



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



Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2010**Open to Public Inspection**

A For the 2010 calendar year, or tax year beginning <u>7/1/2010</u> , and ending <u>6/30/2011</u>	
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 <u>South Carolina First Steps to School Readiness Board</u> Doing Business As _____ Number and street (or P O box if mail is not delivered to street address) Room/suite <u>1300 Sumter Street</u> <u>100</u> City or town, state or country, and ZIP + 4 <u>Columbia SC 29201-3339</u> F Name and address of principal officer <u>Susan DeVenny 1300 Sumter St, Columbia, SC 29201</u>
D Employer identification number <u>57-1087576</u>	
E Telephone number <u>(803) 734-0100</u>	
G Gross receipts \$ <u>33,981,034</u>	
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)	
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: ▶ <u>www.scfirststeps.org</u>	
H(c) Group exemption number ▶ _____	
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 <u>1999</u>
M State of legal domicile <u>SC</u>	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>To support parents to strengthen their families and promote the optimal development of preschool children, increase comprehensive services to reduce the risk of major physical, developmental, and learning problems; promote high quality preschool programs; provide services so preschool children receive</u>		
	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	<u>20</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>20</u>
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	<u>0</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>0</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0</u>
b	Net unrelated business taxable income from Form 990-T, line 34	7b	<u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>19,526,350</u>	<u>33,755,673</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0</u>	<u>0</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>436,681</u>	<u>225,361</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>19,963,031</u>	<u>33,981,034</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>17,390,532</u>	<u>14,806,948</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>2,647,711</u>	<u>3,016,376</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<u>1,845,293</u>	<u>17,358,103</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>21,883,536</u>	<u>35,181,427</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>-1,920,505</u>	<u>-1,200,393</u>	
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)	<u>4,514,292</u>	<u>3,275,907</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>37,992</u>	<u>0</u>
			<u>4,476,300</u>	<u>3,275,907</u>

Part II Signature Block

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

Sign Here	Signature of officer <u>Susan W. DeVenny</u> State Director, Susan W. DeVenny	Date <u>2-14-12</u>	
	Type or print name and title		
Paid Preparer's Use Only	Print/Type preparer's name	Preparer's signature	Date
	Marlon Hutchins, Jr., CPA	<u>Marlon Hutchins, Jr., CPA</u>	<u>2/10/2012</u>
	Firm's name ▶ Sharon L. Pate, CPA	Firm's EIN ▶ 57-1125746	Check <input type="checkbox"/> if self-employed
Firm's address ▶ 532 Knox Abbott Dr, Suite 6, Cayce, SC 29033		Phone no (803) 794-4455	PTIN P00145569

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ NoFor Paperwork Reduction Act Notice, see the separate instructions.
(HTA)Form **990** (2010)

Part III**Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

To develop, promote, and assist efforts of agencies, private providers, and public and private organizations and entities, at the state level and the community level, to collaborate and cooperate in order to focus and intensify services, assure the most efficient use of all available resources, and eliminate duplication of efforts to serve the

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 \$ 5,800,000 including grants of \$ 5,800,000) (Revenue \$ 0.)

Through 46 county partnerships, the organization implemented family strengthening programs in the state, serving 12,420 children ages 0-5 and their families with home visitation and parent strategies using a variety of research-based models/programs such as Parents as Teachers, Parent-Child Home, Early Steps, Incredible Child and Fatherhood Initiative.

4b (Code:) (Expenses \$ 9,087,622 including grants of \$ 0) (Revenue \$ 0.)

BabyNet is South Carolina's interagency early intervention system for infants and toddlers under three years of age with developmental delays, or who have conditions associated with developmental delays. BabyNet programs directly provide or offer access to 17 core early intervention services. The specific services children receive are based on a custom-tailored plan for that child. BabyNet is funded and regulated through the Individuals with Disabilities Act and serves 9,123 children.

4c (Code:) (Expenses \$ 5,800,000 including grants of \$ 4,000,000) (Revenue \$ 0.)

First Steps is legislatively mandated to operate South Carolina's state-funded full-day 4K program (for low income children) in private child care centers within 37 school districts. Private providers must meet the same qualifications as public school 4K programs. The program served 504 children in 39 centers. First Steps also supplemented school district budgets to provide full-day 4K for 539 additional low-income children. First Steps funds were used to implement several early education strategies/programs. The state office of First Steps is in its final year of an Early Reading First grant serving 438 children.

