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DLN: 93492123009021

2009

OMB No 1545-1150

Form 990-EZ

Department of the Treasury

Short Form 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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Open to Public

Interna	al Revenue				ssets less than \$1 have to use a copy i	,250,000 at the en <i>of this return to sati</i>	•				Inspection
	or the			tax year beginn		, and ending	· ·	· · ·	in cirici		
ВС	heck if	applicable	Please	C Name of organi	zation	eadiness Board of Truste	ees - Allenda		D Emp	loyer	identification number
	ddress o Iame ch	- "	ise IRS abel or		·					109799	
_	nitial reti	urn p	orint or		PA PO Box 1804	all is not delivered to str	eet address)	Room/suite	E Tele _l	phone r	number
Гт	eminat	ed S	ype. See							(80	3) 584-6000
	mended		Specific Instruc-	City or town, sta Columbia, SC 2	ate or country, and ZIP 292021804	+ 4			F Grou Num	p Exem	nption ► 3590
A	pplicatio	n pending t	ions.	,					Nam	DCI	F 3330
+ Se	ection .)(1) nonexempt cl ule A (Form 990 o			counting me her (specify		Гса	ash 🔽 Accrual
T 14/	- h-i+ -:	. ► N/A					H C	heck 🕨 🔽	If the	orga	nızatıon
			k only on		3) 4 (insert no.) 4	947(a)(1) or 5 2		s not require			00 E7 or 000 DE)
	neck 🕨					ing organization and	•				90-EZ, or 990-PF)
											e a complete return
_						ore, file Form 990 instea			► \$		165,955
Pa	art I	•		•		ssets or Fund	Balance:	5 (See the in	nstruct	ions fo	
	1	Contributions,	gıfts, g	rants, and simil	ar amounts receive	ed				1	165,953
	2	Program servi	ce revei	nue including go	overnment fees and	contracts				2	
	3	Membership d	ues and	assessments					•	3	
	4	Investment in	come						•	4	2
	5a	Gross amount	from sa	ile of assets oth	er than inventory		5a				
≘	Ь	Less cost or o	other ba	asıs and sales e	xpenses		5b				
Revenue	c	Gain or (loss)	from sa	le of assets oth	er than inventory (S	Subtract line 5b fro	m line 5a)			5с	
å	6	Special events check here	_	tivities (comple	te applicable parts:	of Schedule G) If	any amour	nt is from ga	ming,		
	а	Gross revenue	(not in	cluding \$ _of co	ntributions						
		reported on lin	ie 1)				6a				
	ь	Less directe	xpenses	other than fund	draising expenses		6b				
	c	Net income or	(loss) f	rom special eve	nts and activities	(Subtract line 6b fro	m line 6a)			6c	
	7a	Gross sales of	finvento	ory, less returns	and allowances		7a				
	Ь	Less cost of o		• •			7b				
	_ c	Gross profit or	· ·(loss) f	from sales of inv	ventory (Subtract I	ine 7b from line 7a)				7c	
	8	Other revenue			, ,	,			١	8	
	9			•	 c. 6c. 7c. and 8			•		9	165,955
	10					· · · · ·				10	
		Benefits paid t			ich schedule)		•				
	11	•			nployee benefits				1	11	84,377
un.	12				to independent co				•	12	· · · · · · · · · · · · · · · · · · ·
Expenses	13			• •	·	miliaciois	• •		•	13	96,460
9	14	,	•	ties, and mainte					•	14	2,207
ய	15		•	, postage, and s	nipping					15	70
	16	Other expense			1.6)	16	22,215
	17							'		17	205,329
Stets	18				act line 17 from lin		· · ·		•	18	-39,374
A 5.5	19			-		ne 27, column (A))	(must agr	ee with			
NetA				, ,	ear's return) .				•	19	70,689
2	20	•			oalances (attach ex	•				20	<u> </u>
	21				year Combine line			.	•	21	31,315
Pa	rt II	Balance S	neets-	—If Total asset	s on line 25, colum	ın (B) are \$1,250,0	00 or more	e, file Form 9	90 ins	tead	of Form 990-EZ
			(See th	ne instructions f	or Part II)	1	(A) Bea	inning of yea	ır T	(E	3) End of year
22	Cash.	savings, and ir					. , 9		322 2		55,106
23	•	and buildings						/-	2	_	
24		assets (descri	be ▶∰	l		١		9,6	500 2	_	4,371
25		assets				· · ·		•	922 2	+	
26	Total	liabilities (desc	ribe 🟲 '	<u> </u>					233 2	_	28,162
27	Net a	ssets or fund ba	alances	(line 27 of colur	mn (B) must agree	with line 21) .		70,6	589 2	7	31,315

