



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2010**Open to Public Inspection**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 07/01 , 2010, and ending 06/30 , 20 11																	
B Check if applicable: <input checked="" 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization SMART START OF NEW HANOVER COUNTY INC</td> </tr> <tr> <td colspan="2">Doing Business As</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>3534 South College Road Suite F</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4</td> </tr> <tr> <td colspan="2">Wilmington, NC 28412</td> </tr> <tr> <td colspan="2">F Name and address of principal officer Janet Nelson</td> </tr> <tr> <td colspan="2">3534 South College Road, Suite F, Wilmington, NC 28412</td> </tr> </table>	C Name of organization SMART START OF NEW HANOVER COUNTY INC		Doing Business As		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	3534 South College Road Suite F		City or town, state or country, and ZIP + 4		Wilmington, NC 28412		F Name and address of principal officer Janet Nelson		3534 South College Road, Suite F, Wilmington, NC 28412	
C Name of organization SMART START OF NEW HANOVER COUNTY INC																	
Doing Business As																	
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite																
3534 South College Road Suite F																	
City or town, state or country, and ZIP + 4																	
Wilmington, NC 28412																	
F Name and address of principal officer Janet Nelson																	
3534 South College Road, Suite F, Wilmington, NC 28412																	
D Employer identification number 56-1951952																	
E Telephone number 910-815-3731																	
G Gross receipts \$ 1,868,462																	
H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)																	
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.newhanoverkids.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 1995 M State of legal domicile NC																	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Smart Start of New Hanover County seeks to build bridges to develop, sustain and enhance health, family support and early education services for all children, ages birth to five.			
	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	35	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	35	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	19	
	6	Total number of volunteers (estimate if necessary)	6	62	
	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)	1,576,417	1,857,099	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,558	5,297	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	278	251	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,598	5,815	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,605,851	1,868,462	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	478,797	616,965	
	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)	845,027	888,403	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	0	0	
Expenses	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	256,727	336,140	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,580,551	1,841,508	
	19	Revenue less expenses. Subtract line 18 from line 12	25,300	26,954	
	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)	84,687	127,613
		22	Net assets or fund balances. Subtract line 21 from line 20	-4,540	11,432
				89,227	116,181

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		Date 1/17/12			
	Signature of officer Janet Nelson, Executive Director Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2010)

917 3

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

- 1** Briefly describe the organization's mission:
Smart Start of New Hanover County seeks to build bridges to develop, sustain and enhance health, family support and early education services for all children, ages birth to five.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 447,017 including grants of \$ 66,953) (Revenue \$ 0)
Smart Start Early Childhood Connections: Improves and maintains the quality of licensed child care centers and family child care homes through technical assistance and teacher training. Grants and incentives are available to eligible facilities. 185 child care directors/providers in 44 child care facilities received direct, intensive support, including cash or equipment/material grants impacting 1635 children. 87 child care providers serving a total of over 6280 children participated in at least one of the 73 SS-funded trainings/workshops. 80 child care classrooms successfully completed social-emotional curriculum training and support activities. 487 child care providers in 102 child care facilities serving 6280 children participated in trainings designed to support the increase or maintenance of the facilities' licensure level.

4b (Code:) (Expenses \$ 264,539 including grants of \$ 5,559) (Revenue \$ 0)
Smart Start Family Community Connections. Facilitates community collaborations and educates parents, the general public and civic and business groups about early childhood issues. Provides up-to-date information to families and other community members on child development, health, child care quality, school readiness, and family support resources as well as referrals to community resources. 157 Latino children were newly enrolled in Health Check/Health Choice and an additional 49 enrollments were renewed as a result of direct SSFCC support. 186 pediatric appointments were facilitated for Latino children to support access and appropriate use of health care services. Approximately 1175 New Baby (parent info) packets were produced for dissemination to parents at NHRMC. Over 851 Kindergarten Readiness Packets for parents of pre-school children were distributed. 2785 age-appropriate books were distributed to over 940 children in More @ Four (NCPK) classrooms

4c (Code:) (Expenses \$ 236,050 including grants of \$ 236,050) (Revenue \$ 0)
Smart Start Intervention/Inclusion Services provided by Easter Seals/UCP of NC: Staff provides training and technical assistance to child care facilities to allow for the inclusion of children with special needs in daily classroom activities and support for individual children. Consultation and training for families is offered. Child care providers/facilities may participate in an intensive teacher training grant activity. 179 children received therapies and/or interventions as part of SSI/I Services. 145 parents received training and support for a child receiving therapy and/or intervention. 101 teachers in 46 different child care facilities received on-site training and/or support in working with children with behavioral or other special needs. 96 child care providers from 36 different facilities participated in training workshops.