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

(Expenses \$ 8,293,922 including grants of \$ 5,006,948) (Revenue \$ 0)

4e Total program service expenses ▶ 28,981,544

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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 X	
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	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? If "Yes," complete Schedule C, Part II	4	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? 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	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? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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? If "Yes," complete Schedule D, Part IV	9	X
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	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? If "Yes," complete Schedule D, Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b	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? If "Yes," complete Schedule D, Part VIII	11c	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? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	X
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	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? If "Yes," complete Schedule F, Parts I and IV	14b	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? If "Yes," complete Schedule F, Parts II and IV	15	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? If "Yes," complete Schedule F, Parts III and IV	16	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? If "Yes," complete Schedule G, Part I (see instructions)	17	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? If "Yes," complete Schedule G, Part II	18	X
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	X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	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)	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"/>	<input 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 type="checkbox"/>	<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"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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):	<input type="checkbox"/>	<input type="checkbox"/>
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28c 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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35a 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	<input type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<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 type="checkbox"/>	<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"/>	<input type="checkbox"/>

Part V**Statements Regarding Other IRS Filings and Tax Compliance**Check 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.	0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
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? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	X
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. ☒ X

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	20	
b Enter the number of voting members included in line 1a, above, who are independent	20	
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	X
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: ►

Dan Wouri (803) 734-0100
1300 Sumter St, Suite 100, Columbia, SC 29201-3339

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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			
(1) Nikki R. Haley Trustee Chairman	2	X		X				0	0	0
(2) Lewis Smoak Trustee Vice Chairman	2	X		X				0	0	0
(3) Lisa Van Riper Trustee Secretary	2	X		X				0	0	0
(4) Michael L. Fair Trustee	2	X						0	0	0
(5) Rita Allison Trustee	2	X						0	0	0
(6) Evelyn Patterson Trustee	2	X						0	0	0
(7) Henry Parr, Jr. Trustee	2	X						0	0	0
(8) Reece C. Yandle Trustee	2	X						0	0	0
(9) Katherine Davis Trustee	2	X						0	0	0
(10) Linda M. O'Quinn Trustee	2	X						0	0	0
(11) Floyd Creech Trustee	2	X						0	0	0
(12) Francis E. Rushton, Jr. Trustee	2	X						0	0	0
(13) Nicky Wallace Trustee	2	X						0	0	0
(14) Judith Aughtry Trustee	2	X						0	0	0
(15) Julia-Ellen Davis Trustee	2	X						0	0	0
(16) Marileen Chapman Trustee	2	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			
(17) Mlck Zais Trustee	2	X						0	0	0
(18) John Matthews Trustee	2	X						0	0	0
(19) James Neal Trustee	2	X						0	0	0
(20) Walter Fleming Jr. Trustee	2	X						0	0	0
(21) Julie Hussey Trustee	2	X						0	0	0
(22) C. Earl Hunter Trustee	2	X						0	0	0
(23) Lillian Koller Trustee	2	X						0	0	0
(24) John Magill Trustee	2	X						0	0	0
(25) Beverly Buscemi Trustee	2	X						0	0	0
(26) Tony Keck Trustee	2	X						0	0	0
(27) Tony Chapman Trustee	2	X						0	0	0
(28) Bobby Bowers Trustee	2	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								118,000	0	35,400
d Total (add lines 1b and 1c)								118,000	0	35,400

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 **1**

- 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 **3** 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 **4** 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 **5** X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SC Dept of Disabilities and Global Spectrum	3440 Harden St Extension, Columbia, SC 29204 Implement BabyNet Program	1,600,000
Univ of SC - 801 Lincoln St, Columbia, SC 29208	Implement BabyNet Program	462,856
Family Connections of Sou	2712 Middleburg Dr, Suite 103B, Columbia, SC 29204 Implement BabyNet Program	337,053
Jasper County Board of Dis	1512 Grays Highway - PO Box 747, Ridgeland, SC 29204 financial and accounting	228,578
SC Budget and Control Bo	4430 Broad River Rd, Columbia, SC 29210 Implement BabyNet Program	195,877
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 11		