Part IIII Statemen	t of Program Service Accomplishments (See the Instructions for Part III)		Expenses
What is the organization's To enhance child readine	s primary exempt purpose? ss for first grade	(c)(3	uired for section 501 3) and 501(c)(4)
	ved in carrying out the organization's exempt purposes. In a clear and concise manner, vided, the number of persons benefited, and other relevant information for each	494	nizations and section 7 (a)(1) trusts, onal for others)
	ers program provided parents with hands-on training and access to materials to aid in 5 families with 20 children ages 0-5 were served Families received 2 home visits meetings were held If this amount includes foreign grants, check here	28a	46,646
16 scholarships to qualit	ssistant worked with our partnering child care centers to provide quality enhancement y enhanced centers were provided to children from families with identified risk factors g 36 children received 33 hours of appropriate training If this amount includes foreign grants, check here	29a	108,262
transition to kindergarten	dergarten program, an intensive home visitation program, was conducted to ease the for children and their families, and build parent involvement skills for the K-12 children and their families were served If this amount includes foreign grants, check here	30a	4,894
31 O ther program service (Grants \$)	s (attach schedule)	31a	
32 Total program service	expenses (add lines 28a through 31a)	32	159,802

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Form **990-EZ** (2009)

Form 9	90-E	Z (2009)							Page 4
Part	· VI	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and section	1 4947(a)(1) nonex	-			-	stions
46 D	Did the	e organization engage in direct			ehalf of or in opp	osition to		Yes	No
С	candıd	ates for public office? If "Yes,"	complete Schedule C,	Part I			46		No
47 D	Did the	e organization engage in lobbyii	ng activities? If "Yes,"	complete Schedule C	, Part II		47		No
48 I	[s the	organization a school describe	d in section 170(b)(1)(A)(II)? If "Yes," compl	lete Schedule E		48		No
		e organization make any transfe					49a		No
		," was the related organization					49b		
50 C	Compl	ete this table for the organization ete this table for the organization ete to the the thick that we have the thick the contract of the thick that we have the thick the contract of the thick that we have the thick that we have the contract of the thick that we have the contract of the thick that we have the thick that we have the contract of the thick that we have the contract of	on's five highest compe	ensated employees (o		•			<u> </u>
	ame a	and address of each employee I more than \$100,000	(b) Title and average hours per week devoted to position	e (c) Compensat	(d) Con employee	tributions to benefit plans & compensation	(e a	e) Expe count rallow	and
NONE									
51 0	Compl of com	I number of other employees pa ete this table for the organization pensation from the organization me and address of each indepe	on's five highest compe n Ifthere is none, ente	r "None "		each received r		an \$10 Compen	
NONE									
51(d)		I number of other independent o			una palacidada de la		ho be t	- 6 m 1	avule 4 -
Pleas Sign Here		Under penalties of perjury, I declare to and belief, it is true, correct, and com ****** Signature of officer Marlon Hutchins Jr CPA Finance Marlope or print name and title	plete Declaration of prepare			on of which prepare			
Paid	!	Preparer's Signature Marlon Hutchins Jr CPA		Date 2011-05-03	Check if self-empolyed	Preparer's identif (See instructions		nber	
Prepar Use Or	nlv 🗀	Firm's name (or yours Sharon L Pa if self-employed),			·	EIN 🕨			
J 30 01	,	address, and ZIP + 4 532 Knox A	bbott Dr Suite 6			Phone no 🕨 (8	03) 794-	4455	

May the IRS discuss this return with the preparer shown above? See instructions

Γ_{Yes} Γ_{No}

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Inspection

Employer identification number

South Carolina First Steps To School Readiness Board of Trustees - Allendal 57-1097999 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(4). 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 c Type III - Functionally integrated Type III - Other ┌ Type I **b** Type II 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) 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 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) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		Did you no organizat col (i) of	Did you notify the Is the organization in organizaction col (i) of your col (i) organizaction col (ii) organizaction col (iii) organizaction col (iiii) organizaction col (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		(vi) Is the organization in col (i) organized in the US?	
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

