.	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	11,291.	26	1,854.
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	168,564.	27	
	28	Temporarily restricted net assets		28	
	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	<b>Total net assets or fund balances</b>	168,564.	33	128,809.
	34	<b>Total liabilities and net assets/fund balances</b>	179,855.	34	130,663.

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
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?		X
b	If "Yes," did the organization undergo the required audit or audits?		



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3187415.	3387283.	3901472.	4235712.	4432894.	19144776.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	3187415.	3387283.	3901472.	4235712.	4432894.	19144776.
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						19144776.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	3187415.	3387283.	3901472.	4235712.	4432894.	19144776.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,407.	7,372.	11,488.	8,027.	2,221.	32,515.
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.)	1,363.	8,447.	6,044.	4,780.	7,540.	28,174.
11 Total support. Add lines 7 through 10						19205465.

12 Gross receipts from related activities, etc. (see instructions) 12

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 2008 (line 6, column (f) divided by line 11, column (f))	14	99.68 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.54 %

16a 33 1/3% support test - 2008. 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

b 33 1/3% support test - 2007. 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

17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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)						

**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

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

**2008**

Open to Public Inspection

Name of the organization

**BURKE COUNTY SMART START INC**

Employer identification number

**56-1852721**

**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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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.

- Purpose(s) of conservation easements held by the organization (check all that apply).
 

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a-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 Year
2a	
2b	
2c	
2d	
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?  Yes  No
- Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_
- 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
- 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.

- If the organization elected, as permitted under SFAS 116, 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
- If the organization elected, as permitted under SFAS 116, 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	▶ \$ _____
- 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 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 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
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 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 Trust, Escrow and Custodial Arrangements.** Complete if 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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if 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
1a Beginning of year balance	27,047.				
b Contributions					
c Investment earnings or losses	872.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	27,919.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  100.00 %
  - 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:
- |  | Yes | No |
|--|-----|----|
| (i) unrelated organizations  | X   |    |
| (ii) related organizations   |     | X  |
| b If "Yes" to 3a(i), 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 Investments - 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) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) 0.



<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	4,442,655.
2	Total expenses (Form 990, Part IX, column (A), line 25)	4,482,410.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-39,755.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-39,755.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	4,442,655.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e 0.
3	Subtract line 2e from line 1	3 4,442,655.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c 0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5 4,442,655.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	4,482,410.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Losses reported on Form 990, Part IX, line 25	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e 0.
3	Subtract line 2e from line 1	3 4,482,410.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c 0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5 4,482,410.

**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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART V, LINE 4: THE ENDOWMENT'S PURPOSE IS TO ALLOW CONTINUANCE OF PROGRAMS IN THE EVENT OF REVENUE AND SUPPORT DEFICIENCIES.**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

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

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Name of the organization

**BURKE COUNTY SMART START INC**

Employer identification number  
**56-1852721**

**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" on 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
BURKE COUNTY HEALTH DEPARTMENT 700 E. PARKER RD MORGANTON, NC 28655	56-6000280		84,592.	0.			HEALTH SCREENINGS AND BREAST FEEDING SUPPORT
CHILD CARE CONNECTIONS OF BURKE COUNTY INC - 304 WEST UNION ST - MORGANTON, NC 28655	58-2222983	501(C)(3)	884,442.	0.			CHILD CARE RESOURCE & REFERRAL; PROFESSIONAL DEVELOPMENT; CHILD CARE QUALITY; PARENT
BURKE COUNTY PUBLIC SCHOOL 700 EAST PARKER RD MORGANTON, NC 28680	56-0935935		610,757.	64,173.	PURCHASED COST	EDUCATIONAL SUPPLIES & MATERIALS	PARENT EDUCATION, MOBILE PRE-SCHOOL CLASSROOM & FAMILY LITERACY
WESTERN PIEDMONT COMMUNITY COLLEGE 1001 BURKEMONT AVE MORGANTON, NC 28655	56-0816544		49,098.	0.			PROFESSIONAL DEVELOPMENT - EDUCATION ENHANCEMENT FOR CHILD CARE PROVIDERS
BURKE COUNTY LITERACY COUNCIL INC 300 N. GREEN STREET, #204 MORGANTON, NC 28655	58-1814596	501(C)(3)	33,166.	0.			FAMILY LITERACY PROGRAM - EARLY CHILDHOOD EDUCATION HEALTHY FAMILIES - IN HOME ASSESSMENT, SERVICES & SUPPORT FOR CHILD HEALTH & WELL BEING
APPALACHIAN FAMILY INNOVATIONS 203 AVERY AVE MORGANTON, NC 28655	56-1176030		67,730.	0.			

