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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
SMART START OF FORSYTH COUNTY

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
7820 NORTH POINT BLVD. 200

City or town, state or country, and ZIP + 4
WINSTON-SALEM, NC 27106

D Employer identification number
56-1899564

E Telephone number
336.725.6011

G Gross receipts $ 9,580,673.

F Name and address of principal officer: CHARLES W. KRAFT
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.SMARTSTART-FC.ORG

H(c) Group exemption number ▶

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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: TO PREPARE ALL YOUNG CHILDREN FOR SCHOOL AND LIFE-LONG SUCCESS THROUGH COMMUNITY PARTNERSHIPS.		
2	Check this box ▶ ☐ 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	32
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	34
6	Total number of volunteers (estimate if necessary)	6	200
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,997,830.	9,554,881.
9	Program service revenue (Part VIII, line 2g)		3,754.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,496.	1,491.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,848.	20,547.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,034,174.	9,580,673.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,142,151.	6,863,850.
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)	1,362,443.	1,414,425.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,480,678.	1,213,073.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,985,272.	9,491,348.
19	Revenue less expenses Subtract line 18 from line 12	48,902.	89,325.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	218,866.	295,863.
21	Total liabilities (Part X, line 26)	12,529.	201.
22	Net assets or fund balances. Subtract line 21 from line 20	206,337.	295,662.

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 — Date: 1-12-2010

CHARLES W. KRAFT, EXECUTIVE DIRECTOR
Type or print name and title

JAN 21 2010 SCANNED

Paid Preparer's Use Only

Preparer's signature	Jane R Potts	Date 1/11/10	Check if self-employed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	BUTLER & BURKE, L.L.P. 100 CLUB OAKS COURT, SUITE A WINSTON-SALEM, NC 27104		EIN ▶	Phone no. ▶ (336)768-2310

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

G15-16 17

Part III Statement of Program Service Accomplishments (see instructions)

1. Briefly describe the organization's mission. SEE SCHEDULE O FOR CONTINUATION
THE ORGANIZATION DEVELOPS A LONG-RANGE PLAN OF SERVICES TO PROVIDE BENEFITS TO PARENTS AND THEIR CHILDREN BIRTH TO PRE-K AND WORKS WITH THE STATE OF NORTH CAROLINA TO IDENTIFY AGENCIES TO RECEIVE THE FUNDS TO ACHIEVE THE GOALS. DURING THE 08/09 FISCAL YEAR SEVERAL AGENICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 4,587,992. including grants of $ 3,493,006.) (Revenue $ 4,703,200.)
THE MORE AT FOUR PROGRAM IS A HIGH QUALITY PRE-K PROGRAM THAT SERVES CHILDREN WHO ARE AT RISK AND PREPARES THEM FOR SUCCESS IN SCHOOL. PRE-KINDERGARTEN IS A RESEARCH-PROVEN STRATEGY FOR SCHOOL READINESS. THIS PROGRAM SERVED OVER 700 CHILDREN IN PUBLIC ELEMENTARY SCHOOLS, HEAD START PROGRAMS, NON-PROFIT CHILD CARE CENTERS AND FOR-PROFIT CHILD CARE CENTERS.

4b (Code:) (Expenses $ 1,044,461. including grants of $) (Revenue $ 1,044,461.)
CHILD CARE SUBSIDIES PROVIDE CHILD CARE ASSISTANCE TO QUALIFYING FAMILIES LIVING OR WORKING IN FORSYTH COUNTY (NC) WHO INCUR CHILD CARE COSTS IN LICENSED AND/OR REGISTERED FACILITIES. OVER 400 CHILDREN RECEIVED SUBSIDIES FOR CHILD CARE IN 3, 4 OR 5 STAR EARLY CHILDHOOD PROGRAMS.

4c (Code:) (Expenses $ 1,089,395. including grants of $ 358,552.) (Revenue $ 1,089,395.)
SMART START OF FORSYTH COUNTY TECHNICAL ASSISTANCE SERVICES PROVIDE: CLASSROOM AND MANAGEMENT CONSULTATION, CURRICULUM ENHANCEMENT MATERIALS, RESOURCES, ACTIVITIES, AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES INCLUDING WORKSHOPS. QUALITY IMPROVEMENT SERVED APPROXIMATELY 20 ELIGIBLE TEMPORARY 1, 2, 3 STAR AND FAITH-BASED CENTERS IN FORSYTH COUNTY ENHANCING CLASSROOM QUALITY THROUGH TECHNICAL ASSISTANCE AND ENVIRONMENT RATING SCALES ASSESSMENTS. TECHNICAL ASSISTANCE SERVICES INCLUDE A QUALITY MAINTENANCE COMPONENT WHICH OFFERS CASH AWARDS TO ELIGIBLE 4 AND 5 STAR CENTERS AND HOMES IN FORSYTH COUNTY.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 2,273,249. including grants of $ 3,012,292.) (Revenue $ 2,743,617.)

