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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010

Open to Public Inspection

Form **990**

Department of the Treasury
Internal Revenue Service

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.

A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BURKE COUNTY SMART START INC		D Employer identification number 56-1852721
	Doing Business As		E Telephone number 828-439-2326
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 4,063,843.
	P.O. BOX 630		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or country, and ZIP + 4 MORGANTON, NC 28680-0630		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JOAN ROVENSTINE 304 WEST UNION ST, MORGANTON, NC 28655			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.SMARTSTARTKIDS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1993 M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO DEVELOP AND PROVIDE, THRU PUBLIC AND PRIVATE MEANS, EARLY CHILDHOOD EDUCATION AND			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	6	
	6 Total number of volunteers (estimate if necessary)	6	25	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	4,179,583.	4,060,987.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.	
	11 Other revenue (Part VIII, column (A), lines 5, 6, 7c, 8c, 9c, 10c, and 11e)	1,263.	1,414.	
	12 Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,558.	1,442.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,182,404.	4,063,843.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,608,074.	1,518,703.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	341,358.	340,351.	
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,191,093.	2,156,672.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,140,525.	4,015,726.	
	19 Revenue less expenses. Subtract line 18 from line 12	41,879.	48,117.	
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21 Total liabilities (Part X, line 26)	183,610.	223,288.
		22 Net assets or fund balances. Subtract line 21 from line 20	12,923.	4,484.
			170,687.	218,804.

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	<i>Joan B. Roventine</i> Signature of officer	1-29-12 Date
	JOAN ROVENSTINE, EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DONALD D. ISENHOUR	Preparer's signature DONALD D. ISENHOUR	Date 01/26/12	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name MAST, EVANS & ISENHOUR, L.L.P.	Firm's EIN	Phone no. 828-464-2812		
	Firm's address P O BOX 1029 CONOVER, NC 28613-1029				

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

617 20

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: TO REACH OUT, BRING TOGETHER AND EMPOWER FAMILIES, CHURCHES, SCHOOLS, BUSINESSES, AND GOVERNMENT TO IMPROVE THE LIVES OF YOUNG CHILDREN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 626,911. including grants of \$ 626,911.) (Revenue \$) CHILD CARE & EDUCATION AFFORDABILITY - HEAD START EXPANSION EXTENDED THE HEAD START PROGRAM 50 ADDITIONAL DAYS FOR 104 ELIGIBLE CHILDREN. BY JUNE 30, 2011, 100% OF CHILDREN GRADUATING HEAD START WILL SUCCESSFULLY TRANSITION INTO KINDERGARTEN. MOBILE PRESCHOOL CLASSROOMS SERVED 278 CHILDREN AT 18 SITES IN BURKE COUNTY PROVIDING EDUCATION. 97.7% OF PARTICIPANT CHILDREN DEMONSTRATED AT LEAST ONE MONTH OF DEVELOPMENTAL GROWTH FOR EVERY CALENDER MONTH OF PARTICIPATION. QUALITY BONUSES PROVIDED TO 17 CHILD CARE FACILITIES SERVING 497 NON-SUBSIDIZED CHILDREN. 91.1% OF CHILD CARE FACILITIES RECEIVING QUALITY BONUSES MAINTAINED OR INCREASED THEIR QUALITY AS MEASURED BY THE STAR LICENSURE RATING.

4b (Code:) (Expenses \$ 2,088,151. including grants of \$ 0.) (Revenue \$) MORE AT FOUR - DEVELOPMENT AND IMPLEMENTATION OF MORE AT FOUR PREKINDERGARTEN PROGRAM FOR AT-RISK FOUR-YEAR-OLDS WHO ARE AT RISK OF FAILURE IN KINDERGARTEN. THE GOAL IS TO PROVIDE QUALITY PREKINDERGARTEN SERVICES IN ORDER TO ENHANCE KINDERGARTEN READINESS. 464 CHILDREN SERVED IN 36 CLASSROOMS AT 22 SITES LOCATED IN AREA PUBLIC SCHOOLS.

