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# Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2008**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the <b>2008</b> calendar year, or tax year beginning <b>7/1/2008</b> , and ending <b>6/30/2009</b>				
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; vertical-align: top;">           Please use IRS label or print or type. See Specific Instructions.         </td> <td style="width:55%;"> <b>C</b> Name of organization <b>South Carolina First Steps to School Readiness</b>            Doing Business As            Number and street (or P O box if mail is not delivered to street address) Room/suite  <b>1300 Sumter Street</b>            City or town, state or country, and ZIP + 4  <b>Columbia SC 29201-3339</b> </td> <td style="width:30%;"> <b>D</b> Employer identification number  <b>57-1087576</b>  <b>E</b> Telephone number  <b>803-734-0479</b>  <b>G</b> Gross receipts \$ <b>20,566,095</b> </td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>South Carolina First Steps to School Readiness</b> Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite <b>1300 Sumter Street</b> City or town, state or country, and ZIP + 4 <b>Columbia SC 29201-3339</b>	<b>D</b> Employer identification number <b>57-1087576</b> <b>E</b> Telephone number <b>803-734-0479</b> <b>G</b> Gross receipts \$ <b>20,566,095</b>
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<b>F</b> Name and address of principal officer <b>Susan DeVenny, address same as C above</b>				
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ► <b>www.scfirststeps.org</b>				
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				
<b>L</b> Year of formation <b>1999</b> <b>M</b> State of legal domicile <b>SC</b>				
<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ►				

## Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>To support parents to strengthen their families and promote the optimal development of preschool children; increase comprehensive services to reduce the risk of major physical, developmental, and learning problems; promote high quality preschool programs; provide services so preschool children receive protection, nutrition and health care; and mobilize communities to focus efforts to enable every child to reach school ready to learn.</u>			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
3	Number of voting members of the governing body (Part VI, line 1a)	3		19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		19
5	Total number of employees (Part V, line 2a)	5		0
6	Total number of volunteers (estimate if necessary)	6		0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a		0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		0
8	Contributions and grants (Part VIII, line 1h)	8	29,667,469	20,008,121
9	Program service revenue (Part VIII, line 2g)	9	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	673,356	557,974
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	30,340,825	20,566,095
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13	23,391,811	22,680,490
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15	1,472,702	2,113,168
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0	0
16b	Total fundraising expenses (Part IX, column (D), line 25) ► 0	16b	0	0
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	17	2,180,111	2,086,155
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18	27,044,624	26,879,813
19	Revenue less expenses. Subtract line 18 from line 12	19	3,296,201	-6,313,718
20	Total assets (Part X, line 16)	20	13,151,150	6,554,720
21	Total liabilities (Part X, line 26)	21	440,627	157,915
22	Net assets or fund balances Subtract line 21 from line 20	22	12,710,523	6,396,805

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
Sign Here	Signature of officer <i>Susan DeVenny</i> Date <b>5-13-10</b>			
	Type or print name and title <b>Susan W. DeVenny State Director</b>			
Paid Preparer's Use Only	Preparer's signature <i>Marla Hutchinson, CPA</i> Date <b>5/8/2010</b> Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) <b>P00145569</b>	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>Sharon L. Pate, CPA</b> <b>532 Knox Abbott Dr, Suite 6, Cayce, SC 29033</b>	EIN <b>57-1125746</b> Phone no <b>(803) 794-4455</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

91618-51

**Part III Statement of Program Service Accomplishments** (see instructions)**1** Briefly describe the organization's mission:

To develop, promote, and assist efforts of agencies, private providers, and public and private organizations and entities, at the state level and the community level, to collaborate and cooperate in order to focus and intensify services, assure the most efficient use of all available resources, and eliminate duplication of efforts to serve the needs of South Carolina's young children and their families.