-	ection A. Public Support	ou checked the	box on line 5, .	7, or 8 or Part 1.	.)			
	ection A. Public Support endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2		
	ın)	(a) 2005	(6) 2006	(6) 2007	(d) 2008	(e) 2	009	(T) Olai
1	Gifts, grants, contributions, and membership fees received (Do not	219,97	4 214,140	406,147	344,831		165,953	1,351,045
	ınclude any "unusual	213,37]	100,117	311,031		103,333	1,331,013
2	grants ") Tax revenues levied for the		1				+	
2	organization's benefit and either							
	paid to or expended on its							
_	behalf						\longrightarrow	
3	The value of services or facilities furnished by a governmental unit to	5,40	5,400	5,400	5,400		5,400	27,000
	the organization without charge	, , ,]	-,	5,111		-,	,
4	Total. Add lines 1 through 3	225,37	4 219,540	411,547	350,231		171,353	1,378,045
5	The portion of total contributions by	у						
	each person (other than a							
	governmental unit or publicly supported organization) included or	,						
	line 1 that exceeds 2% of the	'						
	amount shown on line 11, column							
	(f)						\longrightarrow	
6	Public Support. Subtract line 5 from line 4	1						1,378,045
S	ection B. Total Support		1					
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	100	(f) Total
	ın)					(6) 20		
7	A mounts from line 4	225,374	2,856	411,547	350,231		171,353	1,378,045
8	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties	1,798	2,856	2,582	555		2	7,793
	and income from similar							
	sources						\longrightarrow	
9	Net income from unrelated business activities, whether or							
	not the business is regularly							
	carried on							
10	Other income (Explain in Part							
	IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7						-+	1 205 020
	through 10)							1,385,838
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12		
13	First Five Years If the Form 990 is	for the organization	on's first, second	, thırd, fourth, or fi	fth tax year as a	501(c)(3	3) organız	ation,
	check this box and stop here							►
S	ection C. Computation of Pul	olic Support P	ercentage					
14	Public Support Percentage for 2009			11 column (f))		14		99 440 %
15	Public Support Percentage for 2008	8 Schedule A. Pai	t II, line 14			15		99 440 %
	33 1/3% support test—2009. If the			c on line 13, and li	ne 14 is 33 1/3%			
	and stop here. The organization qua				110 11 13 33 1/3/0	01 111010	, check c	▶ ▼
b	33 1/3% support test—2008. If the	-			a, and line 15 is 3	3 3 1/3%	or more,	- -
	box and stop here. The organization			_	- 12 1616		. 1.4	►
L/a	10%-facts-and-circumstances test is 10% or more, and if the organiza							
	in Part IV how the organization mee							:ed
	organization			_				► □
Ь	10%-facts-and-circumstances test							
	15 is 10% or more, and if the organization in Part IV how the organization							
	supported organization	and modes the re	.c.s and eneums	in the	s. gamzanon quai		- Pablicly	► □
18	Private Foundation If the organizat	ıon dıd not check	a box on line 13,	16a, 16b, 17a or	17b, check this	box and	see	
	ınstructions							▶ ┌

organization

Pa	(Complete only if you				(a)(2)		
Se	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,			+			
2	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 Tax revenues levied for the						
4	organization's benefit and either						
	paid to or expended on its						
	behalf			-			
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public Support (Subtract line 7 c from line 6)						
Se	ction B. Total Support	1				1	
	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	ın)	(4) 2003	(2) 2000	(6) 2007	(4) 2000	(0,200)	(1) otal
9	A mounts from line 6 Gross income from interest,						
10a	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
ь	sources Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
с 11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
12	business is regularly carried on Other income. Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is fo	or the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orga	
	check this box and stop here						►□
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	0 %
16	Public support percentage from 200	8 Schedule A , P	art III, line 15			16	
Se	ction D. Computation of Inve						
17	Investment income percentage for 2	009 (line 10c co	olumn (f) dıvıded l	by line 13 colum	n (f))	17	0 %
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	. 7		18	
19a	33 1/3% support tests—2009. If the					than 33 1/3% ar	nd line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T	ne organization q	ualities as a publ	ıcıy supported		