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

**3** Enter total number of other organizations

▶ **7.**  
▶ **2.**

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

Schedule I (Form 990) 2008

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**  
**21**

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use 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

**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: THE PARTNERSHIP PROVIDES ONGOING MONITORING FOR EACH GRANT ACTIVITY THROUGHOUT THE FISCAL YEAR ON A MONTHLY BASIS VIA REQUIRED DOCUMENTATION FORWARDED TO THE PARTNERSHIP OFFICE EACH MONTH. FINANCIAL, PROGRAM MATCH, AND PROGRAMMATIC DATA ARE COLLECTED AND REVIEWED BY STAFF; THIS INFORMATION IS COMPILED QUARTERLY AND REVIEWED BY THE BOARD. THE PARTNERSHIP STAFF ALSO PROVIDES ON-SITE FINANCIAL AND PROGRAMMATIC MONITORING AT LEAST ANNUALLY. A STANDARD MONITORING INSTRUMENT FOR PROGRAM (GRANT) EVALUATION IS USED AND THE RESULTS ARE PRESENTED TO THE BOARD. THIS DOCUMENT IS USED IN PARTNERSHIP ANNUAL PLAN MEETINGS AND THE PERFORMANCE OF

Name of the organization

**BURKE COUNTY SMART START INC**

Employer identification number  
**56-1852721**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BLUE RIDGE COMMUNITY ACTI 800 NORTH GREEN STREET MORGANTON, NC 28655	56-0855390	501(C)(3)	86,567.	1,407.	PURCHASED COST	EDUCATIONAL MATERIALS & SUPPLIES	HEAD START EXPANSION - PART DAY CHILD CARE PROGRAM; CHILD NUTRITION
THE ENOLA GROUP INC PO BOX 250 MORGANTON, NC 28680	56-1270967	501(C)(3)	50,028.	0.			SPECIAL NEEDS; EARLY INTERVENTION/SPEICAL EDUCATION FOR SPECIAL NEEDS CHILDREN
CREATIVE BEGINNINGS CHILD DEVELOPMENT CENTER LLC	56-2145605		0.	6,255.	PURCHASED COST	EDUCATIONAL MATERIALS & SUPPLIES	MORE AT FOUR NON CASH QUALITY EDUCATIONAL MATERIALS & TEACHING AIDS

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

**3** Enter total number of other organizations

**Part IV Supplemental Information**

THE GRANT IS EVALUATED PRIOR TO ACTIVITY REVIEW AND BID SELECTION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

CHILD CARE CONNECTIONS OF BURKE COUNTY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILD CARE RESOURCE & REFERRAL;

PROFESSIONAL DEVELOPMENT; CHILD CARE QUALITY; PARENT EDUCATION; CHILD

MENTAL HEALTH CONSULTANTS



**SCHEDULE L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, lines 38a or 40b.

**2008**  
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Name of the organization **BURKE COUNTY SMART START INC** Employer identification number **56-1852721**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

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.**  
To be completed by organizations that 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
<b>Total</b>				▶	\$					

**Part III Grants or Assistance Benefiting Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 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
<b>CHUCK SCHLEIN</b>	<b>BOARD MEMBER OF BLU</b>	<b>87,974.</b>	<b>BLUE RIDGE</b>		<b>X</b>
<b>A. WILSON HAMER</b>	<b>EXECUTIVE DIRECTOR</b>	<b>117,958.</b>	<b>CHILD DEVEL</b>		<b>X</b>
<b>TINA KYES</b>	<b>KEY EMPLOYEE OF BLU</b>	<b>87,974.</b>	<b>BLUE RIDGE</b>		<b>X</b>
<b>SUSAN POLLPETER</b>	<b>KEY EMPLOYEE OF BUR</b>	<b>674,930.</b>	<b>BURKE COUNT</b>		<b>X</b>
<b>DAVID RUST, JR</b>	<b>KEY EMPLOYEE OF BUR</b>	<b>84,592.</b>	<b>BURKE COUNT</b>		<b>X</b>
<b>BILL ALLMAN</b>	<b>TRUSTEE OF WESTERN</b>	<b>133,690.</b>	<b>WESTERN PIE</b>		<b>X</b>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