4c (Code:) (Expenses \$ 527,141. including grants of \$ 527,141.) (Revenue \$) CHILD CARE AND EDUCATION QUALITY - CHILD CARE RESOURCE AND REFERRAL SERVICES, SALARY SUPPLEMENTS, AND HEALTH CARE BENEFITS FOR CHILD CARE PROVIDERS TO ENHANCE THE QUALITY OF CHILD CARE FACILITIES. PROFESSIONAL DEVELOPMENT SUPPLEMENTS PAID TO 40 CHILD CARE PROVIDERS ENROLLED IN EARLY CHILDHOOD CLASSES WITH 325% COMPLETING HIGHER LEVELS OF EDUCATION. PROFESSIONAL DEVELOPMENT TRAINING PROVIDED TO 295 CHILD CARE PROVIDERS. HEALTH INSURANCE BENEFITS PROVIDED TO 147 CHILD CARE PROVIDERS IN 14 CHILD CARE FACILITIES WITH 33.3% IN 4 OR 5 STAR FACILITIES PROVIDING HEALTH INSURANCE BY JUNE 30, 2011. A PARENT COUNSELOR PROVIDED SERVICES TO 188 FAMILIES OF CHILDREN BETWEEN THE AGES BIRTH TO FIVE TO ASSIST THEM IN LOCATING AND ACCESSING CHILD CARE RESOURCES BY MAINTAINING A DATABASE OF 56 CHILD CARE FACILITIES. A

4d Other program services. (Describe in Schedule O.) (Expenses \$ 364,146. including grants of \$ 364,146.) (Revenue \$)

4e Total program service expenses 3,606,349.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, W-2G, backup withholding, Form W-3, foreign accounts, prohibited transactions, and Form 8886-T.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	24
b Enter the number of voting members included in line 1a, above, who are independent	1b	24
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, 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	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE CORPORATION - 828-439-2326**
PO BOX 630, MORGANTON, NC 28680-0630