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **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. 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 A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 57-1097999

Name: South Carolina First Steps To School Readiness Board of Trustees - Allendal

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees							
(a) Name and address	(b) Title and average hours per week	(c) Compensation(If not paid,	(d) Contributions to employee benefit plans &	(e) Expense account and			
(a) Name and address	devoted to position	(11 not paid, enter -0)	deferred compensation	other allowances			
Patricia Hall	40.000 to position			other anomalices			
PO Box 236	Executive Director	_					
Allendale, SC 29810	038 00	0					
Lee Harley-Fitts							
PO Box 236	Board Chair 002 00	0					
Allendale, SC 29810							
Tom Carter Jr							
PO Box 236	Board Vice Chair 001 00						
Allendale, SC 29810	Board Vice Chair 551 55	0					
, in the second							
DeWayne Ennis							
PO Box 236	Board Treasurer 001 00	0					
Allendale, SC 29810							
Varana Grant							
Verona Grant PO Box 236							
Allendale, SC 29810	Board Secretary 001 00	0					
Willard Branch							
PO Box 236	Trustee 001 00	0					
Allendale, SC 29810							
James Brewton PO Box 236							
Allendale, SC 29810	Trustee 001 00	0					
Allendale, 3C 25010							
Estella Cohen							
PO Box 236	Trustee 001 00	0					
Allendale, SC 29810	Trustee 001 00	O					
Denise Cone							
PO Box 236 Allendale,SC 29810	Trustee 001 00	0					
Allendale, 3C 23010							
Trına Drayton							
PO Box 236	Trustee 001 00	0					
Allendale, SC 29810	Trustee 001 00	0					
Ruby Gray							
PO Box 236 Allendale,SC 29810	Trustee 001 00	0					
Vernie Harney				_			
PO Box 236	Trustee 001 00	0					
Allendale, SC 29810	lingstee oot oo	U					
Loretta Hartzog							
PO Box 236 Allendale,SC 29810	Trustee 001 00	0					
Anondale, 30 29010							
Vickie Holifield							
PO Box 236	Trustee 001 00	0					
Allendale, SC 29810	Trustee 001 00	U					
Robert Jones							
PO Box 236 Allendale,SC 29810	Trustee 001 00	0					
Allendale, SC 29010							
Mark Lott							
PO Box 236	T	_					
Allendale, SC 29810	Trustee 001 00	0					
<u></u>	<u> </u>						

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Lainey Reed PO Box 236 Allendale,SC 29810	Trustee 001 00	0		
Donella Robinson PO Box 236 Allendale, SC 29810	Trustee 001 00	0		
Catherine Russell PO Box 236 Allendale,SC 29810	Trustee 001 00	0		
Yvonda Speights PO Box 236 Allendale,SC 29810	Trustee 001 00	0		
Gwendolyn Walker PO Box 236 Allendale,SC 29810	Trustee 001 00	0		

TY 2009 Other Assets Schedule

Name: South Carolina First Steps To School Readiness Board of Trustees

- Allendal

EIN: 57-1097999

Software ID: 09000123

Software Version: 2009.0.12

Description	Beginning of Year Amount	End of Year Amount
Furniture and equipment, net	4,212	2,842
Grants receivable	4,139	290
Pre-paid expenses	1,249	1,239

TY 2009 Other Expenses Schedule

Name: South Carolina First Steps To School Readiness Board of Trustees

- Allendal

EIN: 57-1097999

Software ID: 09000123

Software Version: 2009.0.12

Description	Amount
Travel	4,685
Conferences, conventions, and meetings .	869
Depreciation	1,370
Equipment rental and maintenance .	1,788
Supplies .	4,858
Telephone .	5,901
Professional development	1,130
Insurance	1,374
Memberships and subscriptions	240

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492123009021

TY 2009 Other Liabilities Schedule

Name: South Carolina First Steps To School Readiness Board of Trustees

- Allendal

EIN: 57-1097999

Software ID: 09000123

Software Version: 2009.0.12

Description	Beginning of Year Amount	End of Year Amount
Accounts payable	31,233	28,162