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 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 33,222,870				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 532,803				
	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f	33,755,673				
Program Service Revenue			Business Code				
	2a	.....		0			
	b	.....		0			
	c	.....		0			
	d	.....		0			
	e	.....		0			
	f	All other program service revenue		0			
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		225,361			225,361
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross Rents	(i) Real	(ii) Personal			
		Less: rental expenses					
		Rental income or (loss)	0	0			
		Net rental income or (loss)			0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		Less: cost or other basis and sales expenses	0	0			
		Gain or (loss)	0	0			
		Net gain or (loss)			0		
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a	0			
		Less: direct expenses	b	0			
		Net income or (loss) from fundraising events			0		
		9a	Gross income from gaming activities. See Part IV, line 19	a	0		
	Less: direct expenses		b	0			
	Net income or (loss) from gaming activities				0		
	10a		Gross sales of inventory, less returns and allowances	a	0		
		Less: cost of goods sold	b	0			
		Net income or (loss) from sales of inventory			0		
		Miscellaneous Revenue		Business Code			
	11a	.....		0			
b	.....		0				
c	.....		0				
d	All other revenue		0				
e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions		33,981,034	0	0	225,361	

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	14,806,948	14,806,948		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	153,400		153,400	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	2,205,546	1,764,437	441,109	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	283,142	225,949	57,193	
9	Other employee benefits	205,401	172,247	33,154	
10	Payroll taxes	168,887	128,354	40,533	
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	1,655		1,655	
c	Accounting	1,056,105		1,056,105	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	15,363,007	11,338,836	4,024,171	
12	Advertising and promotion	0			
13	Office expenses	61,057	15,265	45,792	
14	Information technology	173,605		173,605	
15	Royalties	0			
16	Occupancy	87,828	65,871	21,957	
17	Travel	50,998	38,247	12,751	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,422		3,422	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
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	Dues and subscriptions	2,190		2,190	
b	Education and training	486,830	365,123	121,707	
c	Supplies	32,495	32,495		
d	Printing and publications	659		659	
e	Equipment rental and maintenance	37,029	27,772	9,257	
f	All other expenses Fees and fines	1,223		1,223	
25	Total functional expenses. Add lines 1 through 24f	35,181,427	28,981,544	6,199,883	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	2,015,641	2	3,120,596
	3 Pledges and grants receivable, net	2,498,651	3	155,311
	4 Accounts receivable, net	0	4	0
	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	0	7	0
	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 0		
	b Less: accumulated depreciation	10b 0	10c 0	0
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,514,292	16	3,275,907	
Liabilities	17 Accounts payable and accrued expenses	37,992	17	
	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	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	37,992	26	0
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	4,476,300	27	3,275,907
	28 Temporarily restricted net assets		28	
	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	4,476,300	33	3,275,907
34 Total liabilities and net assets/fund balances	4,514,292	34	3,275,907	

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	33,981,034
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,181,427
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,200,393
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,476,300
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
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	3,275,907

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 checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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
b Were the organization's financial statements audited by an independent accountant?		X
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?		X
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

South Carolina First Steps to School Readiness Board of Trustees

Employer identification number

57-1087576

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (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)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.")	30,763,216	29,667,469	20,008,121	19,526,350	33,755,673	133,720,829
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	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	0	0
4 Total. Add lines 1 through 3	30,763,216	29,667,469	20,008,121	19,526,350	33,755,673	133,720,829
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.						133,720,829

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	30,763,216	29,667,469	20,008,121	19,526,350	33,755,673	133,720,829
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	482,771	673,356	557,974	436,681	225,361	2,376,143
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						136,096,972
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	98.25%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	98.03%
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.")	0					0
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	0					0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0					0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						0

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	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0					0
13 Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
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	0.00%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.00%
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 ▶ <input type="checkbox"/>		
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 ▶ <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).

**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

**Open to Public
Inspection**

Name of the organization

South Carolina First Steps to School Readiness Board of Trustees

Employer identification number

57-1087576

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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. ☐