4e **Total program service expenses** ▶ $ 8,995,097. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		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*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	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? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S.?	14a		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.? *If "Yes," complete Schedule F, Part I*	14b		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*	15		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*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23		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 questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		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*	26		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? *If "Yes," complete Schedule L, Part III*	27		X

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

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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*	33		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*	34	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*	35		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*	36		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*	37		X

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	420		
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		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	34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			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 provide goods or services in exchange for any quid pro quo contribution of more than $75?	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			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter: 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	**Section 501(c)(12) organizations.** 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	**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 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

			Yes	No
	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.			
1a	Enter the number of voting members of the governing body 1a 32			
b	Enter the number of voting members that are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		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?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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?	15a	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b		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?	16a		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?	16b		

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 ▶

MICHELLE R. MALCOM - 336.714.4341

7820 NORTH POINT BLVD. STE 200, WINSTON-SALEM, NC 27106-3299

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			
FRANK AHTING DIRECTOR	1.00	X						0.	0.	0.
BEAUFORT BAILEY DIRECTOR	1.00	X						0.	0.	0.
CURTIS BLAND TREASURER	2.00	X		X				0.	0.	0.
APRIL BROADWAY DIRECTOR	1.00	X						0.	0.	0.
CHARLENE DAVIS DIRECTOR	1.00	X						0.	0.	0.
DR. PAMELA DOCKERY-HOWAR DIRECTOR	1.00	X						0.	0.	0.
ROBERT DONNAN BOARD CHAIR	2.00	X		X				0.	0.	0.
TIM MONROE DIRECTOR	1.00	X						0.	0.	0.
DAVID FERGUSSON DIRECTOR	1.00	X						0.	0.	0.
LYNETTE FULLER-ANDREWS DIRECTOR	1.00	X						0.	0.	0.
MARILYN GILLIAM DIRECTOR	1.00	X						0.	0.	0.
MELINDA HARTLEY SECRETARY	1.00	X		X				0.	0.	0.
RENEE PHILLIPS DIRECTOR	1.00	X						0.	0.	0.
KATURA JACKSON DIRECTOR	1.00	X						0.	0.	0.
MICHAEL JOYCE DIRECTOR	1.00	X						0.	0.	0.
CAROL KIRBY DIRECTOR	1.00	X						0.	0.	0.
DENNETTE LABOY DIRECTOR	1.00	X						4,464.	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			
PENNY LATHAM DIRECTOR	1.00	X						0.	0.	0.
JOEL LEANDER DIRECTOR	1.00	X						0.	0.	0.
TANA MARTINEZ DIRECTOR	1.00	X						0.	0.	0.
REV. EFFIE MCCLAIN DIRECTOR	1.00	X						0.	0.	0.
JOHN MCPHERSON DIRECTOR	1.00	X						0.	0.	0.
RODESSA MITCHELL DIRECTOR	1.00	X						0.	0.	0.
JOANIE OLIPHANT DIRECTOR	1.00	X						0.	0.	0.
DR. MONICA RIVERS DIRECTOR	1.00	X						0.	0.	0.
DAMON SANDERS-PRATT ASST. TREASURER	1.00	X		X				0.	0.	0.
KARATHA SCOTT DIRECTOR	1.00	X						1,300.	0.	0.
1b Total						▶		94,779.	0.	9,992.

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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	9,530,109.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	24,772.			
	g Noncash contributions included in lines 1a-1f $ 1,400.					
	h **Total.** Add lines 1a-1f	▶	9554881.			
Program Service Revenue		Business Code				
	2a PROVIDER SERVICE FEES	900099	3,754.	3,754.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	3,754.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	1,491.			1,491.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less. direct expenses b					
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a REFUND OF SALES TAX	900099	20,228.	20,228.		
	b PROVIDER SERVICES FEES	900099	319.	319.		
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶	20,547.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	9580673.	24,301.	0.	1,491.

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	6,863,850.	6,863,850.		
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	101,497.	2,927.	98,570.	
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	1,049,423.	821,699.	227,724.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	60,342.	47,186.	13,156.	
9 Other employee benefits	114,348.	89,542.	24,806.	
10 Payroll taxes	88,815.	64,231.	24,584.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	2,569.		2,569.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	7,703.	7,333.	370.	
13 Office expenses	95,139.	83,232.	11,907.	
14 Information technology				
15 Royalties				
16 Occupancy	180,851.	139,146.	41,705.	
17 Travel	23,969.	19,617.	4,352.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,198.	11,010.	7,188.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	4,027.		4,027.	
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 CONTRACTED SERVICES	805,383.	796,439.	8,944.	
b EMPLOYEE TRAINING	26,083.	23,134.	2,949.	
c CAPITAL OUTLAY	21,526.	20,126.	1,400.	
d SALES AND USE TAXES	17,769.		17,769.	
e DUES AND SUBSCRIPTIONS	9,856.	5,625.	4,231.	
f All other expenses				
25 **Total functional expenses** Add lines 1 through 24f	9,491,348.	8,995,097.	496,251.	0.
26 **Joint Costs.** Check here ▶ ☐ 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	217,648.	1	295,863.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		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	
	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	1,218.	15	0.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	218,866.	16	295,863.
Liabilities	17	Accounts payable and accrued expenses		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	12,529.	25	201.
	26	**Total liabilities.** Add lines 17 through 25	12,529.	26	201.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	178,335.	27	272,511.
	28	Temporarily restricted net assets	28,002.	28	23,151.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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	206,337.	33	295,662.
	34	Total liabilities and net assets/fund balances	218,866.	34	295,863.