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
BRUCE HAWKINS, SR DIRECTOR	1.00	X					0.	0.	0.	
BILL ALLMAN DIRECTOR	1.00	X					0.	0.	0.	
RICHARD C. AVERY VICE-CHAIR	2.00	X		X			0.	0.	0.	
REV. TIMOTHY HORLDT DIRECTOR	1.00	X					0.	0.	0.	
A. WILSON HAMMER SECRETARY	2.00	X		X			0.	0.	0.	
SHERRY GORDON DIRECTOR	1.00	X					0.	0.	0.	
KIM RUDISILL DIRECTOR	1.00	X					0.	0.	0.	
TINA KYES DIRECTOR	1.00	X					0.	0.	0.	
JUDY HAWKINS DIRECTOR	1.00	X					0.	0.	0.	
HELEN HARRIGER DIRECTOR	1.00	X					0.	0.	0.	
KIM LOGAN DIRECTOR	1.00	X					0.	0.	0.	
SUSAN POLLPETER DIRECTOR	1.00	X					0.	0.	0.	
DAVID L. RUST JR. DIRECTOR	1.00	X					0.	0.	0.	
SPRING WILLIAMS-BYRD CHAIR	2.00	X		X			0.	0.	0.	
CHUCK SCHLEIN TREASURER	2.00	X		X			0.	0.	0.	
DAVID SMITH DIRECTOR	1.00	X					0.	0.	0.	
KAREN J. JOHNSON DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
SALLY SANDY DIRECTOR	1.00	X						0.	0.	0.
RUTH ANN SUTTLE DIRECTOR	1.00	X						0.	0.	0.
JANET FISHER DIRECTOR	1.00	X						0.	0.	0.
VALERIE SHOOK DIRECTOR	1.00	X						0.	0.	0.
ELEANOR H. SUMMERS DIRECTOR	1.00	X						0.	0.	0.
JAN WYATT DIRECTOR	1.00	X						0.	0.	0.
JANICE ROSTAN DIRECTOR	1.00	X						0.	0.	0.
JIM WILSON DIRECTOR	1.00	X						0.	0.	0.
JOAN ROVENSTINE EXECUTIVE DIRECTOR	40.00			X				67,761.	0.	8,180.
1b Sub-total								67,761.	0.	8,180.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								67,761.	0.	8,180.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,054,374.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,613.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			4,060,987.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,414.			1,414.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real					
		(ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis and sales expenses						
c Gain or (loss)							
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
b Less: direct expenses							
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19							
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a SALES TAX REFUNDS	900099		1,442.	1,442.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			1,442.				
12 Total revenue. See instructions.			4,063,843.	1,442.	0.	1,414.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,518,703.	1,518,703.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	264,293.		264,293.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) ..	14,962.	726.	14,236.	
9 Other employee benefits	35,108.	2,629.	32,479.	
10 Payroll taxes	25,988.		25,988.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,895.		13,895.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	913.		913.	
13 Office expenses	9,154.		9,154.	
14 Information technology	7,193.		7,193.	
15 Royalties				
16 Occupancy	22,679.		22,679.	
17 Travel	5,587.	209.	5,378.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings ..	2,210.		2,210.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization ..				
23 Insurance	3,737.		3,737.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) ..				
a PURCHASE OF SERVICES -	2,084,012.	2,084,012.		
b DUES AND SUBSCRIPTIONS	1,256.	70.	1,186.	
c FURNITURE/EQUIPMENT UND	1,186.		1,186.	
d TRAINING	1,160.		1,160.	
e BANK CHARGES	1,131.		1,131.	
f All other expenses	2,559.		2,559.	
25 Total functional expenses. Add lines 1 through 24f	4,015,726.	3,606,349.	409,377.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1
	2	Savings and temporary cash investments	142,220.	2 189,672.
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	12,882.	4 4,482.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges		9
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b	Less: accumulated depreciation	10b	10c
	11	Investments - publicly traded securities		11
	12	Investments - other securities. See Part IV, line 11	28,508.	12 29,134.
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11		15
16	Total assets. Add lines 1 through 15 (must equal line 34)	183,610.	16 223,288.	
Liabilities	17	Accounts payable and accrued expenses	12,923.	17 4,484.
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities. Complete Part X of Schedule D		25
	26	Total liabilities. Add lines 17 through 25	12,923.	26 4,484.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	170,687.	27 213,804.
	28	Temporarily restricted net assets		28 5,000.
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	170,687.	33 218,804.	
34	Total liabilities and net assets/fund balances	183,610.	34 223,288.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,063,843.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,015,726.
3	Revenue less expenses. Subtract line 2 from line 1	3	48,117.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	170,687.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	218,804.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other MODIFIED CASH If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3901472.	4235712.	4432894.	4179583.	3394131.	20143792.
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	3901472.	4235712.	4432894.	4179583.	3394131.	20143792.
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						20143792.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3901472.	4235712.	4432894.	4179583.	3394131.	20143792.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,488.	8,027.	2,221.	1,262.	1,414.	24,412.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,044.	4,780.	7,540.	1,558.	1,442.	21,364.
11 Total support. Add lines 7 through 10						20189568.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.77 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.71 %
16a 33 1/3% support test - 2010. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. 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 ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. 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 ▶ <input type="checkbox"/>		
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 ▶ <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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ...						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SALES TAX REIMBURSEMENT

OTHER

Multiple horizontal lines for providing supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