**BURKE COUNTY SMART START INC**

Employer identification number

**56-1852721**

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

**DEVELOPMENTAL SERVICES FOR CHILDREN AND FAMILIES.**

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

**PROFESSIONAL DEVELOPMENT SERVICES TO EARLY CHILDHOOD EDUCATION STUDENTS**

**IN ORDER TO INCREASE THE LEVEL OF FORMAL EDUCATION. 32% OF EMPLOYED**

**CHILD CARE TEACHERS WHO ATTENDED A SESSION WILL ENROLL IN THE ECE**

**PROGRAM.**

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

**HEALTH & SAFETY - PRENATAL/ NEWBORN SERVICES, CHILD CARE HEALTH**

**CONSULTANTS, SPECIAL NEEDS - EARLY INTERVENTION/SPECIAL EDUCATION AND**

**INTENSIVE HOME VISITING FOR HEALTHY CHILDRENS DEVELOPMENT.**

**EXPENSES \$ 300279. INCLUDING GRANTS OF \$ 300124. REVENUE \$ 0.**

**FAMILY SUPPORT - PARENT/CHILD LITERACY, PARENTING AND CHILD DEVELOPMENT**

**EDUCATION. INCLUDING IN-HOME VISITS USING THE PARENTS AS TEACHERS BORN**

**TO LEARN CURRICULUM; INTERACTIVE PARENT AND CHILD LITERACY ACTIVITIES**

**SERVING 42 CHILDREN; 229 FAMILIES SERVED THRU FAMILY LITERACY PROGRAM.**

**EXPENSES \$ 290703. INCLUDING GRANTS OF \$ 290703. REVENUE \$ 0.**

**FORM 990, PART VI, SECTION A, LINE 10: THE 990 IS REVIEWED THE EXECUTIVE**

**DIRECTOR AND FINANCE COORDINATOR. UPON COMPLETION OF EXECUTIVE DIRECTOR**

**AND FINANCIAL COORDINATOR, EXECUTIVE COMMITTEE REVIEWS AND MAKES MOTION TO**

**THE FULL BOARD TO APPROVE AS PREPARED. COPIES ARE MADE AVAILABLE TO BOARD**

**MEMBERS. UPON BOARD APPROVAL, EXECUTIVE DIRECTOR SIGNS AND FILES THE FORM**

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

BURKE COUNTY SMART START INC

Employer identification number

56-1852721

990 WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: A BOARD COMPOSITION SHEET IS PREPARED FROM THE INDIVIDUAL CONFLICT OF INTEREST SIGNED STATEMENTS. THIS SHEET IS USED AT EACH BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE SET A SALARY RANGE BASED UPON THE CURRENT SALARY SCALE OF STATE EMPLOYEES IN SIMILAR POSITIONS. SEVERAL STATE PERSONNEL OFFICES CONTACTED. ANNUAL REVIEW CONDUCTED BY EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19: ORGANIZATION MAINTAINS A PUBLIC DISCLOSE FILE FOLDER THAT IT UPDATES ANNUALLY. THE FILE FOLDER IS AVAILABLE TO ANYONE WHO MAKES A REQUEST TO VIEW ITS CONTENTS.

**PART XI FINANCIAL STATEMENT REPORTING**

THE ACCOUNTING METHOD USED BY THE ORGANIZATION IS THE MODIFIED CASH BASIS AS REQUIRED BY NC GENERAL STATUTE SECTIONS 143B - 168.10 THROUGH 143-B - 168.16.

THE ORGANIZATION'S MAJOR SOURCE OF SUPPORT IS FROM THE STATE OF NORTH CAROLINA BASED ON COST-REIMBURSEMENT CONTRACTS WITH THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC (NCPC) FOR THE SMART START PROGRAM. THE PROGRAM REQUIREMENTS ARE DEFINED IN NC'S EARLY CHILDHOOD LEGISLATION. NCPC CONTRACTS WITH AUDIT FIRMS TO CONDUCT THE AUDITS AS REQUIRED BY NC GENERAL STATUTES.

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

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**2008**  
Open to Public  
Inspection