4d Other program services. (Describe in Schedule O.) See Schedule O, Statement 2
 (Expenses \$ 649,054 including grants of \$ 308,403) (Revenue \$ 0)

4e Total program service expenses **▶** 1,596,660

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
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? If "Yes," complete Schedule C, Part II	4	✓
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? If "Yes," complete Schedule C, Part III	5	✓
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? If "Yes," complete Schedule D, Part I	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓
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? If "Yes," complete Schedule D, Part VI	11a	✓
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? If "Yes," complete Schedule D, Part VII	11b	✓
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? If "Yes," complete Schedule D, Part VIII	11c	✓
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? If "Yes," complete Schedule D, Part IX	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓
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)? If "Yes," complete Schedule D, Part X	11f	✓
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
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? If "Yes," complete Schedule F, Parts I and IV	14b	✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	✓
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? If "Yes," complete Schedule G, Part I (see instructions)	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 ✓	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	✓
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)	20b	

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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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>		<input checked="" type="checkbox"/>
25b 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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 27		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 19		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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 35		
b Enter the number of voting members included in line 1a, above, who are independent	1b 35		
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		✓
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		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6 Does the organization have members or stockholders?	6		✓
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		✓
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	✓	
b Each committee with authority to act on behalf of the governing body?	8b	✓	
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		✓

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		✓
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	✓	
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	✓	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
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	✓	
13 Does the organization have a written whistleblower policy?	13	✓	
14 Does the organization have a written document retention and destruction policy?	14	✓	
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	✓	
b Other officers or key employees of the organization	15b		✓
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		✓
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 ►

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: ► Janet Nelson, (910)815-3731
3534 S College Road, Suite F, Wilmington, NC 28412

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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			
Melissa Lavengood Vice President	0	✓		✓				0	0	0
Carolyn Moskowitz Secretary	0	✓						0	0	0
Richard Ferguson Board Member	0	✓						0	0	0
Craig Ihrke Board Member	0	✓						0	0	0
Andre Mallette Board Member	0	✓						0	0	0
Hoke Pollock Board Member	0	✓						0	0	0
Nick Rhodes Jr Board Member	0	✓						0	0	0
Pamela Robinson Board Member	0	✓						0	0	0
Rhonda Tighe Board Member	0	✓						0	0	0
Mark Tinsley Board Member	0	✓						0	0	0
Nancy Haddock Board Member	0	✓						0	0	0
Barbara Mann Board Member	0	✓						0	0	0
Amy Tripp Board Member	0	✓		✓				0	0	0
Roxane Stein Board Member	0	✓						0	0	0
Jane A Fox Board Member	0	✓						0	0	0
Harry Tuchmayer Board Member	0	✓						0	0	0

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

(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			
Devon Baldwin Board Member	0	<input checked="" type="checkbox"/>						0	0	0
Keith Jaworski Board Member	0	<input checked="" type="checkbox"/>						0	0	0
Olga Joachim Board Member	0	<input checked="" type="checkbox"/>						0	0	0
James Moore Board Member	0	<input checked="" type="checkbox"/>						0	0	0
Jenna Butler Board Member	0	<input checked="" type="checkbox"/>						0	0	0
Robert Lapp Board Member	0	<input checked="" type="checkbox"/>						0	0	0
Chris McNamee Board Member	0	<input checked="" type="checkbox"/>						0	0	0
Foster Norman Board Member	0	<input checked="" type="checkbox"/>						0	0	0
Denise Ward Board Member	0	<input checked="" type="checkbox"/>						0	0	0
Janet Nelson Executive Director	40	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				74,645	0	10,626
Sandra Sheridan President	0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Greg Stone Treasurer	0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Ed Adams Board Member	0	<input checked="" type="checkbox"/>						0	0	0
Brian Berger Board Member	0	<input checked="" type="checkbox"/>						0	0	0
Jane Marr Board Member	0	<input checked="" type="checkbox"/>						0	0	0
Nancy Nail Board Member	0	<input checked="" type="checkbox"/>						0	0	0

[illegible]

