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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 10-01-2009 , and ending 09-30-2010

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

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

C Name of organization
FIRST

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 802

City or town, state or country, and ZIP + 4
ASHEVILLE, NC 28802

D Employer identification number
56-2278402

E Telephone number
(828) 277-1315

F Group Exemption Number ▶

*** *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☐ Cash ☑ Accrual
Other (specify) ▶

I Website: ▶ www firstwnc org

J Tax-Exempt status (check only one)— ☑ 501(c) (3) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 343,499

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	280,114
	2	Program service revenue including government fees and contracts		2	61,347
	3	Membership dues and assessments		3	24
	4	Investment income		4	0
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b	0	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐			
	a	Gross revenue (not including $ _of contributions reported on line 1)	6a	0	
	b	Less direct expenses other than fundraising expenses	6b	0	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b	0	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶)		8	2,014
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	343,499
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	234,407
	13	Professional fees and other payments to independent contractors		13	16,983
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	2,341
	16	Other expenses (describe ▶)		16	58,525
	17	**Total expenses.** Add lines 10 through 16 ▶		17	312,256
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	31,243
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	8,776
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	40,019

Part II Balance Sheets—If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	12,291	22	35,768
23	Land and buildings		23	
24	Other assets (describe ▶)	3,035	24	4,866
25	**Total assets**	15,326	25	40,634
26	**Total liabilities** (describe ▶)	6,550	26	615
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	8,776	27	40,019

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
F I R S T is a community benefit organization (See Note)

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 Community Parent Resource Center provided assistance to families through workshops, one on one training, phone calls and attending team meetings Funded by the Department of Education, the project assisted over (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	272,593
29 3,000 families For more information, please see attached The SUNSHINE Project, a Smart Start funded preschool intervention & inclusion activity administered by F I R S T worked in 39 child care programs with (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	
30 111 early childhood educators 51 children were referred to the SUNSHINE Project by child care providers or families due to social, emotional, and/or behavioral issues For more projects, see attached (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	
31 Other program services (attach schedule) . . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**31a**	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶	**32**	272,593

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

(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

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*Section 501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	*Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No

41 List the states with which a copy of this return is filed ▶ _____

42a The organization's books are in care of ▶ FIRST Telephone no ▶ (828) 277-1315

Located at ▶ PO BOX 802 ASHEVILLE, NC ZIP + 4 ▶ 28802

			Yes	No
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)?	42b		No
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶ _____			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	45		No

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	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		No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
NONE				

50(f) Total number of other employees paid over $100,000 . . . . . ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
NONE		

51(d) Total number of other independent contractors each receiving over $100,000 . . . . . ▶ 0

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

****** — Signature of officer — 2011-02-16 — Date

JANET PRICE-FERRELL EXECUTIVE DIRECTOR — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed	Preparer's identifying number (See instructions)
STEPHEN C CORLISS	2011-04-13	☐	

Firm's name (or yours if self-employed), address, and ZIP + 4: CORLISS & SOLOMON PLLC, 242 CHARLOTTE STREET SUITE 1, ASHEVILLE, NC 28801

EIN ▶

Phone no ▶ (828) 236-0206

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FIRST

Employer identification number
56-2278402

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 (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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 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 See **section 509(a)(4).**

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

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

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(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 instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in 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.)

Section A. Public Support

Calendar 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 include any "unusual grants ")	90,278	196,881	273,001	281,421	280,114	1,121,695
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	90,278	196,881	273,001	281,421	280,114	1,121,695
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						1,121,695

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	90,278	12	273,001	281,421	280,114	1,121,695
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8	12	20	29	24	93
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 through 10)						1,121,788

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	**14**	99 990 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	**15**	99 990 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	0 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	0 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2009.** 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—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 ▶

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.** 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

Additional Data

Software ID:
Software Version:
EIN: 56-2278402
Name: FIRST

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
JANET PRICE-FERRELL PO BOX 802 ASHEVILLE, NC 28802	Executive Director 40 00	23,010		
JANISE DONOVAN PO BOX 802 ASHEVILLE, NC 28802	Chair 1 00	0		
RAY HEMACHANDRA PO BOX 802 ASHEVILLE, NC 28802	Vice Chair 1 00	0		
SARAH MAGRUDER-BARNETT PO BOX 802 ASHEVILLE, NC 28802	Treasurer 1 00	0		
ANGIE COVAN PO BOX 802 ASHEVILLE, NC 28802	Board Member 1 00	0		
MARY FORD PO BOX 802 ASHEVILLE, NC 28802	Board Member 1 00	0		
DR LYNNE REED PO BOX 802 ASHEVILLE, NC 28802	Board Member 1 00	0		
RANDY SHAW PO BOX 802 ASHEVILLE, NC 28802	Board Member 1 00	0		

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TY 2009 Other Assets Schedule

Name: FIRST

EIN: 56-2278402

Description	Beginning of Year Amount	End of Year Amount
Grant & Accounts Receivable	3,035	2,900
Prepaid Insurance		1,966

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TY 2009 Other Expenses Schedule