**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 \$ 7,800,000 including grants of \$ 7,800,000 ) (Revenue \$ 0 )

Through 46 county partnerships, the organization implemented family strengthening programs in the state, serving 4,493 children ages 0-5 with home visitation and parent training using a variety of research-based models, including Parents as Teachers, Parent-Child Home, Healthy Families, and Nurse-Family Partnership. First Steps program standards require a minimum of two home visits monthly regardless of the model, and at least 90% of client families served must have at least one school readiness risk factor.

**4b** (Code ) (Expenses \$ 7,700,000 including grants of \$ 7,700,000 ) (Revenue \$ 0 )

The organization enhanced the quality of the State's child care services offered to children 0-5. 195 child care providers received intensive quality enhancement services, consisting of technical assistance visits at least twice monthly, in addition to grants for educational and other materials based on needs assessments. 10,439 child care staff attended First Steps-funded training. Over 1,000 low-income children received scholarships for quality child care. First Steps is also the lead agency for the State's T.E.A.C.H. scholarship program, which enabled over 1,460 child care staff to attend post-secondary courses in early childhood.

**4c** (Code: ) (Expenses \$ 3,300,000 including grants of \$ 3,300,000 ) (Revenue \$ 0 )

The organization operates South Carolina's state-funded full-day 4K program in non-public school settings within low income areas of the state. Private providers must meet the same qualifications as public school 4K programs. The program served 499 children in 43 centers. First Steps also supplemented school district budgets to provide full-day 4K to 583 additional low-income children. The organization also served 462 children through an Early Reading First grant. First Steps co-leads, along with Children's Trust Fund, the state's leadership team responsible for promoting the Strengthening Families Through Early Care and Education framework, a child abuse and neglect prevention model endorsed by the QIC-EC collaborating agencies.

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

(Expenses \$ 5,457,606 including grants of \$ 3,880,490 ) (Revenue \$ 0 )

**4e** Total program service expenses ► \$ 24,257,606 (Must equal Part IX, Line 25, column (B) )

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	X
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	
<b>6</b> 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 . . . . .	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b>	X
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b>	X
<b>11</b> 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 . . . . .	<b>11</b> X	
<b>12</b> 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 . . . . .	<b>12</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.? . . . . .	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I . . . . .	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .	<b>16</b>	X
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I . . . . .	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	X
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	<b>20</b>	X
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<b>21</b> X	
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J . . . . .	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25 . . . . .	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	X
<b>b</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 . . . . .	<b>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	X
<b>27</b> 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 . . . . .	<b>27</b>	X

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	0	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	0	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**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.			
<b>1a</b>	Enter the number of voting members of the governing body . . . . .	<b>1a</b>	19
<b>b</b>	Enter the number of voting members that are independent . . . . .	<b>1b</b>	19
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>	X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<b>8a</b>	X
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	X
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	X
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>9b</b>	X
<b>10</b>	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 . . . . .	<b>10</b>	X
<b>11</b>	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 . . . . .	<b>11</b>	X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	X
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	X
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	X
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	X
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b>	The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	X
<b>b</b>	Other officers or key employees of the organization? . . . . .	<b>15b</b>	X
Describe the process in Schedule O (see instructions).			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	X
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► 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: ► Dan Wouri (803) 734-0100  
 1300 Sumter St, Suite 100, Columbia, SC 29201-3339

**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			
Mark Sanford Trustee Chairman	1	X		X				0	0	0
Lewis Smoak Trustee Vice Chairman	1	X		X				0	0	0
Lisa Van Riper Trustee Secretary	1	X		X				0	0	0
Michael L. Fair Trustee	1	X						0	0	0
Rita Allison Trustee	1	X						0	0	0
Kristin Hook Trustee	1	X						0	0	0
Henry Parr, Jr. Trustee	1	X						165	0	0
Reece C. Yandle Trustee	1	X						668	0	0
Katherine Davis Trustee	1	X						0	0	0
Linda M. O'Quinn Trustee	1	X						176	0	0
Floyd Creech Trustee	1	X						195	0	0
Francis E. Rushton, Jr. Trustee	1	X						211	0	0
Nicky Wallace Trustee	1	X						0	0	0
Judith Aughtry Trustee	1	X						165	0	0
Julia-Ellen Davis Trustee	1	X						366	0	0
Marleen Chapman Trustee	1	X						0	0	0
Jim Rex Trustee	1	X						0	0	0