Part XI Financial Statements and Reporting

			Yes	No
1		Accounting method used to prepare the Form 990: [X] Cash [ ] Accrual [ ] 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?		
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?		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

SMART START OF FORSYTH COUNTY

Employer identification number

56-1899564

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

The organization is not a private foundation because it is (Please check only **one** organization.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state. _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(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?		

11g(i)	
11g(ii)	
11g(iii)	

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,413,694.	7,963,399.	8,217,049.	8,997,830.	9,558,635.	42,150,607.
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	7,413,694.	7,963,399.	8,217,049.	8,997,830.	9,558,635.	42,150,607.
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						42,150,607.

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	7,413,694.	7,963,399.	8,217,049.	8,997,830.	9,558,635.	42,150,607.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,198.	25,951.	33,200.	16,496.	1,491.	89,336.
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.)	22,328.	26,880.	19,927.	19,848.	20,547.	109,530.
11 **Total support.** Add lines 7 through 10						42,349,473.

12 Gross receipts from related activities, etc. (see instructions)	12	2,035.

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	99.53 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.46 %

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

SMART START OF FORSYTH COUNTY

Employer identification number

56-1899564

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? ☐ Yes ☐ 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? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _____

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 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					
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

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

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

		Yes	No
(i)	unrelated organizations	3a(i)	
(ii)	related organizations	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	

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

(a) Description of liability	(b) Amount
Federal income taxes	
HEALTH INSURANCE PREMIUM WITHHELD NOT YET PAID	201.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶	201.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
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	
3	Subtract line **2e** from line **1**			3	
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	
5	Total revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
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	
3	Subtract line **2e** from line **1**			3	
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	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

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.

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
SMART START OF FORSYTH COUNTY

Employer identification number
56-1899564

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? [X] 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
A BETTER WORLD 1715 BREWER ROAD WINSTONSALEM, NC 27127	56-2119319		23,962.	0.			CC SUBSIDIES
A CHILD'S WORLD 1290 HARTMON DRIVE WINSTONSALEM, NC 27127	56-1784661		119,551.	0.			CC SUBSIDIES & QM
BETHLEHEM COMM CENTER 520 N. CLEVELAND AVENUE WINSTONSALEM, NC	56-0543242	501(C)(3)	276,110.	0.			CC SUB, QM & MAF
CATHOLIC SOCIAL SERVICES 1123 S. CHURCH STREET CHARLOTTE, NC	56-1058954	501(C)(3)	69,522.	0.			FAMILY SUPPORT
CENTENARY CHILD CARE CENTER 646 W. 5TH STREET WINSTONSALEM, NC 27101	56-0552783	501(C)(3)	12,663.	0.			CC SUBSIDIES
CHILDREN'S CHOICE CHILD CARE 200 LOCKLAND AVENUE WINSTONSALEM, NC 27103	62-1734015		43,815.	0.			CC SUB & QM

2 Enter total number of section 501(c)(3) and government organizations ▶ 29.

3 Enter total number of other organizations ▶ 27.

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
	0	0.	0.		

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: SMART START OF FORSYTH COUNTY IS RESPONSIBLE FOR MONITORING ITS FUNDED PROGRAMS TO ENSURE ACCOUNTABILITY OF FUNDS AND COMPLIANCE WITH CONTRACT REQUIREMENTS. BOTH THE SSFC AND MORE AT FOUR PROGRAMS ARE MONITORED ANNUALLY. SSFC MONITORS SMART START AND MORE AT FOUR FUNDED PROGRAMS BY REVIEWING PROGRAM AND FISCAL REPORTING THROUGHOUT THE YEAR. MONITORING SITE VISITS INCLUDE A REVIEW OF COMPLIANCE WITH CONTRACT ACTIVITY DESCRIPTION, DOCUMENTATION OF EVALUATION, COMPLIANCE WITH GRANTS MANAGEMENT, FINANCIAL STATUS REPORTS, CASH RECEIPTS, CASH DISBURSEMENTS, COMPETITIVE BIDDING, CASH AND IN-KIND CONTRIBUTIONS AND

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
SMART START OF FORSYTH COUNTY