Name: FIRST

EIN: 56-2278402

Description	Amount
Conferences & Training	17,918
Family Support & Childcare	1,590
Education & Outreach	11,825
Miscellaneous - Location Fees	360
Insurance	3,817
Internet & Webpage	1,516
Marketing	2,472
Mileage Reimbursement	3,583
Office Supplies	6,023
Payroll Service Fees	616
Subscriptions & Books	744
Telephone	8,061

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TY 2009 Other Liabilities Schedule

Name: FIRST

EIN: 56-2278402

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable	426	
Payroll Tax Liabilities	6,124	615

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TY 2009 Other Revenues Schedule

Name: FIRST

EIN: 56-2278402

Description	Amount
Miscellaneous	2,014

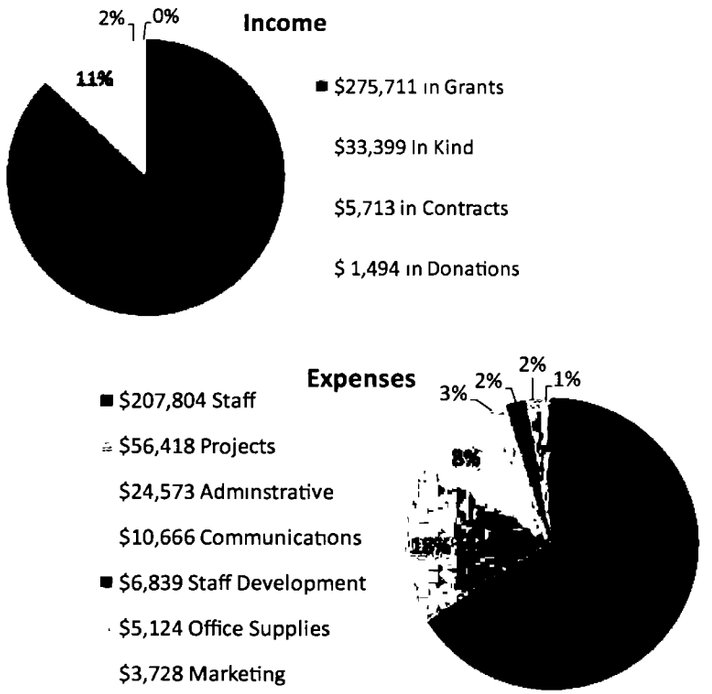
F.I.R.S.T. Mission & Goals

F.I.R.S.T. is a community benefit organization dedicated to providing information, education, support and advocacy to persons with disabilities, their family and the community.

- Train families to become effective self-advocates through education and advocacy.
- Provide information, guidance and unique support to families of children with disabilities as they access services from the wide array of public, private services and resources.
- Focus on the family as a whole, rather than isolating the child with a disability recognizing that families need the same supports no matter the age of their child.
- Support persons with disabilities to self determine their lives in areas of education, employment, housing and recreation in our community.

F.I.R.S.T., 501(c)3 community benefit organization supported by grants, the community and families. Funding sources include US Department of Education Award and Smart Start of Buncombe County. To make a tax deductible donation, contact our office.

Finances of 2010



F.I.R.S.T.
FAMILIES' INFORMATION RESOURCES SUPPORT & TECHNOLOGY

PO Box 802 Asheville, NC 28802

828.277.1315 fax 828.277.1321

www.firstwnc.org

F.I.R.S.T.

FAMILIES' INFORMATION RESOURCES SUPPORT & TECHNOLOGY

2010 Annual Report

A resource center and unique support for families of children with disabilities for all the stages of life, from preschool to school age to young adult to adult

the SUNSHINE Project

100% (117 of 117) of the children with special needs remain in the same facility for at least 6 months or the natural end of each child's placement.
- 39 childcare centers in Buncombe County received support from the SUNSHINE Project.
- 82% (94 of 114) childcare directors and teachers rated the trainings as helpful.

"...the SUNSHINE Project is responsible for many children receiving intervention and supports so they could be successful in the classroom setting. The SUNSHINE Project staff were able to establish positive relationships with the families, which in turn helped them to feel safe enough to agree by allowing their children to receive help..."
quote from Early Intervention Service Provider

Incredible Years Parenting Class

19 parents completed 11 of 14 sessions which impacted 31 children age 3 to 5.

"After the first group meeting I was already feeling encouraged and empowered. I went home and began to implement just one of the theories of the Incredible Years and within the week my family's dynamic began to shift in a more positive way. I was spending 10 minutes of focuses time with my children on most days and they began to pay attention to y requests when we were doing other things."
quote from parent of twins

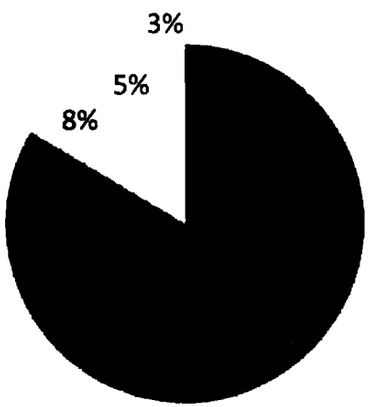
the SUNSHINE Project and Incredible Years Parenting Class are funded by Smart Start of Buncombe County with support of other community partners.