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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
John Matthews Trustee	1.	X						0	0	0
James Neal Trustee	1.	X						0	0	0
Susan DeVenny Executive Director	37.5				X	X		118,000	0	35,400
Kim Aydlette Chief Operating Officer	37.5				X	X		135,000	0	40,500
	0							0	0	0
	0							0	0	0
	0							0	0	0
	0							0	0	0
	0							0	0	0
	0							0	0	0
	0							0	0	0
	0							0	0	0
	0							0	0	0
	0							0	0	0
<b>1b Total</b>								254,946	0	75,900

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

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		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.

(A) Name and business address	(B) Description of services	(C) Compensation
Children's Trust Fund of SC 1634 Main St, Suite 100 Columbia SC 29201	implement NFP program	238,865
Sharon L. Pate, CPA 532 Knox Abbott Dr, Suite 6 Cayce SC 29033	financial and accounting	154,210
Singletary Tax Service 632 Dupont Rd Charleston SC 29407	financial and accounting	142,000
Cherry, Bekaert & Holland, CPAs 201 West McBee Ave, Suite 200 Greenville SC	financial and accounting	141,300
George N. Love, CPA 121-C West Public Square Laurens SC 29360	financial and accounting	140,000
<b>2</b> Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization <b>7</b>		

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 0				
	<b>b</b> Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 0				
	<b>d</b> Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 19,672,069				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 336,052				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .	0				
	<b>h</b> Total. Add lines 1a-1f . . . . .	20,008,121				
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2a</b> . . . . .	0				
	<b>b</b> . . . . .	0				
	<b>c</b> . . . . .	0				
	<b>d</b> . . . . .	0				
	<b>e</b> . . . . .	0				
	<b>f</b> All other program service revenue . . . . .	0				
	<b>g</b> Total. Add lines 2a-2f . . . . .	0				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .	557,974				
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .	0				
	<b>5</b> Royalties . . . . .	0				
	<b>6a</b> Gross Rents . . . . .	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses . . . . .					
	<b>c</b> Rental income or (loss) . . . . .	0 0				
	<b>d</b> Net rental income or (loss) . . . . .	0				
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	0 0				
	<b>c</b> Gain or (loss) . . . . .	0 0				
	<b>d</b> Net gain or (loss) . . . . .	0				
	<b>8a</b> Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	a 0				
	<b>b</b> Less: direct expenses . . . . .	b 0				
	<b>c</b> Net income or (loss) from fundraising events . . . . .	0				
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a 0				
	<b>b</b> Less: direct expenses . . . . .	b 0				
	<b>c</b> Net income or (loss) from gaming activities . . . . .	0				
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a 0				
	<b>b</b> Less: cost of goods sold . . . . .	b 0				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .	0				
	<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
	<b>11a</b> . . . . .	0				
<b>b</b> . . . . .	0					
<b>c</b> . . . . .	0					
<b>d</b> All other revenue . . . . .	0					
<b>e</b> Total. Add lines 11a-11d . . . . .	0					
<b>12</b> Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .	20,566,095	0	0	0		