BURKE COUNTY SMART START INC

Employer identification number

56-1852721

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	28,508.	27,919.	27,047.		
b Contributions					
c Net investment earnings, gains, and losses	626.	589.	872.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	29,134.	28,508.	27,919.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment %
 - c Term endowment %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MUTUAL FUNDS	29,134.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	29,134.	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote 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 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	4,063,843.
2	Total expenses (Form 990, Part IX, column (A), line 25)	4,015,726.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	48,117.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	48,117.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	4,063,843.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e 0.
3	Subtract line 2e from line 1	3 4,063,843.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c 0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 4,063,843.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	4,015,726.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e 0.
3	Subtract line 2e from line 1	3 4,015,726.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c 0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 4,015,726.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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

PART X, LINE 2: THE ORGANIZATION IS EXEMPT FROM PAYMENT OF INCOME TAXES UNDER THE PROVISION OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT TO THE EXTENT OF TAXES ON ANY UNRELATED BUSINESS INCOME. THE ADOPTION OF FASB ASC 740 DID NOT HAVE A SIGNIFICANT IMPACT ON THE FINANCIAL STATEMENTS OF THE ORGANIZATION.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

OMB No 1545-0047

2010

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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to 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. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BURKE COUNTY HEALTH DEPARTMENT 700 E. PARKER RD MORGANTON, NC 28655	56-6000280		48,354.	0.			HEALTH SCREENINGS
CHILD CARE CONNECTIONS OF BURKE COUNTY INC - 304 WEST UNION ST - MORGANTON, NC 28655	58-2222983	501(C)(3)	756,526.	0.			CHILD CARE RESOURCE & REFERRAL; PROFESSIONAL DEVELOPMENT; CHILD CARE QUALITY; PARENT
BURKE COUNTY PUBLIC SCHOOL 700 EAST PARKER RD MORGANTON, NC 28680	56-0935935		475,092.	307.	PURCHASED COST MATERIALS	EDUCATIONAL SUPPLIES &	PARENT EDUCATION, MOBILE PRE-SCHOOL CLASSROOM & FAMILY LITERACY
WESTERN PIEDMONT COMMUNITY COLLEGE 1001 BURKEMONT AVE MORGANTON, NC 28655	56-0816544		48,969.	0.			PROFESSIONAL DEVELOPMENT - EDUCATION ENHANCEMENT FOR CHILD CARE PROVIDERS
BURKE COUNTY LITERACY COUNCIL INC 300 N. GREEN STREET, #204 MORGANTON, NC 28655	58-1814596	501(C)(3)	32,714.	0.			FAMILY LITERACY PROGRAM - EARLY CHILDHOOD EDUCATION
APPALACHIAN FAMILY INNOVATIONS 203 AVERY AVE MORGANTON, NC 28655	56-1176030		47,683.	0.			HEALTHY FAMILIES - IN HOME ASSESSMENT, SERVICES & SUPPORT FOR CHILD HEALTH & WELL BEING

2 Enter total number of section 501(c)(3) and government organizations: **8.**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **SEE PART IV FOR COLUMN (H) DESCRIPTIONS** Schedule I (Form 990) (2010)

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

(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
BLUE RIDGE COMMUNITY ACTION 800 NORTH GREEN STREET MORGANTON, NC 28655	56-0855390	501(C)(3)	88,006.	33,006.	PURCHASED COST	EDUCATIONAL MATERIALS & SUPPLIES	HEAD START EXPANSION - PART DAY CHILD CARE PROGRAM, CHILD NUTRITION
BARIUM SPRINGS HOME FOR CHILDREN PO BOX 1 BARIUM SPRINGS, NC 28010	56-0529993	501(C)(3)	20,854.	0.			HEALTHY FAMILIES- IN HOME ASSESSMENT, SERVICES & SUPPORT FOR CHILD HEALTH & WELL BEING.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE PARTNERSHIP PROVIDES ONGOING MONITORING FOR EACH GRANT ACTIVITY THROUGHOUT THE FISCAL YEAR ON A MONTHLY BASIS VIA REQUIRED DOCUMENTATION FORWARDED TO THE PARTNERSHIP OFFICE EACH MONTH. FINANCIAL, PROGRAM MATCH, AND PROGRAMMATIC DATA ARE COLLECTED AND REVIEWED BY STAFF; THIS INFORMATION IS COMPILED QUARTERLY AND REVIEWED BY THE BOARD. THE PARTNERSHIP STAFF ALSO PROVIDES ON-SITE FINANCIAL AND PROGRAMMATIC MONITORING AT LEAST ANNUALLY. A STANDARD MONITORING INSTRUMENT FOR PROGRAM (GRANT) EVALUATION IS USED AND THE RESULTS ARE PRESENTED TO THE BOARD. THIS DOCUMENT IS USED IN PARTNERSHIP ANNUAL PLAN MEETINGS AND THE PERFORMANCE OF