Community Parent Resource Center

F.I.R.S.T. with funding from Department of Education, Special Education Programs educated, trained and supported parents to access appropriate special education services for their children. A constant goal of our support to IEP teams is to improve communications between parents and school staff. This project focused on rural and Latino families in Buncombe and surrounding counties ended September 2010.

"From the very first contact, F.I.R.S.T. was wonderful and a huge help. We would never have survived the IEP process without them. Thank you!"
quote from parent of son with disabilities

3403 Contacts with Families



- 2848 Phone Calls
- 267 In Person Meetings
- 181 Emails
- 107 IEP Meetings

"F.I.R.S.T. staff spent over 3 hours with me -- both by phone and in person at my daughter's IEP/BIP planning meeting. She was extremely helpful, available and knowledgeable. I am greatly impressed with the expertise and resourcefulness of the F.I.R.S.T. organization. They are an amazing gift to our community"
parent of daughter with ASD

Summer Camps

F.I.R.S.T. offered two great opportunities for children and youth with a wide range of wide range of disabilities in our area thanks to the support of our partners and funder.

Teen Summer Fun Camp, a day camp program for youth from middle school to high school with developmental disabilities.

Summer Theatre Camp for budding actors who worked with Debbie Lombard of the Exceptional Theater Company. This gave us a cast of 28 actors for our final projection of Peter Pan on the stage of Asheville Community Theater to an audience of over 160 people.

"We are ever so grateful for this program and the opportunities that it provided for Celia. She is already talking about next year's summer camp and drama production. Many thanks to the staff and underwriters of this valuable program. What a blessing to have this program provide experiences and opportunities, especially when we have had so many doors closed for our special needs child, instead of opened." *quote from parent of teen camper*

P.L.A.Y. Project

A new project for F.I.R.S.T. in late 2009, 8 families started this year long training program to provide the intensive interventions for their young child with Autism Spectrum Disorder through this research based program.

"P.L.A.Y. Project has taught us to relate to our son through play and him to engage with us. He now comes to get us to play on his own and has started to come up with his own games. All of this has helped improve his joint attention and also improve his communication both verbal and nonverbal. I would highly recommend the P.L.A.Y. Project."
quote from mother of 3 year old

F.I.R.S.T.

THE SUNSHINE PROJECT

counts for Year 2010

- 117 children were assessed and served by Childcare Consultants Both parents and teachers were provided information about children's strengths, needs and effective strategies for intervention. 51 of these children were identified as eligible and referred for community services. 100% of the children that were referred to the SUNSHINE Project remained in the facility for at least 6 months or to their transition to Kindergarten.
- 111 childcare staff from 39 childcare centers received support from the SUNSHINE Project Childcare Consultants regarding child's specific needs and intervention strategies to meet them.
- 37 trainings were attended by 114 childcare centers staff through our Lunch and Learn series or The Regional Childcare Conference. 82% childcare of the directors and teachers rated the trainings as helpful.

year ending June 30, 2010

F.I.R.S.T.

SIT RIT

www.firstwnc.org

828.277.1315

the SUNSHINE Project does?

Smart Start of Buncombe County's Prevention Intervention Inclusion Project has funded the SUNSHINE Project since 2004. As of 2006, F.I.R.S.T. has administered this project which is the earliest form of early intervention in Buncombe County by providing support and individualized training for childcare center staff and families. Research shows having the opportunity for continual high quality training is necessary for childhood center staff. The SUNSHINE Project provides this to childcare center staff around the specific needs of a child who is a challenge to childcare center staff because of behavior, social emotional issues or a specific disability. With the constant turnover of staff in classrooms and centers, the training for staff who work with our young children is essential.

When the SUNSHINE Project Childcare Consultants receives a referral from a childcare center, both the center staff and parent are contacted to understand the issues or concerns. The Consultant visits the center on average of 7 times to observe, plan and model strategies. As part of these observations, Consultants will do assessments including Ages and Stages (ASQ), Ages and Stages: Social Emotional (ASQ:SE), BiTSEA, Child Behavior Checklist, Childhood Autism Rating Scale (CARS), Greenspan Social-Emotional Growth Scale and Sensory Profile. Based on observations and screenings then appropriate referrals may be made to agencies such as Exceptional Children services from public schools, Children's Development Services, mental health providers and therapies to meet the needs of the child and family. Even when referrals are made, Consultants continue to providing support and training to center staff and families until the concerns have been addressed.

The SUNSHINE Project also provides a Lunch and Learn series in centers to staff using research based curriculum. The centers benefit from free training that is available at their individual center during staff break time. In this small group training, staff receives contact hours and individualized information to meet the needs of the childcare center staff.

staff cost per hour

$153,000 Smart Start Funding

86 hours/week Childcare Consultants

$34 per hour cost

Current staff

Brooks Davis, MA, ITFS; Emily Aderman Bell, ITFS; Maura S. Davis, PhD

impact

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quote from Early Intervention Service Provider