Name of the organization

**BURKE COUNTY SMART START INC**

Employer identification number

**56-1852721**

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

**(A) NAME OF PERSON: CHUCK SCHLEIN**

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

**BOARD MEMBER OF BLUE RIDGE COMMUNITY ACTION**

**(D) DESCRIPTION OF TRANSACTION: BLUE RIDGE COMMUNITY ACTION IS A DIRECT SERVICE PROVIDER/GRANTEE**

**(A) NAME OF PERSON: A. WILSON HAMER**

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

**EXECUTIVE DIRECTOR OF CHILDREN'S DEVELOPMENTAL SERVICES AGENCY**

**(D) DESCRIPTION OF TRANSACTION: CHILD DEVELOPMENTAL SERVICES AGENCY**

**RECEIVES FUNDING FROM APPALACHIAN FAMILY INNOVATIONS & THE ENOLA GROUP INC WHO ARE DIRECT SERVICE PROVIDERS/GRANTEES**

**(A) NAME OF PERSON: TINA KYES**

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

**KEY EMPLOYEE OF BLUE RIDGE COMMUNITY ACTION**

**(D) DESCRIPTION OF TRANSACTION: BLUE RIDGE COMMUNITY ACTION IS A DIRECT SERVICE PROVIDER/GRANTEE**

**(A) NAME OF PERSON: SUSAN POLLPETER**

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

**KEY EMPLOYEE OF BURKE COUNTY SCHOOLS**

**(D) DESCRIPTION OF TRANSACTION: BURKE COUNTY PUBLIC SCHOOLS IS A DIRECT**

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2008**

Open to Public Inspection

Name of the organization

**BURKE COUNTY SMART START INC**

Employer identification number

**56-1852721**

**SERVICE PROVIDER/GRANTEE**

**(A) NAME OF PERSON: DAVID RUST, JR**

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

**KEY EMPLOYEE OF BURKE COUNTY HEALTH DEPARTMENT**

**(D) DESCRIPTION OF TRANSACTION: BURKE COUNTY HEALTH DEPARTMENT IS A DIRECT SERVICE PROVIDER/GRANTEE**

**(A) NAME OF PERSON: BILL ALLMAN**

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

**TRUSTEE OF WESTERN PIEDMONT COMMUNITY COLLEGE & BOARD MEMBER OF BURKE CO HD**

**(D) DESCRIPTION OF TRANSACTION: WESTERN PIEDMONT COMMUNITY COLLEGE & BURKE COUNTY HEALTH DEPARTMENT ARE DIRECT SERVICE PROVIDERS/GRANTEES**

**(A) NAME OF PERSON: TIM BUFF**

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

**BURKE COUNTY BOARD OF EDUCATION MEMBER**

**(C) AMOUNT OF TRANSACTION \$ 674930.**

**(D) DESCRIPTION OF TRANSACTION: BURKE COUNTY BOARD OF EDUCATION HAS OVERSITE OF BURKE COUNTY PUBLIC SCHOOLS WHO ARE A DIRECT SERVICE PROVIDER/GRANTEE**

**(E) SHARING OF ORGANIZATION REVENUES? = NO**

**(A) NAME OF PERSON: DAVID BURLESON**

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

**KEY EMPLOYEE OF BURKE COUNTY PUBLIC SCHOOLS**

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

Schedule O (Form 990) 2008

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**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No 1545-0047

**2008**

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Inspection

Name of the organization

**BURKE COUNTY SMART START INC**

Employer identification number

**56-1852721**

**(C) AMOUNT OF TRANSACTION \$ 674930.**

**(D) DESCRIPTION OF TRANSACTION: BURKE COUNTY PUBLIC SCHOOLS IS A DIRECT SERVICE PROVIDER/GRANTEE**

**(E) SHARING OF ORGANIZATION REVENUES? = NO**

**(A) NAME OF PERSON: JANET FISHER**

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

**KEY EMPLOYEE OF WESTERN PIEDMONT COMMUNITY COLLEGE**

**(C) AMOUNT OF TRANSACTION \$ 49098.**

**(D) DESCRIPTION OF TRANSACTION: WESTERN PIEDMONT COMMUNITY COLLEGE IS A DIRECT SERVICE PROVIDER/GRANTEE**

**(E) SHARING OF ORGANIZATION REVENUES? = NO**

**(A) NAME OF PERSON: RICK LEISSNER**

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

**KEY EMPLOYEE OF CHILD CARE CONNECTIONS OF BURKE COUNTY INC**

**(C) AMOUNT OF TRANSACTION \$ 884442.**

**(D) DESCRIPTION OF TRANSACTION: CHILD CARE CONNECTIONS OF BURKE COUNTY INC IS A DIRECT SERVICE PROVIDER/GRANTEE**

**(E) SHARING OF ORGANIZATION REVENUES? = NO**

**(A) NAME OF PERSON: JACKIE MCLEAN**

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

**KEY EMPLOYEE OF BURKE COUNTY HEALTH DEPARTMENT**

**(C) AMOUNT OF TRANSACTION \$ 84592.**

**(D) DESCRIPTION OF TRANSACTION: BURKE COUNTY HEALTH DEPARTMENT IS A**

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2008**  
Open to Public Inspection

Name of the organization BURKE COUNTY SMART START INC Employer identification number 56-1852721

DIRECT SERVICE PROVIDER/GRANTEE

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SHERRY GORDON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE OF BURKE COUNTY HEALTH DEPARTMENT

(C) AMOUNT OF TRANSACTION \$ 84592.

(D) DESCRIPTION OF TRANSACTION: BURKE COUNTY HEALTH DEPARTMENT IS A

DIRECT SERVICE PROVIDER/GRANTEE

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

Type or print  File by the due date for filing your return See instructions	Name of Exempt Organization <b>BURKE COUNTY SMART START INC</b>	Employer identification number <b>56-1852721</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>MAST, EVANS &amp; ISENHOUR LLP PO BOX 1029</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CONOVER NC 28613</b>	

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

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

### THE CORPORATION

- The books are in the care of ► **PO BOX 630 - MORGANTON, NC 28680-0630**  
Telephone No. ► **828-439-2326** FAX No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year \_\_\_\_\_ or

►  tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

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

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

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