Part IV Supplemental Information

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

CHILD CARE CONNECTIONS OF BURKE COUNTY INC

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

PROFESSIONAL DEVELOPMENT; CHILD CARE QUALITY; PARENT EDUCATION; CHILD

MENTAL HEALTH CONSULTANTS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
TINA KYES	KEY EMPLOYEE OF BLU	398,745.	BLUE RIDGE		X
DAVID RUST, JR	KEY EMPLOYEE OF BUR	48,354.	BURKE COUNT		X
BILL ALLMAN	TRUSTEE OF WESTERN	48,969.	WESTERN PIE		X
JAN WYATT	OWNER/KEY EMPLOYEE	164,781.	BURKE COUNT		X
KIM RUDISILL	KEY EMPLOYEE OF BUR	2,157,137.	BURKE COUNT		X
JANET FISHER	KEY EMPLOYEE OF WES	48,969.	WESTERN PIE		X
KAREN JOHNSON	OWNER OF JOHNSON'S	2,444.	JOHNSON'S L		X
VALERIE SHOOK	KEY EMPLOYEE OF CHI	756,526.	CHILD CARE		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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

(A) NAME OF PERSON: TINA KYES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE OF BLUE RIDGE COMMUNITY ACTION

(D) DESCRIPTION OF TRANSACTION: BLUE RIDGE COMMUNITY ACTION IS A DIRECT SERVICE PROVIDER/GRANTEE, RECEIVES FUNDS FROM CHILD CARE CONNECTIONS OF BURKE COUNTY INC, BURKE COUNTY SMART START PURCHASES MORE@FOUR SERVICES FROM BLUE RIDGE COMMUNITY ACTION.

(A) NAME OF PERSON: DAVID RUST, JR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE OF BURKE COUNTY HEALTH DEPARTMENT

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

(A) NAME OF PERSON: BILL ALLMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE OF WESTERN PIEDMONT COMMUNITY COLLEGE

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

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: JAN WYATT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNER/KEY EMPLOYEE OF CREATIVE BEGINNING CHILD CARE CENTER LLC

(D) DESCRIPTION OF TRANSACTION: BURKE COUNTY SMART START PURCHASES MORE @ FOUR SERVICES FROM CREATIVE BEGINNINGS CHILD CARE CENTER LLC AND CREATIVE BEGINNINGS CHILD CARE CENTER LLC RECEIVES FUNDS FROM CHILD CARE CONNECTIONS OF BURKE COUNTY INC.

(A) NAME OF PERSON: KIM RUDISILL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE OF BURKE COUNTY PUBLIC SCHOOLS

(D) DESCRIPTION OF TRANSACTION: BURKE COUNTY PUBLIC SCHOOLS IS A DIRECT SERVICE PROVIDER/GRANTEE AND BURKE COUNTY SMART START PURCHASES MORE@ FOUR SERVICES FROM BURKE COUNTY SCHOOLS.