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? <i>If "Yes," complete Schedule J for such individual</i>	3	✓
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? <i>If "Yes," complete Schedule J for such individual</i>	4	✓
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	✓

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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	1a	Federated campaigns	1a 12,042				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 34,266				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 1,794,693				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 16,098				
	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f	1,857,099				
Program Service Revenue	Business Code						
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue	5,297	5,297	0	0	
	g	Total. Add lines 2a-2f	5,297				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		251	251	0	0
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		0	0	0	0
	6a	(i) Real					
		(ii) Personal					
		Gross Rents					
		Less: rental expenses					
	c	Rental income or (loss)		0	0		
	d	Net rental income or (loss)					
	7a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory					
		Less: cost or other basis and sales expenses					
	c	Gain or (loss)		0	0		
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 34,266 of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
	Less: cost of goods sold						
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue		5,815	5,815	0	0	
e	Total. Add lines 11a-11d		5,815				
12	Total revenue. See instructions.		1,868,462	11,363	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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	565,993	565,993		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	50,972	50,972		
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	75,748		75,748	
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	617,042	554,121	62,921	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,905	14,722	4,183	
9	Other employee benefits	122,613	96,600	26,013	
10	Payroll taxes	54,095	43,296	10,799	
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	10,952		10,952	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	30,089	27,445	2,644	
12	Advertising and promotion	14,580	13,515	1,065	
13	Office expenses	77,004	66,053	10,951	
14	Information technology				
15	Royalties	0			
16	Occupancy	116,833	101,096	15,737	
17	Travel	19,190	16,962	2,228	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,022	16,619	1,403	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,648	2,029	4,619	
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	Furniture, Computers and Equipment	15,102	13,753	1,349	0
b	Dues and Subscriptions	7,038	3,334	3,704	0
c	Repairs and Maintenance	12,625	10,150	2,475	0
d	Sales and Use Tax	8,057	0	8,057	0
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,841,508	1,596,660	244,848	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	84,427	1	127,613
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, 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		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	260	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	84,687	16	127,613	
Liabilities	17 Accounts payable and accrued expenses	-4,540	17	11,432
	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	-4,540	26	11,432
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	66,743	27	88,773
	28 Temporarily restricted net assets	22,484	28	27,408
	29 Permanently restricted net assets	0	29	0
	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	89,227	33	116,181
	34 Total liabilities and net assets/fund balances	84,687	34	127,613

Part XI Reconciliation of Net AssetsCheck 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	1,868,462
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,841,508
3	Revenue less expenses. Subtract line 2 from line 1	3	26,954
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89,227
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	116,181

Part XII Financial Statements and ReportingCheck 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 <u>Modified Cash Bas</u> 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?		✓
b Were the organization's financial statements audited by an independent accountant?		✓
c 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.		
d 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 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?		✓
b 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		

SCHEDULE A
(Form 990 or 990-EZ)

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

2010

**Open to Public
Inspection**

Name of the organization

SMART START OF NEW HANOVER COUNTY INC

Employer identification number

56-1951952

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 described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.")	1,842,195	1,732,570	1,775,951	1,603,830	1,862,396	8,816,942
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total. Add lines 1 through 3.	1,842,195	1,732,570	1,775,951	1,603,830	1,862,396	8,816,942
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.						8,816,942

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	1,842,195	1,732,570	1,775,951	1,603,830	1,862,396	8,816,942
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,116	2,638	588	278	251	6,871
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.)	11,378	3,096	4,097	1,743	5,815	26,129
11 Total support. Add lines 7 through 10						8,849,942
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	99.63 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.51 %
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 <input type="checkbox"/>						

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 33¹/₃% 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 <input type="checkbox"/>		
b 33¹/₃% 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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).

General Explanation - Sales and use tax refund from the State of North Carolina.