Employer identification number
56-1899564

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
CHURCH CHILD CARE 400 POINDEXTER STREET WALKERTOWN, NC	04-3793052		124,993.	0.			CC SUB & MAF
CLEMMONS MORAVIAN 3560 SPANGENBURG AVENUE WINSTONSALEM, NC	56-1722489	501(C)(3)	14,999.	0.			QUALITY MAINT.
COUNTRY CLUB LEARNING CENTER 3842 COUNTRY CLUB ROAD WINSTONSALEM, NC	56-2032837		25,085.	0.			CC SUBSIDIES
CREATIVE LEARNING CENTER 1828 CHANEL STREET WINSTONSALEM, NC	56-1084168		28,790.	0.			CC SUBSIDIES
DOWNTOWN HEALTH PLAZA 1200 MARTIN LUTHER KING DRIVE WINSTONSALEM, NC	56-0552787	501(C)(3)	97,000.	0.			HISPANIC INTERP.
EPHESUS LEARNING CENTER 1225 N. CLEVELAND AVENUE WINSTONSALEM, NC	56-2095749	501(C)(3)	5,876.	0.			CC SUBSIDIES
EPIPHANY EARLY CHILDHOOD CENTER 5200 SILAS CREEK PARKWAY WINSTONSALEM, NC 27105	56-1029743	501(C)(3)	11,000.	0.			QUALITY MAINT.
EXCHANGE SCAN 500 W. NORTHWEST BLVD WINSTONSALEM, NC 27105	58-1443692	501(C)(3)	46,977.	0.			FAMILY SUPPORT

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

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
SMART START OF FORSYTH COUNTY

Employer identification number
56-1899564

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
FAMILY SERVICES 1200 S. BROAD STREET WINSTONSALEM, NC 27101	56-0689235	501(C)(3)	357,615.	0.			MORE AT FOUR & QM
FIST BAPTIST CHILD CARE PO BOX 670 RURAL HALL, NC 27045	56-1606583	501(C)(3)	5,342.	0.			CC SUBSIDIES
FIRST BAPTIST CHILD DEVELOPMENT 401 OAKHURST STREET KERNERSVILLE, NC 27045	56-0599227	501(C)(3)	9,000.	0.			CC SUBSIDIES AND QM
FORSYTH COUNTY HEALTH DEPARTMENT 201 N. CHESTNUT STREET WINSTONSALEM, NC 27101	56-6000450	501(C)(3)	102,726.	0.			DENTAL HEALTH PROGRAM
FORSYTH TECHNICAL COMMUNITY COLLEGE - 2100 SILAS CREEK PARKWAY - WINSTONSALEM, NC 27103	56-0792614	501(C)(3)	89,626.	24,002.	ACTUAL COST	BOOKS AND TUITION	PROFESSIONAL DEVELOPMENT
FUTURE YOUNG SCHOLARS 1398 JONESTOWN ROAD WINSTONSALEM, NC 27103	75-3125988		8,306.	0.			CC SUBSIDIES
GENERATIONS CHILD CARE PO BOX 133 PFAFFTOWN, NC 27040	56-2053461		17,991.	0.			CC SUBSIDIES
GOODWILL INDUSTRIES PO BOX 4299 WINSTONSALEM, NC 27115	56-0588474	501(C)(3)	19,707.	0.			FAMILY SUPPORT

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

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
SMART START OF FORSYTH COUNTY

Employer identification number
56-1899564

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
GUYS & DOLLS 220 TERRACE AVENUE WINSTONSALEM, NC 27101	56-2149175		5,443.	0.			CC SUBSIDIES
HIGHER LEARNING II 3011 S. STRATFORD ROAD WINSTONSALEM, NC 27103	56-2113874		5,990.	0.			CC SUBSIDIES
HOLY CROSS CD 616 S. CHERRY STREET KERNERSVILLE, NC 27284	56-1280841	501(C)(3)	9,000.	0.			QUALITY MAINT.
IMMANUEL BAPTIST 1505 LEWISVILLE0-CLEMMONS ROAD WINSTONSALEM, NC	56-0992009	501(C)(3)	6,660.	0.			CC SUBSIDIES
IMPRINTS 502 N. BROAD STREET WINSTONSALEM, NC 27101	56-0949178	501(C)(3)	418,975.	0.			FAMILY SUPPORT
KJ'S KIDDIELAND 1715 BREWER ROAD WINSTONSALEM, NC 27127	56-1768762		21,530.	0.			CC SUBSIDIES
LA PETITE ACADEMY 2011 BETHABARA ROAD WINSTONSALEM, NC 27106	43-1243221		233,423.	8,688.	ACTUAL COST	CLASSROOM SUPPLIES	CC SUB, MAF & QM
LITTLE RED SCHOOLHOUSE 2842 OLD GREENSBORO ROAD WINSTONSALEM, NC 27101	56-1902571		8,749.	0.			CC SUBSIDIES & QM