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b>	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	22,680,490	22,680,490		
<b>2</b>	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	254,946	1,946	253,000	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b>	Other salaries and wages	1,367,379	820,427	546,952	
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	209,555	106,101	103,454	
<b>9</b>	Other employee benefits	162,736	82,396	80,340	
<b>10</b>	Payroll taxes	118,552	60,025	58,527	
<b>11</b>	Fees for services (non-employees):				
<b>a</b>	Management	0			
<b>b</b>	Legal	6,041		6,041	
<b>c</b>	Accounting	809,861		809,861	
<b>d</b>	Lobbying	0			
<b>e</b>	Professional fundraising services. See Part IV, line 17	0			
<b>f</b>	Investment management fees	0			
<b>g</b>	Other	457,624	257,474	200,150	
<b>12</b>	Advertising and promotion	19,970		19,970	
<b>13</b>	Office expenses	131,980	17,209	114,771	
<b>14</b>	Information technology	72,180		72,180	
<b>15</b>	Royalties	0			
<b>16</b>	Occupancy	117,694	70,616	47,078	
<b>17</b>	Travel	161,836	97,102	64,734	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b>	Conferences, conventions, and meetings	32,378		32,378	
<b>20</b>	Interest	0			
<b>21</b>	Payments to affiliates	0	0	0	0
<b>22</b>	Depreciation, depletion, and amortization	1,043	0	1,043	0
<b>23</b>	Insurance	0			
<b>24</b>	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)				
<b>a</b>	Dues and subscriptions	1,030		1,030	
<b>b</b>	Professional development	174,270		174,270	
<b>c</b>	Supplies	44,790	44,790		
<b>d</b>	Printing and publications	19,030	19,030		
<b>e</b>	Equipment rental and maintenance	36,332		36,332	
<b>f</b>	All other expenses Fees and fines	96		96	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	26,879,813	24,257,606	2,622,207	0
<b>26</b>	<b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing . . . . .		1	
	2 Savings and temporary cash investments . . . . .	13,113,392	2	6,553,756
	3 Pledges and grants receivable, net . . . . .	0	3	0
	4 Accounts receivable, net . . . . .	36,715	4	964
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .	0	5	0
	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 . . . . .	0	6	0
	7 Notes and loans receivable, net . . . . .	0	7	0
	8 Inventories for sale or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .		9	
	10a Land, buildings, and equipment: cost basis . . . . .	10a 143,884		
	b Less: accumulated depreciation. Complete Part VI of Schedule D . . . . .	10b 143,884	1,043	10c 0
	11 Investments—publicly traded securities . . . . .	0	11	0
	12 Investments—other securities. See Part IV, line 11 . . . . .	0	12	0
	13 Investments—program-related. See Part IV, line 11 . . . . .	0	13	0
	14 Intangible assets . . . . .		14	
	15 Other assets. See Part IV, line 11 . . . . .	0	15	0
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	13,151,150	16	6,554,720	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	440,627	17	157,915
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .	0	20	0
	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 . . . . .	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	0	23	0
	24 Unsecured notes and loans payable . . . . .	0	24	0
	25 Other liabilities. Complete Part X of Schedule D . . . . .	0	25	0
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	440,627	26	157,915
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	12,710,523	27	6,396,805
	28 Temporarily restricted net assets . . . . .		28	
	29 Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33 <b>Total net assets or fund balances . . . . .</b>	12,710,523	33	6,396,805
	34 <b>Total liabilities and net assets/fund balances . . . . .</b>	13,151,150	34	6,554,720

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .
- b Were the organization's financial statements audited by an independent accountant? . . . . .
- c If "Yes" to 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? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? . . . . .

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

**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

South Carolina First Steps to School Readiness Board of Trustees

Employer identification number

57-1087576

**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 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?

- (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? . . . . .

	Yes	No
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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
<b>Total</b>									0

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . .	21,679,505	21,261,552	30,763,216	29,667,469	20,008,121	123,379,863
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1-3 . . . . .	21,679,505	21,261,552	30,763,216	29,667,469	20,008,121	123,379,863
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						123,379,863

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 . . . . .	21,679,505	21,261,552	30,763,216	29,667,469	20,008,121	123,379,863
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	228,534	281,206	482,771	673,356	557,974	2,223,841
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						125,603,704
<b>12</b> Gross receipts from related activities, etc. (see instructions.) . . . . .					12	0
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	98.23%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	98.66%
<b>16a 33 1/3% support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances-test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants".)	0	0	0			0
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0			0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
<b>6 Total.</b> Add lines 1-5	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						0
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	0.00%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	0.00%

- 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. ▶ ☐

## Part IV

**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)



SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► 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.