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) Abbeville County First Steps Program, 323 Main St, Suite 300-A Greenville, SC 29602	57-1097774	501(c)(3)	139,886	0			child devel & assistan
(2) Aiken County First Steps Partnership, PO Box 2091 Aiken, SC 29802	57-1097775	501(c)(3)	364,194	0			child devel & assistan
(3) Allendale County First Steps Program, PO Box 236 Allendale, SC 29810	57-1097999	501(c)(3)	197,842	0			child devel & assistan
(4) Anderson County First Steps Program, PO Box 41 Anderson, SC 29622	57-1097776	501(c)(3)	372,099	0			child devel & assistan
(5) Bamberg County First Steps Program, PO Box 1129 Bamberg, SC 29903	57-1097777	501(c)(3)	188,494	0			child devel & assistan
(6) Barnwell County First Steps Program, 5961 Lartigue St Blackville, SC 29529	57-1097778	501(c)(3)	364,578	0			child devel & assistan
(7) Beaufort County First Steps Program, PO Box 6421 Beaufort, SC 29903	57-1097779	501(c)(3)	300,354	0			child devel & assistan
(8) Berkeley County First Steps Program, 120 Spring Hall Dr, Suite 5 Goose Creek, SC 29445	57-1097780	501(c)(3)	444,356	0			child devel & assistan
(9) Calhoun County First Steps Program, PO Box 195 St. Matthews, SC 29155	57-1097781	501(c)(3)	133,709	0			child devel & assistan
(10) Charleston County First Steps Program, 5290 Rivers Ave, Suite 500 Charleston, SC 29405	57-1097784	501(c)(3)	717,817	0			child devel & assistan
(11) Cherokee County First Steps Program, PO Box 23 Gaffney, SC 29342	57-1097785	501(c)(3)	169,838	0			child devel & assistan
(12) Chester County First Steps Program, PO Box 1728 Chester, SC 29706	57-1097786	501(c)(3)	131,296	0			child devel & assistan

2 Enter total number of section 501(c)(3) and government organizations	46
3 Enter total number of other organizations	0

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	0	0	0		
2	0	0	0		
3	0	0	0		
4	0	0	0		
5	0	0	0		
6	0	0	0		
7	0	0	0		

Part IV

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

Part I Line 2 Grant funds provided to county partnerships are monitored in numerous ways including, but not limited to, providing and supervising accounting services, providing technical assistance, consultation and support, to include model programs, strategic planning, leadership development, best practices, successful strategies, collaboration, financing and evaluation, providing a state-wide data collection system, and providing annual financial audits and performance evaluations.

Continuation Sheet for Schedule I (Form 990)

Name of the organization	Employer identification number
South Carolina First Steps to School Readiness Board of Trustees	57-1087576

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(13) Chesterfield County First Steps Partnership PO Box 553 Chesterfield, SC 29709	57-1097787	501(c)(3)	158,797	0			child devel & assistan
(14) Clarendon County First Steps Partnership PO Box 426 Manning, SC 29102	57-1097789	501(c)(3)	195,934	0			child devel & assistan
(15) Colleton County First Steps Partnership 60 Chuckle Hill Rd Walterboro, SC 29486	57-1097790	501(c)(3)	158,346	0			child devel & assistan
(16) Darlington County First Steps Partnership 702-B W. Carolina Hartsville, SC 29550	57-1097791	501(c)(3)	565,638	0			child devel & assistan
(17) Dillon County First Steps Partnership PO Box 295 Dillon, SC 29536	57-1098006	501(c)(3)	361,741	0			child devel & assistan
(18) Dorchester County First Steps Partnership PO Box 606 Summerville, SC 29484	57-1097806	501(c)(3)	332,823	0			child devel & assistan
(19) Edgefield County First Steps Partnership PO Box 295 Edgefield, SC 29824	57-1097809	501(c)(3)	162,693	0			child devel & assistan
(20) Fairfield County First Steps Partnership PO Box 215 Winnsboro, SC 29180	57-1097810	501(c)(3)	130,846	0			child devel & assistan
(21) Florence County First Steps Partnership 314 West Pine St Florence, SC 29501	57-1097811	501(c)(3)	773,821	0			child devel & assistan
(22) Georgetown County First Steps Partnership PO Box 531 Georgetown, SC 29442	57-1097813	501(c)(3)	448,335	0			child devel & assistan
(23) Greenville County First Steps Partnership 8 Tindal Avenue Greenville, SC 29605	57-1097814	501(c)(3)	961,830	0			child devel & assistan
(24) Greenwood County First Steps Partnership 323 Main St, Suite 300-A Greenwood, SC 29222	57-1097815	501(c)(3)	197,632	0			child devel & assistan
(25) Hampton County First Steps Partnership PO Box 127 Estill, SC 29918	57-1097816	501(c)(3)	197,764	0			child devel & assistan
(26) Horry County First Steps Partnership Horry-Georgetown Tech, 2050 Hwy 501 E Georgetown, SC 29522	57-1098007	501(c)(3)	475,461	0			child devel & assistan
(27) Jasper County First Steps Partnership PO Box 776 Ridgeland, SC 29927	57-1097817	501(c)(3)	132,982	0			child devel & assistan
(28) Kershaw County First Steps Partnership PO Box 669 Camden, SC 29020	57-1097818	501(c)(3)	182,050	0			child devel & assistan
(29) Lancaster County First Steps Partnership 115 West Arch St, Suite #105 Lancaster, SC 29330	57-1097819	501(c)(3)	205,893	0			child devel & assistan