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

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
SMART START OF FORSYTH COUNTY

Employer identification number
56-1899564

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
MT ZION CHILD DEVELOPMENT 950 FILE STREET WINSTONSALEM, NC 27101	56-0735465	501(C)(3)	1,987.	3,664.	ACTUAL COST	CLASSROOM SUPPLIES	CC SUBSIDIES & QM
NC COOPERATIVE EXTENSION 201 N. CHESTNUT STREET WINSTONSALEM, NC 27101	56-6000450	501(C)(3)	75,182.	0.			FAMILY SUPPORT
NEW HORIZON'S CHILD CARE 6395 CEPHIS DRIVE CLEMMONS, NC 27012	56-1901505		130,826.	0.			CC SUB, MAF & QM
NORTHWEST CHILD DEVELOPMENT 530 SPRING STREET WINSTONSALEM, NC 27101	56-0994730	501(C)(3)	438,695.	0.			MORE AT FOUR & QM
OLDTOWN CHILD DEVELOPMENT 2400 BETHABARA ROAD WINSTONSALEM, NC 27106	56-1902571		5,943.	0.			CC SUBSIDIES
PRIMROSE SCHOOL 1009 MASTEN DRIVE KERNERSVILLE, NC 27284	56-1960415		15,505.	0.			CC SUBSIDIES
QUALITY EDUCATION 5012-C LANSING ROAD WINSTONSALEM, NC 27101	56-2017872		38,804.	0.			CC SUBSIDIES & QM
SALEM COLLEGE 9 E. ACADEMY STREET WINSTONSALEM, NC 27101	56-0530005	501(C)(3)	0.	31,481.	ACTUAL COST	BOOKS AND TUITION	SCHOLARSHIPS

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

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
SMART START OF FORSYTH COUNTY

Employer identification number
56-1899564

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
SHARPE KIDZ 108 DAVIS STREET KERNERSVILLE, NC 27284	56-2019505		27,892.	0.			CC SUBSIDIES
SIMPLY WONDERFUL CHILDCARE 1113 LEONA STREET WINSTONSALEM, NC 27107	56-2053322		13,278.	0.			CC SUBSIDIES
ST. ANNE'S DAY CARE 2690 FAIRLAWN DRIVE WINSTONSALEM, NC 27106	56-1047834	501(C)(3)	22,482.	0.			CC SUBSIDIES & QM
THE CHILDREN'S CENTER 2315 COLISEUM DRIVE WINSTONSALEM, NC 27106	36-2616190	501(C)(3)	78,279.	0.			FAMILY SUPPORT
THE SPECIAL CHILDREN'S SCHOOL 4525 SHATTALON DRIVE WINSTONSALEM, NC 27106	56-1313869	501(C)(3)	25,016.	0.			CC SUBIDIES & QM
THE SUNSHINE HOUSE 600 E. POLO STRET WINSTONSALEM, NC 27106	57-1000178		269,712.	0.			CC SUBSIDIES & MA
TODAY'S CHILD 1005 BETHESDA ROAD WINSTONSALEM, NC 27103	56-0928089		5,484.	0.			CC SUBSIDIES
UNIQUE CHILD CARE 3811 WHITEFIELD ROAD WINSTONSALEM, NC 27105	56-2548112		14,542.	0.			CC SUBSIDIES

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

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
SMART START OF FORSYTH COUNTY

Employer identification number
56-1899564

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
VICTORIA'S ACADEMY PO BOX 12249 WINSTONSALEM, NC 27117	56-2118640		13,854.	3,688.	ACTUAL COST	CLASSROOM SUPPLIES	CC SUBSIDIES
WAUGHTOWN KIDS R US 1330 WAUGHTOWN STREET WINSTONSALEM, NC 27107	56-1902571		65,689.	0.			CC SUBSIDIES & QM
WINSTON-SALEM FORSYTH COUNTY SCHOOLS - PO BOX 2513 - WINSTONSALEM, NC 27102	56-0795164	501(C)(3)	2,205,782.	140,402.	ACTUAL COST	CLASSROOM SUPPLIES	MAF & 1ST STEPS
WINSTON-SALEM STATE UNIVERSITY CC STE C117 ANDERSON CENTER WINSTONSALEM, NC 27101	56-6001466	501(C)(3)	16,219.	0.			CC SUBSIDIES
FIRST BAPTIST CHILDREN'S CENTER 501 W. FIFTH STREET WINSTONSALEM, NC 27101	56-0599227	501(C)(3)	71,259.	0.			CC SUBSIDIES & QM
WORK FAMILY RESOURCE CENTER 313 INDERA MILLS COURT WINSTONSALEM, NC 27101	56-1755762	501(C)(3)	493,250.	0.			HEALTH, QM & EARLY INTERVENTION
CHILD CARE NETWORK 1501-D 13TH STREET KERNERSVILLE, NC 27284	63-0986576		0.	5,137.	ACTUAL COST	CLASSROOM SUPPLIES	QUALITY MAINT.
GRANNY'S CHILD CARE 1185 SALEM LAKE ROAD WINSTONSALEM, NC 27107	56-1847493		7,354.	0.			