(A) NAME OF PERSON: JANET FISHER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE OF WESTERN PIEDMONT COMMUNITY COLLEGE

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

(A) NAME OF PERSON: KAREN JOHNSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNER OF JOHNSON'S LITTLE TOUCH CHILD CARE CENTER

(D) DESCRIPTION OF TRANSACTION: JOHNSON'S LITTLE TOUCH CHILD CARE CENTER RECEIVES FUNDS FROM CHILD CARE CONNECTIONS OF BURKE COUNTY INC

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

(A) NAME OF PERSON: VALERIE SHOOK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE OF CHILD CARE CONNECTIONS OF BURKE COUNTY INC

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

BURKE COUNTY SMART START INC

Employer identification number
56-1852721

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

DEVELOPMENTAL SERVICES FOR CHILDREN AND FAMILIES.

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

**PROFESSIONAL DEVELOPMENT COORDINATOR PROVIDED INSTRUCTIONAL AND
PROFESSIONAL DEVELOPMENT SERVICES TO EARLY CHILDHOOD EDUCATION STUDENTS
IN ORDER TO INCREASE THE LEVEL OF FORMAL EDUCATION. 48% OF EMPLOYED
CHILD CARE TEACHERS WHO PARTICIPATED IN LEARNING ABOUT EARLY CHILDHOOD
FROM THE PROFESSIONAL DEVELOPMENT EMPLOYEE WILL ENROLL IN THE ECE
PROGRAM.**

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

**HEALTH & SAFETY - CHILD CARE HEALTH CONSULTANTS AND INTENSIVE HOME
VISITING FOR HEALTHY CHILDRENS DEVELOPMENT. 100% OR 47/47 OF THE
FAMILIES PARTICIPATING FOR 6 MONTHS HAVE DEMONSTRATED PROGRESS TOWARD
GOAL ATTAINMENT ON THEIR IFSP. 100% OF THE TARGETED CHILD CARE
FACILITIES THAT RECEIVED HEALTH CONSULTATION SERVICES INDICATED AN
INCREASE IN ENVIRONMENT RATINGS.**

EXPENSES \$ 48,354. INCLUDING GRANTS OF \$ 48,354. REVENUE \$ 0.

**FAMILY SUPPORT - PARENT/CHILD LITERACY, PARENTING AND CHILD DEVELOPMENT
EDUCATION. INCLUDING IN-HOME VISITS USING THE PARENTS AS TEACHERS BORN
TO LEARN CURRICULUM; INTERACTIVE PARENT AND CHILD LITERACY ACTIVITIES
SERVING 37 CHILDREN; 256 FAMILIES SERVED THRU FAMILY LITERACY PROGRAMS.**

EXPENSES \$ 315,792. INCLUDING GRANTS OF \$ 315,792. REVENUE \$ 0.

Name of the organization

BURKE COUNTY SMART START INC

Employer identification number

56-1852721

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED THE EXECUTIVE DIRECTOR AND FINANCE COORDINATOR. UPON COMPLETION OF EXECUTIVE DIRECTOR AND FINANCIAL COORDINATOR, EXECUTIVE COMMITTEE REVIEWS AND MAKES MOTION TO THE FULL BOARD TO APPROVE AS PREPARED. COPIES ARE MADE AVAILABLE TO BOARD MEMBERS. UPON BOARD APPROVAL, EXECUTIVE DIRECTOR SIGNS AND FILES THE FORM 990 WITH THE IRS.

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

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

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

FORM 990, PART XI, FINANCIAL STATEMENTS AND REPORTING, QUESTION 1 THE ORGANIZATION USES THE MODIFIED CASH BASIS OF ACCOUNTING FOR ITS BOOKS AND RECORDS AND ALSO FOR 990 PURPOSES. THIS METHOD OF ACCOUNTING IS REQUIRED BY THE NC STATE AUDITORS OFFICE AS WELL AS THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC. THESE ORGANIZATIONS HAVE REGULATORY OVERSITE OF THE BURKE COUNTY SMART START INC.

PART XII, QUESTION 2(C)

032212 01-24-11

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

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

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

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

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

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE CORPORATION

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)