Area with horizontal dashed lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Breakfast Fundraise</u> (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	46,325			46,325
	2 Less: Charitable contributions	0			0
	3 Gross income (line 1 minus line 2)	46,325			46,325
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	532			532
	6 Rent/facility costs	1,665			1,665
	7 Food and beverages	2,659		0	2,659
	8 Entertainment	3,000		0	3,000
	9 Other direct expenses	4,203			4,203
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(12,059)
11 Net income summary. Combine line 3, column (d), and line 10 ▶				34,266	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- | | | | |
|----|---|------------------------------|-----------------------------|
| 11 | Does the organization operate gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity operated in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name ► _____

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ► _____

Address ►

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

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

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

SMART START OF NEW HANOVER COUNTY INC

56-1951952

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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
(1) Sch I Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations							5
3 Enter total number of other organizations							6

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

Cat. No. 50055P

Schedule I (Form 990) (2010)

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
1 See Schedule I, Part IV, Statement 2					
2					
3					
4					
5					
6					
7					

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

Schedule I, Part I, Line 2 - Smart Start of New Hanover County staff will complete staff visits and review all activities to ensure compliance with all programmatic evaluation and financial contractual requirements for grant recipients.

Description of Grants and Other Assistance to Governments and Organizations in the United States		Amount of cash grant	Amount of non-cash assistance
Name and address	A Child's World Early Learning - LaDonna Sanservero 3514 Carolina Beach Road Wilmington, NC 28412	6,094	
EIN	56-1760523		
IRC code section			
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Early Childhood Connection focus group - Cash Grant - Dedication of Quality, Non-cash grant is for Indoor and Outdoor Learning Grants		
Name and address	Child Development Center 3802 Princess Place Wilmington, NC 28405	5,999	
EIN	56-0796221		
IRC code section	501 (C) 3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Early Childhood Connection Focus group - Cash Grant - Dedication to Quality, Non cash grant is for indoor and outdoor learning grants.		
Name and address	Miss Marta LLC The Learning Tree 4306 Lake Avenue Wilmington, NC 28403	6,092	
EIN	27-1221163		
IRC code section			
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Early Childhood Connection Focus Group - Cash Grant - Dedication of Quality; Non-cash grant is for indoor and outdoor learning grants.		
Name and address	SPEC # 7 Preschool 165 Vision Drive Wilmington, NC 28403	6,032	
EIN	56-1355519		
IRC code section			
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Early Childhood Connection Focus Group - Cash Grant - Dedication of Quality, Non cash grant is for indoor and outdoor learning grants		
Name and address	Communities in Schools of Cape Fear 20 N Fourth Street Wilmington, NC 28401	76,677	
EIN	20-3385755		
IRC code section	501 (C) 3		
Method of valuation			
Description of non-			

Schedule I, Part IV, Statement 1

SMART START OF NEW HANOVER COUNTY INC

cash assistance

Purpose of grant Smart Start Baby Fast program.

Name and address NHC Public Library 182,580

NHC Finance County Office
230 Government Center Drive Suite 1
Wilmington, NC 28403

EIN 56-6000324

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Smart Start Growing Readers and Smart Start Raising a Reader programs

Name and address Easter Seals UCP NC Echoes 236,050

Easter Seals UCP NC/VA
3333 M Wrightsville Avenue
Wilmington, NC 28403

EIN 56-0670676

IRC code section 501 (C) 3

Method of valuation

Description of non-cash assistance

Purpose of grant Smart Start Interactive Program

Name and address AAI Pharma Services Learning Center 5,093

2320 Scientific Park Drive
Wilmington, NC 28405

EIN 56-1665285

IRC code section

Method of valuation Cost

Description of non-cash assistance Non Cash Grant

Purpose of grant Early Childhood Connections - Indoor/Outdoor Learning Grants

Name and address Childcare Network # 127 5,094

19 Lennon Drive
Wilmington, NC 28405

EIN 63-0986576

IRC code section

Method of valuation Cost

Description of non-cash assistance Non Cash Grant

Purpose of grant Early Childhood Connections - Indoor/Outdoor Learning Grants

Name and address Gateway Academy Child Development Center 5,090

7131 Market Street
Wilmington, NC 28411

EIN 86-0793666

IRC code section

Method of valuation Cost

Description of non-cash assistance Non Cash Grant

Purpose of grant Early Childhood Connections - Indoor/Outdoor Learning Grants

Name and address New Hanover Community Action Inc 5,080

507 N 6th Street
PO Box 839
Wilmington, NC 28401

Schedule I, Part IV, Statement 1

SMART START OF NEW HANOVER COUNTY INC

EIN 56-0989131

IRC code section 501 (C) 3

Method of valuation Cost

Description of non- Non Cash Grant
cash assistance

Purpose of grant Early Childhood Connections Indoor/Outdoor
Learning grants

Description of Grants and Other Assistance to Individuals in the United States

		Number of recipients	Amount of cash grant	Amount of non-cash assistance
Type of grant	Healthy Hops Curriculums; Moththread Books; Move to Music; RIF Books, Touchpoints Training; Welcome Baby Packets	3027	37,144	13,728
Method of valuation	Cost			
Description of non-cash assistance	Curriculums handed out to individuals who attend an obesity prevention workshop; books distributed to individuals attending Moththread Baby classes; CD's to individuals who attended a Move to Music workshop; books distributed; grants for Training the Trainers in the community in Touchpoint approach, Baby Packets were given to mothers of new born babies			