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

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
SMART START OF FORSYTH COUNTY

Employer identification number
56-1899564

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
TONYA'S TINY TOTS 950 HAZELWOOD DRIVE WINSTONSALEM, NC 27103	20-0940585		6,529.	0.			
WINSTON-SALEM STATE ED DEPARTMENT PO BOX 19349 WINSTONSALEM, NC 27110	56-6001466	501(C)(3)	0.	11,381.	ACTUAL COST	TUITION & BOOKS	PROFESSIONAL DEVELOPMENT

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

3 Enter total number of other organizations ▶

Part IV Supplemental Information

PROPERTY AND EQUIPMENT. BASED ON THIS REVIEW AND COMPLETION OF MONITORING, A REPORT IS COMPLETED AND PROVIDED TO THE FUNDED AGENCY. FOLLOW-UP, TECHNICAL ASSISTANCE AND DEVELOPMENT OF A CORRECTIVE ACTION PLAN WILL OCCUR IF NECESSARY. PURPOSE OF GRANT ASSISTANCE: PROFESSIONAL DEVELOPMENT - PROGRAMS THAT SUPPORT PROFESSIONAL DEVELOPMENT FOR CHILD CARE PROVIDERS EMPHASIZING EARLY CHILDHOOD DEGREE PROGRAMS; CC SUBSIDIES - CHILD CARE SUBSIDIES PROVIDED TO QUALIFYING FAMILIES LIVING OR WORKING IN FORSYTH COUNTY, NC WITH COSTS INCURRED FOR CHILD CARE IN LICENSED AND/OR REGISTERED FACILITIES; QM - GRANTS TO SUPPORT QUALITY MAINTENANCE ACTIVITIES AND SUPPORT A CONTINUUM OF PROFESSIONAL DEVELOPMENT COSTS IN FORSYTH COUNTY; MAF - MORE AT FOUR PROVIDES CLASSROOM SLOTS FOR UP TO 700 CHILDREN IN SCHOOLS AND CENTERS IN FORSYTH COUNTY; 1ST STEPS - A COLLABORATIVE PLANNING/ASSESSMENT PROGRAM FOR KINDERGARTEN READINESS; FAMILY SUPPORT INCLUDES PROGRAMS SERVING PARENTS BY ENHANCING PARENT SKILLS AND PARENT EDUCATION.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

SMART START OF FORSYTH COUNTY

Employer Identification number

56-1899564

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
PATRICIA SHOUSE DIRECTOR	1.00	X						0.	0.	0.
BETTY TAYLOR DIRECTOR	1.00	X						0.	0.	0.
MARK TUCKER DIRECTOR	1.00	X						0.	0.	0.
DR. CLAUDIA WARREN DIRECTOR	1.00	X						0.	0.	0.
ELLEN WENNER DIRECTOR	1.00	X						0.	0.	0.
CHARLES W. KRAFT EXECUTIVE DIRECTOR	40.00	X		X				89,015.	0.	9,992.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ 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.

OMB No 1545-0047

2008
Open To Public Inspection

Name of the organization	Employer identification number
SMART START OF FORSYTH COUNTY	56-1899564

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	(c) Corrected? 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? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total			▶ $							

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	(e) Sharing of organization's revenues? No
PAT SHOUSE	BOARD MEMBER	276,110.	THIS BOARD		X
PAMELA DOCKERY HOWARD	BOARD MEMBER	97,000.	THIS BOARD		X
JOANIE OLIPHANT	BOARD MEMBER	357,615.	THIS BOARD		X
ELLEN WENNER, GARY GREEN &	BOARD MEMBERS	113,628.	THESE BOARD		X
DAMON SANDERS-PRATT, BEUAF	BOARD MEMBERS	102,726.	THESE BOARD		X
KATURA JACKSON	BOARD MEMBER	493,250.	THIS BOARD		X

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.

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Name of the organization: SMART START OF FORSYTH COUNTY

Employer identification number: 56-1899564

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

AND CHILDREN WERE AFFECTED.

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

OTHER PROGRAM SERVICE EXPENSES INCLUDE:

- EXPENSES FOR FAMILY SUPPORT TO PROVIDE ONGOING PARENTING EDUCATION, GENERAL FAMILY SUPPORT, PARENTS AS TEACHERS, COMMUNITY OUTREACH, INFORMATION AND RESOURCES.

- EXPENSES FOR HEALTH AND SAFETY PROGRAMS THAT PROVIDE ORAL HEALTH SERVICES, PRENATAL/NEWBORN SERVICES, CHILD CARE CONSULTATION, HEALTH SERVICES SUPPORT, EARLY INTERVENTION FOR CHILDREN WITH SPECIAL NEEDS, NUTRITION EDUCATION.