Name of the organization

South Carolina First Steps to School Readiness Board of Trustees

Employer identification number

57-1087576

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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 **d** ☐ Loan or exchange programs  
**b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_  
**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV 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
<b>c</b> Beginning balance . . . . .	<b>1c</b> _____
<b>d</b> Additions during the year . . . . .	<b>1d</b> _____
<b>e</b> Distributions during the year . . . . .	<b>1e</b> _____
<b>f</b> Ending balance . . . . .	<b>1f</b> _____ 0

**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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	0				

**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 . . . . .	<b>3a(i)</b> <input type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations . . . . .	<b>3a(ii)</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b> <input type="checkbox"/>	<input type="checkbox"/>

**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
<b>1a</b> Land . . . . .	0	0		0
<b>b</b> Buildings . . . . .	0	0	0	0
<b>c</b> Leasehold improvements . . . . .	0	0	0	0
<b>d</b> Equipment . . . . .	0	143,884	143,884	0
<b>e</b> Other . . . . .	0	0	0	0
<b>Total.</b> 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 . . . . .	0	
Closely-held equity interests . . . . .	0	
Other . . . . .	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶	0	

**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
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 ) ▶	0	

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

(a) Description	(b) Book value
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	0

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

(a) Description of liability	(b) Amount
Federal income taxes	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	0

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**

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

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

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

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

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

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

**Part XIV** Supplemental Information *(continued)*

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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.

CMB No 1545-0047

2008

Open to Public  
Inspection

Name of the organization

South Carolina First Steps to School Readiness Board of Trustees

Employer identification number

57-1087576

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ☐

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Abbeville County First Steps Partn 105 Court Square Abbeville, SC 2	57-1097774	501(c)(3)	383,921	0			child devel. & assist.
Aiken County First Steps Partners PO Box 2091 Aiken, SC 29802	57-1097775	501(c)(3)	438,587	0			child devel. & assist.
Allendale County First Steps Partn PO Box 236 Allendale, SC 29810	57-1097999	501(c)(3)	338,121	0			child devel. & assist.
Anderson County First Steps Partn PO Box 41 Anderson, SC 29622	57-1097776	501(c)(3)	502,876	0			child devel. & assist.
Bamberg County First Steps Partn PO Box 1129 Bamberg, SC 29003	57-1097777	501(c)(3)	165,160	0			child devel. & assist.
Barnwell County First Steps Partn 695 Main St Blackville, SC 29817	57-1097778	501(c)(3)	278,669	0			child devel. & assist.
Beaufort County First Steps Partn PO Box 6421 Beaufort, SC 29903	57-1097779	501(c)(3)	403,349	0			child devel. & assist.
Berkeley County First Steps Partn 901 Island Park Dr, Suite 201 Cha	57-1097780	501(c)(3)	576,689	0			child devel. & assist.
Calhoun County First Steps Partn PO Box 195 St. Matthews, SC 291	57-1097781	501(c)(3)	164,565	0			child devel. & assist.
Charleston County First Steps Par 6296 Rivers Ave, Suite 308 Charle	57-1097784	501(c)(3)	1,009,343	0			child devel. & assist.
Cherokee County First Steps Part PO Box 23 Gaffney, SC 29342	57-1097785	501(c)(3)	228,098	0			child devel. & assist.
Chester County First Steps Partne PO Box 1728 Chester, SC 29706	57-1097786	501(c)(3)	172,045	0			child devel. & assist.
2 Enter total number of section 501(c)(3) and government organizations			48				
3 Enter total number of other organizations			0				

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

(HTA)

<b>Part III</b>	<b>Grants and Other Assistance to Individuals in the United States.</b> 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		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	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.

## Part IV

**Supplemental Information.** Complete this part to provide the information required in Part 1, line 2, and any other additional information.