SCHEDULE L
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Transactions With Interested Persons**▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2010**Open To Public
Inspection**

Name of the organization

SMART START OF NEW HANOVER COUNTY INC

Employer identification number

56-1951952

Part I**Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year
under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II**Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

Total ▶ \$

Part III**Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1) AAI Pharma Services Learning Center	Board Member	5,093, Grant
(2) CFCC Child Development Center, Rhon	Board Member	96, Grant
(3) Child Development Center, Nancy Had	Board Member	5,999, Grant
(4) New Hanover County Community Action	Board Members	5,080, Grant
(5) New Hanover County Government, Harr	Board Members	182,580, Grant
(6) Pam Robinson	Board Member	400, Grant
(7)		
(8)		
(9)		
(10)		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 50056A

Schedule L (Form 990 or 990-EZ) 2010

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
(1) TRL Real Estate	Mark Tinsley Partnership	108,334	Office Rent		✓
(2) UNCW Wilmington	Board member is an empl	1,915	Room rental for breakfast event		✓
(3) Wilmington Parent Seaside Media	Owner is a Board Member	1,832	Outreach advertising		✓
(4) UNCW Aramark	Board member is a memb	2,659	Meal for breakfast event		✓
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

Employer identification number

SMART START OF NEW HANOVER COUNTY INC

56-1951952

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Schedule M, Part I, Lines 25-28 - Non cash contributions totaled \$31,538

Area for supplemental information with horizontal dashed lines.

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

SMART START OF NEW HANOVER COUNTY INC

Employer identification number

56-1951952

Form 990, Part VI, Section B, Line 11a - The Form 990 was given to the Finance Committee which included the Treasurer for review before it was filed. Then it was made available to all Board Members at the next board meeting after it was filed.

Form 990, Part VI, Section B, Line 12c - A Conflict of Interest statement is completed annually by each board member in accordance with the Conflict of Interest policy. The policy is monitored by the Board Chair at each committee to ensure compliance. All board members are required to disclose annually interests that could give rise to conflicts. Board members are asked to abstain or are asked to leave the room when discussions of money allocations are taking place.

Form 990, Part VI, Section B, Line 15 - Process for determining Executive Directors salary: In July 2008, Smart Start of New Hanover County hired an outside HR Consultant who received data of salaries from other Smart Start organizations in other counties that were comparable to New Hanover. A pay schedule and evaluation form was developed and approved by the Executive Committee. Each year the Executive Committee completes the performance evaluation on the Executive Director and adjusts the salary based on the pay schedule and evaluation. The Executive Committee used the same format the Executive Director uses for all of the employees.