Continuation Sheet for Schedule I (Form 990)

Name of the organization

South Carolina First Steps to School Readiness Board of Trustees

Employer identification number

57-1087576

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(30) Laurens County First Steps Partners 1029 West Main St Laurens, SC 29360	57-1098008	501(c)(3)	348,850	0			child devel & assistan
(31) Lee County First Steps Partnership PO Box 344 Bishopville, SC 29010	57-1097820	501(c)(3)	454,572	0			child devel & assistan
(32) Lexington County First Steps Partne 101 W. Columbia Avenue Batesburg-Lee	57-1097821	501(c)(3)	477,886	0			child devel & assistan
(33) Marion County First Steps Partnersh PO Box 56 Marion, SC 29571	57-1097822	501(c)(3)	400,551	0			child devel & assistan
(34) Marlboro County First Steps Partner PO Box 249 Bennettville, SC 29512	57-1097823	501(c)(3)	150,929	0			child devel & assistan
(35) McCormick County First Steps Partn PO Box 1060 McCormick, SC 29835	57-1097862	501(c)(3)	135,584	0			child devel & assistan
(36) Newberry County First Steps Partne 800 Main St, Suite 107 Newberry, SC 29	57-1097864	501(c)(3)	141,070	0			child devel & assistan
(37) Oconee County First Steps Partners 615 North Townville St Seneca, SC 2967	57-1097866	501(c)(3)	175,722	0			child devel & assistan
(38) Orangeburg County First Steps Part PO Box 451 Orangeburg, SC 29116	57-1097868	501(c)(3)	390,166	0			child devel & assistan
(39) Pickens County First Steps Partners PO Box 1113 Central, SC 29630	57-1097863	501(c)(3)	234,036	0			child devel & assistan
(40) Richland County First Steps Partner PO Box 5100 Columbia, SC 29250	57-1097865	501(c)(3)	697,190	0			child devel & assistan
(41) Saluda County First Steps Partnersh 103 South Rudolph St Saluda, SC 29138	57-1097867	501(c)(3)	196,393	0			child devel & assistan
(42) Spartanburg County First Steps Part 333 South Pine St Spartanburg, SC 2930	57-1097869	501(c)(3)	592,194	0			child devel & assistan
(43) Sumter County First Steps Partnersh PO Box 2331 Sumter, SC 29151	57-1098010	501(c)(3)	283,395	0			child devel & assistan
(44) Union County First Steps Partnershi PO Box 1145 Union, SC 29379	57-1097870	501(c)(3)	146,613	0			child devel & assistan
(45) Williamsburg County First Steps Par PO Box 825 Kingstree, SC 29556	57-1097861	501(c)(3)	415,231	0			child devel & assistan
(46) York County First Steps Partnership PO Box 969 Rock Hill, SC 29731	57-1097951	501(c)(3)	399,516	0			child devel & assistan

Continuation Sheet for Schedule I (Form 990)

Name of the organization	Employer identification number
South Carolina First Steps to School Readiness Board of Trustees	57-1087576

Part III Continuation of Grants and Other Assistance to Individuals in the United States

(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
8	0	0	0		
9	0	0	0		
10	0	0	0		
11	0	0	0		
12	0	0	0		
13	0	0	0		
14	0	0	0		
15	0	0	0		
16	0	0	0		
17	0	0	0		
18	0	0	0		
19	0	0	0		
20	0	0	0		
21	0	0	0		
22	0	0	0		
23	0	0	0		
24	0	0	0		
25	0	0	0		
26	0	0	0		

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information

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

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

South Carolina First Steps to School Readiness Board of Trustees

Employer identification number
57-1087576

Part I Questions Regarding Compensation

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

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

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

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

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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.

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

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

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

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

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 Susan DeVenny	(i) 118,000	0	0	0	0	35,400	153,400	153,400
	(ii) 0	0	0	0	0	0	0	0
2	(i) 0	0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0	0
3	(i) 0	0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0	0
4	(i) 0	0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0	0
5	(i) 0	0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0	0
6	(i) 0	0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0	0
7	(i) 0	0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0	0
8	(i) 0	0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0	0
9	(i) 0	0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0	0
10	(i) 0	0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0	0
11	(i) 0	0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0	0
12	(i) 0	0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0	0
13	(i) 0	0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0	0
14	(i) 0	0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0	0
15	(i) 0	0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0	0
16	(i) 0	0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0	0

Part III Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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**

Employer identification number

South Carolina First Steps to School Readiness Board of Trustees

57-1087576

Form 990, Part III, Line 4d: Program Service Expenses: 4,300,000, Grants and allocations

3,800,000, Revenue: 0 The organization enhanced the quality of the State's child care

services offered to children 0-5. 334 child care providers received intensive technical

assistance visits and supplies/materials grants. Training/workshops were provided to 7,575

child care staff. Child care scholarships were awarded to 548 low-income children for quality

care. The State's T.E.A.C.H. scholarship program enabled more than 2,225 child care staff to

enroll in post-secondary courses in early childhood

Form 990, Part III, Line 4d: Program Service Expenses: 3,700,000, Grants and allocations:

913,026, Revenue: 0 Various health strategies were funded that promote healthy growth and

development for children ages 0-5. First Steps, in partnership with the Children's Trust,

administers the Nurse-Family Partnership (NFP) in South Carolina, a 7-year project for child

abuse and neglect prevention funded by the Duke Endowment and other federal, state, and

private funding. Over the past two years, NFP-SC has expanded from 0 to 6 fully operational

sites, serving 10 counties and 824 low-income, first-time mothers. Other health programs such

as post-partum home visits, medical screenings (for children not eligible for health

insurance), and health education to adolescent parents served 1,491 children. 21 families

were enrolled in the Family Networks Project, a research project to evaluate two strategies

(Stepping Stones Triple P-Positive Parenting Program and the capacity of BabyNet Service

Coordinators through training in Preventing Child Abuse and Neglect: Parent-Provider

Partnerships).

Form 990, Part III, Line 4d: Program Service Expenses: 293,922, Grants and allocations:

293,922, Revenue: 0 The Countdown to Kindergarten program was recognized nationally as an

innovative public awareness and home visitation initiative to support kindergarten transition.

Six home visits are completed during the summer prior to kindergarten by the child's

kindergarten teacher. A backpack of books and manipulatives is provided and used in

conjunction with a curriculum that adheres to SC's Kindergarten Standards and promotes

Name of the organization

Employer identification number

South Carolina First Steps to School Readiness Board of Trustees

57-1087576

parental involvement. This program served 598 children.

Form 990 Part VI Section B Line 11b The Finance and Administration Committee of the Board of

Trustees will review the Form 990, and present it to the full board for approval.

Form 990 Part VI Section B Line 12c In addition to the annual requirement for officers,

directors, trustees and key employees to annually report any potential conflicts of interest.

First Steps has a whistleblower policy that requires all directors, officers and employees to

report ethics violations and suspected ethics violations to the First Steps Compliance

Officer. Reported violations are to be promptly investigated and appropriate corrective action

taken

Form 990 Part VI Section B Line 15b The Strategic Planning and Evaluation Committee shall work

with the Office of First Steps on budgetary, fiscal, staffing, and compensation matters, to

include the development of administrative and program budgets, and an annual performance

review of the Executive Director, all subject to the Board. In determining compensation for

officers and/or employees of the organization, the Committee shall make the determination in a

manner that is consistent with the By-Laws, which state that officers and employees will be

paid reasonable compensation, obtaining and relying upon appropriate data as to the

comparability of the compensation packages.

Form 990 Part VI Section C Line 19 The organization maintains its governing documents,

conflict of interest policy and financial statements and provides them upon request in

compliance with the Freedom of Information Act. In addition, the First Steps enabling

legislation, operations manual, and annual reports are maintained on the organization's

website.

Page 1 of 1

Employer identification number

57-1087576

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]