Part I Line 2 - Grant funds provided to county partnerships are monitored in numerous ways, including, but not limited to, providing and supervising

accounting services, monitoring accounting reports, providing technical assistance, consultation and support, to include model programs,

strategic planning, leadership development, best practice, successful strategies, collaboration, financing and evaluation, providing a state-wide

**data collection system, and providing annual financial audits and performance evaluations.**

**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).

CMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

South Carolina First Steps to School Readiness Board of Trustees

Employer identification number

57-1087576

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

(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
Chesterfield County First Steps Partners PO Box 553 Chesterfield, SC 29709	57-1097787	501(c)(3)	258,990	0			child devel. & assist.
Clarendon County First Steps Partners PO Box 426 Manning, SC 29102	57-1097789	501(c)(3)	250,575	0			child devel. & assist.
Colleton County First Steps Partners 609 Colleton Loop Walterboro, SC 29987	57-1097790	501(c)(3)	181,760	0			child devel. & assist.
Darlington County First Steps Partners 552 West Carolina Ave Hartsville, SC 29528	57-1097791	501(c)(3)	651,152	0			child devel. & assist.
Dillon County First Steps Partners PO Box 295 Dillon, SC 29536	57-1098006	501(c)(3)	629,565	0			child devel. & assist.
Dorchester County First Steps Partners PO Box 606 Summerville, SC 29485	57-1097806	501(c)(3)	279,713	0			child devel. & assist.
Edgefield County First Steps Partners PO Box 295 Edgefield, SC 29824	57-1097809	501(c)(3)	165,974	0			child devel. & assist.
Fairfield County First Steps Partners PO Box 215 Winnsboro, SC 29181	57-1097810	501(c)(3)	168,959	0			child devel. & assist.
Florence County First Steps Partners 658 Coit St Florence, SC 29501	57-1097811	501(c)(3)	1,071,735	0			child devel. & assist.
Georgetown County First Steps Partners PO Box 531 Georgetown, SC 29425	57-1097813	501(c)(3)	471,199	0			child devel. & assist.
Greenville County First Steps Partners 24 Vardry St, Suite 303 Greenville, SC 29601	57-1097814	501(c)(3)	1,111,089	0			child devel. & assist.
Greenwood County First Steps Partners 323 Main St, Suite 300-A Greenville, SC 29601	57-1097815	501(c)(3)	266,370	0			child devel. & assist.
Hampton County First Steps Partners 308 First Street West, Suite 2 Hampton, SC 29025	57-1097816	501(c)(3)	392,678	0			child devel. & assist.
Horry County First Steps Partners 3926 Wesley St, Unit 303 Myrtle Beach, SC 29577	57-1098007	501(c)(3)	609,522	0			child devel. & assist.
Jasper County First Steps Partners PO Box 776 Ridgeland, SC 29927	57-1097817	501(c)(3)	321,518	0			child devel. & assist.