Form 990, Part VI, Section C, Line 19 - All board minutes with financial statements are available to the public upon request. Audited Financial statements are available to the public upon request. Annual reports are available on the website.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	SMART START BABY FAST (FAMILIES AND SCHOOLS TOGETHER) PROVIDED BY COMMUNITIES IN SCHOOLS OF CAPE FEAR: Nurtures teen parents through mentoring and education, to strengthen family and social relationships, and the accessing of community support services. Setting and reaching educational goals is emphasized. Three, 8-week cycles of the Baby FAST® program were conducted with the support of trained program coordinators, 10 contracted, community resource team members, and over 48 community volunteers. 28 teen mothers, 15 grandmothers/grandfathers or other support persons, 8 fathers, and 21 other family members participated in the SS Baby FAST family support program, impacting 28 babies. 59 Baby FAST graduates and 38 family members attended at least 1 FASTWorks® support group session. 205 community/health & well-being referrals were made to teen parents for themselves, 147 referrals were made support and resources for their babies, and 35 were provided to support persons.	75,552	75,552	0
	SMART START PROGRAM MANAGER/EVALUATOR: Oversee and support delivery of all contracted services including contracting & contract compliance, and program evaluation/outcomes tracking, monitoring, and effectiveness. Report to Board of Directors on progress towards long- and short-term goals for agency and programs. 12 monitoring visits were conducted to review 9 contracted program activities, 14 state and local contract amendments/revisions were facilitated to determine and maintain contract compliance. 5 full Board of Director and 16 Board Committee meetings conducted/facilitated. 9 Contractor meetings/events conducted to impart and share program-related information and updates. SS P M/E participated in over 35 community/regional committee and/or other group meetings related to agency and programmatic areas of focus.	105,891	0	0
	SMART START CHILD CARE HEALTH CONSULTANT: Certified Child Care Health Consultant provides training, consultation and technical assistance to child care facilities and the families utilizing them to promote safe and healthy environments in child care settings. 27 facilities participating in a specialized Medication Storage training activity received a storage unit to support appropriate practices at their child care site. 194 child care providers in 44 child care facilities serving 3622 children participated in trainings specific to health and safety issues and topics.	68,357	2,783	0
	Smart Start Growing Readers provided by NHC Public Library: Models and trains child care providers in age-appropriate early literacy activities for young children. High quality books and literacy materials for classrooms are provided. Grants and incentives associated with intensive classroom training are available to eligible facilities. 62 child care teachers and other staff in 18 different facilities serving 2377 children received intensive technical assistance and training in early language and literacy teaching skills. 27 technical assistance plans based on classroom pre-assessments were developed to allow for structured, individualized training. 89 bookbags containing age-appropriate literacy materials were regularly delivered to participating classrooms to support literacy rich classroom environments. 90 child care teachers in 12 facilities serving 1384 children received early language and literacy maintenance support, including the distribution of 362 bookbags.	129,246	129,244	0
	SMART START RAISING A READER PROVIDED BY NHC PUBLIC LIBRARY: Equips child care providers with books, materials and strategies for engaging families in reading activities. This program focuses on school/home book bag rotation, literacy events and library utilization. 13 child care teachers in 5 child care facilities received Raising A Reader training and support to provide the book-sharing program with 191 children and their families. 2172 books were rotated among participating families and new library cards were issued. 74 of them 22 family events, including a library tour and celebration, were conducted over the course of the program with over 106 participating family.	53,528	53,336	0

Schedule O, Statement 2

SMART START OF NEW HANOVER COUNTY INC

members attending at least one event			
SMART START PROFESSIONAL PLANNING SERVICES: Offers consultation and enrollment assistance to child care providers to increase their education levels. Assists with professional development plans and in accessing financial and other resources. Grants and incentives are available to eligible individuals and facilities. 74 child care providers working in 31 different child care facilities serving over 2500 children received grant awards for successfully completed Early Childhood Education courses with direct technical assistance from SSPPS. Cash awards totaling 21,650 were distributed to child care providers completing coursework and/or degrees in Early Childhood Education. 44 child care providers received support from SSPPS in developing professional education portfolios. 86 child care teachers received direct assistance in submitting financial aid, WAGE\$, and/or other education supplement/bonus applications. 1 "Models of Excellence" worksite received work lab equipment and other supports provided by Smart Start and established paid work leave time at their facilities to promote the importance of furthering the Early Childhood Education pursuits of staff.	173,655	38,394	0
Latino Community Services/Resource and Referrals: Assists and provides referrals for Spanish-speaking parents in navigating local services and systems. Offers referrals to child care programs and information on how to recognize high-quality care. 134 Latino children received both child care and other resource referrals.	21,751	0	0
General Mill Champions for Healthy Kids: A comprehensive initiative to help improve nutrition and fitness behaviors in a child care environment. 100 child care providers participated in the "Healthy Hops" nutrition and fitness training for young children in child care and their caregivers.	9,522	7,969	0
Cape Fear United Way Motherhood B.A.B.Y.: 10-week sessions for teen moms and moms on Methadone Treatment, fostering bonding between the mother and baby, empower and create support systems for mothers at risk.	10,764	1,125	0
Smart Start PUZZLES Center(Corning Grant): Provides parents a free customized list of child care options as well as information and community referrals about issues relevant to young families such as high-quality child care, child development, and school readiness. The PUZZLES Resource Room also offers high-quality educational materials and equipment from a lending library for parents, child care providers, and students in early childhood education programs. Over 200 families received referrals through Smart Start Information Services.	788	0	0
Total:	649,054	308,403	0