- PROGRAM COORDINATION AND EVALUATION SERVICES THAT ARE INCURRED TO COORDINATE POLICIES, PROCEDURES AND DAILY PRACTICES OF SERVICE DELIVERY AND TO ENSURE SERVICE DELIVERY IS ADHERING TO SPECIFIC TERMS AND CONDITIONS OF CONTRACTS.

EXPENSES $ 2273249. INCLUDING GRANTS OF $ 3012292. REVENUE $ 2743617.

FORM 990, PART VI, SECTION A, LINE 4: SSFC'S BYLAWS WERE AMMENDED SUCH THAT THE BOARD YEAR BEGINS ON SEPTEMBER 1 AND ENDS ON AUGUST 31. THE BOARD YEAR WAS ADOPTED BY THE BOARD OF DIRECTORS ON JULY 15, 2009.

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE FORM 990, PREPARED BY STAFF AND REVIEWED BY AN INDEPENDENT CPA FIRM, IS PROVIDED TO THE FINANCE COMMITTEE FOR DETAILED REVIEW TO ENSURE ACCURACY. AFTER THE FINANCE COMMITTEE HAS REVIEWED THE COMPLETED FORM, IT IS FORWARDED ELECTRONICALLY

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Supplemental Information to Form 990

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AND/OR IN HARD COPY FORMAT TO SSFC'S BOARD PRIOR TO SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: SMART START OF FORSYTH COUNTY HAS A WRITTEN CONFLICT OF INTEREST POLICY AND PROCEDURE MANUAL THAT HAS BEEN APPROVED BY THE BOARD OF DIRECTORS. THIS POLICY IS REVIEWED DURING THE BOARD ORIENTATION PROCESS. A BOARD DISCLOSURE STATEMENT IS REQUIRED TO BE COMPLETED ANNUALLY IN WHICH BOARD MEMBERS DISCLOSE IF THEY HAVE ANY RELATIONSHIPS WITH ANY SSFC VENDORS, CONTRACTORS AND/OR SERVICE PROVIDERS. ALL CONFLICTS ARE RECORDED AND SHARED WITH THE BOARD AND RECORDED IN MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION SCALES ARE COMPILED BY A BOARD APPROVED INDEPENDENT CONTRACTOR THAT SPECIALIZES IN HUMAN RESOURCES. AFTER COMPENSATION SCALES ARE COMPILED THEY ARE FORWARDED TO THE BOARD FOR APPROVAL. THE BOARD THEN ADOPTS THE COMPENSATION PLAN AND INCORPORATES IT INTO COMPENSATION PAY GRADES. THE COMPENSATION PAY GRADES ARE PROVIDED TO THE FULL BOARD AND STAFF AND ARE USED WHEN POSTING ANY POSITIONS AVAILABLE AT SSFC.

FORM 990, PART VI, SECTION C, LINE 19: SSFC'S FINANCIAL STATEMENTS ARE AUDITED EVERY TWO YEARS BY THE STATE OF NORTH CAROLINA OR AN INDEPENDENT AUDIT FIRM CONTRACTED WITH THE STATE OF NORTH CAROLINA. THESE AUDITED FINANCIAL STATEMENTS ARE FOR PUBLIC VIEW ON THE NC STATE AUDITOR'S WEBSITE. COPIES ARE KEPT AS SSFC AND ARE GIVEN OUT UPON REQUEST. AUDIT RESULTS ARE FORWARDED TO SSFC'S BOARD. ALONG WITH INDEPENDENT AUDITS, SSFC IS MONITORED EVERY TWO YEARS (OPPOSITE OF AUDIT YEARS) BY THE NC PARTNERSHIP FOR

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CHILDREN, OUR MAJOR FUNDER. RESULTS OF THESE MONITORING VISITS ARE SHARED WITH THE BOARD AND STAFF. ANY GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. SSFC MAINTAINS A WEBSITE THAT PROVIDES OUR CONTACT INFORMATION ALONG WITH A STAFF DIRECTORY. SSFC IS EASILY ACCESSIBLE BY PHONE OR THROUGH THE INTERNET. IN ADDITION, SSFC PROVIDES AN ANNUAL REPORT AND POSTS IT ON ITS WEBSITE: WWW.SMARTSTART-FC.ORG.

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

(A) NAME OF PERSON: PAT SHOUSE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION $ 276110.

(D) DESCRIPTION OF TRANSACTION: THIS BOARD MEMBER REPRESENTS BETHLEHEM COMMUNITY CENTER WHICH RECEIVED MORE AT FOUR GRANTS, CHILD CARE SUBSIDIES AND QUALITY MAINTENANCE GRANTS FROM SMART START.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: PAMELA DOCKERY HOWARD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION $ 97000.

(D) DESCRIPTION OF TRANSACTION: THIS BOARD MEMBER REPRESENTS DOWNTOWN HEALTH PLAZA OF BAPTIST HOSPITAL WHICH RECEIVED AN HISPANIC INTERPRETER GRANT FROM SMART START.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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(A) NAME OF PERSON: JOANIE OLIPHANT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION $ 357615.

(D) DESCRIPTION OF TRANSACTION: THIS BOARD MEMBER REPRESENTS FAMILY SERVICES, INC. WHICH RECEIVED MORE AT FOUR AND QUALITY MAINTENANCE GRANTS FROM SMART START.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ELLEN WENNER, GARY GREEN & KARATHA SCOTT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBERS

(C) AMOUNT OF TRANSACTION $ 113628.

(D) DESCRIPTION OF TRANSACTION: THESE BOARD MEMBERS REPRESENT FORSYTH TECHNICAL COMMUNITY COLLEGE WHICH RECEIVED INSTRUCTOR AND SCHOLARSHIP GRANTS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF INTERESTED PERSON:

DAMON SANDERS-PRATT, BEUAFORT BAILEY & DAVID FERGUSSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBERS

(C) AMOUNT OF TRANSACTION $ 102726.

(D) DESCRIPTION OF TRANSACTION: THESE BOARD MEMBERS REPRESENT THE FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH WHICH RECEIVED A DENTAL GRANT FROM SMART START.

SCHEDULE O
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(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: KATURA JACKSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION $ 493250.

(D) DESCRIPTION OF TRANSACTION: THIS BOARD MEMBER REPRESENTS WORK FAMILY RESOURCE CENTER WHICH RECEIVED GRANTS FOR CHILD CARE RESOURCE AND REFERRAL, CHILD CARE SUBSIDY ADMINISTRATION, CONTINUUM OF PROFESSIONAL DEVELOPMENT AND HEALTH CARE CONSULTANTS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF INTERESTED PERSON:

CHARLENE DAVIS, BEAUFORT BAILEY & DAMON SANDERS-PRATT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBERS

(C) AMOUNT OF TRANSACTION $ 2346183.

(D) DESCRIPTION OF TRANSACTION: THESE BOARD MEMBERS REPRESENT FORSYTH COUNTY WHICH RECEIVED GRANTS FOR MORE AT FOUR, PRESCHOOL OUTREACH, FAMILY SUPPORT AND 1ST STEPS TO KINDERGARTEN.

(E) SHARING OF ORGANIZATION REVENUES? = NO

FORM 990, PART III, LINE 1

BACKGROUND- FOR OVER FIFTEEN YEARS SMART START OF FORSYTH COUNTY HAS BEEN ONE OF 77 LOCAL PARTNERSHIPS THAT WORK ON BEHALF OF CHILDREN AGES BIRTH THROUGH FIVE. OUR VISION IS THAT ALL YOUNG CHILDREN IN FORSYTH

SCHEDULE O
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Supplemental Information to Form 990

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COUNTY ARE PROVIDED WITH EFFECTIVE RESOURCES TO SUCCEED NOT ONLY IN SCHOOL BUT IN LIFE, BUILDING A DIVERSE, ECONOMICALLY-VITAL COMMUNITY. FOR THE 2008-2009 FISCAL YEAR, SSFC PARTNERED WITH THIRTEEN LOCAL AGENCIES IN FORSYTH COUNTY FOR SERVICE DELIVERY TO HELP SUPPORT OUR VISION. THE MAIN SERVICE AREAS THAT SSFC FOCUSED IN WERE: FAMILY SUPPORT PROGRAMS THAT HELPED FAMIILIES HAVE THE KNOWLEDGE AND SKILLS NEEDED TO ENSURE THAT THEIR CHILDREN ENTER SCHOOL HEALTHY AND READY TO SUCCEED; HEALTH PROGRAMS THAT WOULD MAKE IT POSSIBLE THAT EVERY CHILD HAD ACCESS TO MEDICAL, DENTAL AND EARLY INTERVENTION SERVICES; AND EARLY CARE AND EDUCATION PROGRAMS THAT HELP ENSURE THAT EVERY CHILD HAD ACCESS TO HIGH QUALITY EARLY CHILDHOOD EDUCATION. ALL PROGRAMS FUNDED BY SSFC ARE REQUIRED TO FULFILL ALL LEGAL AND CONTRACTUAL OBLIGATIONS AND MUST WORK TOWARDS OPTIMIZING THE DEVELOPMENT OF YOUNG CHILDREN FOR A SUCCESSFUL TRANSITION INTO FORMAL EDUCATION.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

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Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN 1100 WAKE FOREST ROAD RALEIGH, NC 27604	PUBLIC/PRIVATE INITIATIVE THAT PROVIDES EDUCATION FUNDS TO ALL NC COUNTIES.	NORTH CAROLINA	501(C)(3)	170(B)	

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

Schedule R (Form 990) 2008

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12-23-08

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c	X	
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)	THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN	C	5,471,697.
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No