2 Enter total number of Section 501(c)(3) and government organizations . . . . . 48

3 Enter total number of other organizations . . . . . 0

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



**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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).

CMB No 1545-0047-

**2008**

**Open to Public  
Inspection**

Employer identification number

South Carolina First Steps to School Readiness Board of Trustees

57-1087576

**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
Kershaw County First Steps Partner PO Box 669 Camden, SC 29020	57-1097818	501(c)(3)	203,771	0			child devel. & assist.
Lancaster County First Steps Partner 105 South Wylie St Lancaster, SC	57-1097819	501(c)(3)	247,194	0			child devel. & assist.
Laurens County First Steps Partner 1029 West Main St Laurens, SC 2	57-1098008	501(c)(3)	498,018	0			child devel. & assist.
Lee County First Steps Partnership PO Box 344 Bishopville, SC 29010	57-1097820	501(c)(3)	973,322	0			child devel. & assist.
Lexington County First Steps Partner 101 West Columbia Ave Batesburg	57-1097821	501(c)(3)	864,101	0			child devel. & assist.
Marion County First Steps Partner PO Box 56 Marion, SC 29571	57-1097822	501(c)(3)	393,814	0			child devel. & assist.
Marlboro County First Steps Partner PO Box 249 Bennettsville, SC 295	57-1097823	501(c)(3)	170,180	0			child devel. & assist.
McCormick County First Steps Partner PO Box 1060 McCormick, SC 298	57-1097862	501(c)(3)	163,136	0			child devel. & assist.
Newberry County First Steps Partner PO Box 25 Newberry, SC 29108	57-1097864	501(c)(3)	177,048	0			child devel. & assist.
Oconee County First Steps Partner 409 East North First St Seneca, S	57-1097866	501(c)(3)	208,113	0			child devel. & assist.
Orangeburg County First Steps Partner PO Box 451 Orangeburg, SC 291	57-1097868	501(c)(3)	448,124	0			child devel. & assist.
Pickens County First Steps Partner PO Box 1113 Central, SC 29630	57-1097863	501(c)(3)	296,479	0			child devel. & assist.
Richland County First Steps Partner PO Box 5100 Columbia, SC 29250	57-1097865	501(c)(3)	891,558	0			child devel. & assist.
Saluda County First Steps Partner 103 South Rudolph St Saluda, SC	57-1097867	501(c)(3)	379,865	0			child devel. & assist.
Spartanburg County First Steps Partner 900 South Pine St Spartanburg, S	57-1097869	501(c)(3)	772,900	0			child devel. & assist.

2 Enter total number of Section 501(c)(3) and government organizations . . . . . 48

3 Enter total number of other organizations . . . . . 0

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

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

# South Carolina First Steps to School Readiness Board of Trustees

57-1087576

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

[illegible]

2	Enter total number of Section 501(c)(3) and government organizations	48
3	Enter total number of other organizations	0

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

South Carolina First Steps to School Readiness Board of Trustees

Employer identification number

57-1087576

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X



**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Employer identification number

South Carolina First Steps to School Readiness Board of Trustees

57-1087576

Form 990 Part VI Section A Line 10 - The Finance and Administration Committee of the Board of Trustees will review the Form 990, and present it to the full board for approval

Form 990 Part III Line 4d - Other programs operated by the organization include Nurse-Family Partnership, a seven-year project for child abuse and neglect prevention, which served nine counties and 600 low-income, first-time mothers. First Steps also conducted the Countdown to Kindergarten program, a school transition program providing home visits by a kindergarten teacher using a structured curriculum the summer prior to kindergarten entry. 740 children were served

Form 990 Part VI Section B Line 12c - In addition to the annual requirement for officers, directors, trustees and key employees to annually report any potential conflicts of interest, First Steps has a whistleblower policy that requires all directors, officers and employees to report ethics violations and suspected ethics violations to the First Steps Compliance Officer. Reported violations are to be promptly investigated and appropriate corrective action taken

Form 990 Part VI Section B Line 15b - The Strategic Planning and Evaluation Committee makes determinations of compensation for all officers and key employees as part of the development of administrative and program budgets, taking into consideration annual performance reviews. The determinations contemporaneously obtain and rely upon appropriate data as to the comparability of the compensation packages, and adequate contemporary documentation is maintained. This process is performed annually for all officers and key employees.

Form 990 Part VI Section C Line 19 - First Steps maintains its governing documents, conflict of interest policy and financial statements and provides them upon request in compliance with the Freedom of Information Act. In addition, the First Steps enabling legislation, operations manual, and annual reports are maintained on the organization's website

**Part III, Line 4d (990) - Program Service Accomplishments**

(Code: ) (Expenses \$ 5,457,606 including grants of \$ 3,880,490 ) (Revenue \$ 0 )

Other programs operated by the organization include Nurse-Family Partnership, a seven-year project for child abuse and neglect prevention, which served nine counties and 600 low-income, first-time mothers. First Steps also conducted the Countdown to Kindergarten program, a school transition program providing home visits by a kindergarten teacher using a structured curriculum the summer prior to kindergarten entry

(Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

(Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

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(Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )