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As Filed Data -

DLN: 93492135012162

OMB No 1545-1150

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011 Check if applicable D Employer identification number C Name of organization South Carolina First Steps to School Readiness Board of Trustees - Edgefiel Address change 57-1097809 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number PO Box 295 Initial return (803) 275-0800 Terminated City or town, state or country, and ZIP + 4 Edgefield, SC 298240295 F Group Exemption Amended return Number ► 3590 Application pending T Website:► N/A H Check ► I if the organization is **not** required to attach Schedule B J Tax-Exempt status(check only one) — 501(c)(3) 501(c)( ) ◀(insert no ) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF)

if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Bala Check if the organization used Schedule O to respond to any question in this		-	e the II		ions fo	r Part I )
	1	Contributions, gifts, grants, and similar amounts received					1	168,529
	2	Program service revenue including government fees and contracts					2	
	3	Membership dues and assessments					3	
	4	Investment income					4	30
	5a	Gross amount from sale of assets other than inventory	5a					
<u>a</u>	ь	Less cost or other basis and sales expenses	5b				1	
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from lin	ne 5a)				5c	
ő Œ	6	Gaming and fundraising events						
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a					
	b	Gross income from fundraising events (not including \$ 4,000 of contributions from reported on line 1) (attach Schedule G if the sum of such gross income and cont \$15,000)			-	ents		
	c	Less direct expenses from gaming and fundraising events	6c			3,840		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b a	and su	btract	line 6	c)	6d	160
	7a	Gross sales of inventory, less returns and allowances	7a					
	ь	Less cost of goods sold	7b					
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c	
	8	Other revenue (describe in Schedule O)					8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	168,719
	10	Grants and similar amounts paid (list in Schedule O)					10	
	11	Benefits paid to or for members				Ī	11	
	12	Salaries, other compensation, and employee benefits					12	43,330
ů,	13	Professional fees and other payments to independent contractors					13	72,371
Expenses	14	Occupancy, rent, utilities, and maintenance					14	
유 교	15	Printing, publications, postage, and shipping					15	37
	16	Other expenses (describe in Schedule O)					16	19,641
	17	Total expenses. Add lines 10 through 16					17	135,379
93	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	33,340
NetAssets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (mu	stagr	ee wit	h			
Į,		end-of-year figure reported on prior year's return)					19	59,021
Š	20	Other changes in net assets or fund balances (explain in Schedule O)					20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 .			. •	-	21	92,361

Check if the organization used	Schedule O to respond to	any question in t	his Part	II		
		,				
(See the instruc	tions for Part II)		(A) Be	eginning of year		(B) End of year
<b>22</b> Cash, savings, and investments .				69,481	22	110,538
23 Land and buildings					23	
24 Other assets (describe in Schedule O	)			1,063	24	2,962
25 Total assets				70,544	25	113,500
<b>26 Total liabilities</b> (describe in Schedule	0)			11,523	26	21,139
27 Net assets or fund balances (line 27 o		·		59,021	27	92,361
Part III Statement of Program Check if the organization used			this Part	III . Г	١,	Expenses quired for section 501
What is the organization's primary exempt To enhance child readiness for first grade	purpose?					(3) and 501(c)(4) anızatıons and section
Describe what was achieved in carrying ou describe the services provided, the numbe program title						47(a)(1) trusts, ional for others)
28 See Additional Data Table						
(Grants \$ ) If the	s amount includes foreign (	grants, check her	re	. ▶ ┌	28a	
29						
(Grants \$ ) If the	s amount includes foreign (	grants, check her	re	. ▶┌	29a	
30						
(Grants \$ ) If the	s amount includes foreign (	grants, check her	re	. ▶ ┌	30a	
31 Other program services (describe in Sc (Grants \$ ) If thi	hedule O )	 grants, check her	 re	·	31a	
32 Total program service expenses (add lin	es 28a through 31a) .		<del></del>	▶	32	106,353
Part IV List of Officers, Directors, Tru					struction	ns for Part IV )
Check if the organization used					<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	<b>d,</b> er	<b>(d)</b> Contribution mployee benefit p deferred compens	lans 8	(e) Expense account and other allowances
See Additional Data Table						

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)							
	Check if the organization used Schedule O to respond to any question in this Part V $\cdot$ . $\cdot$ . $$							
			Yes	No				
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No				
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)							
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T							
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements?	35a		No				
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions)	35b						
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No				
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨	1						
b	Did the organization file Form 1120-POL for this year?	37b		No				
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were							
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No				
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	_						
39	Section 501(c)(7) organizations. Enter							
	Initiation fees and capital contributions included on line 9	-						
	Gross receipts, included on line 9, for public use of club facilities	-						
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under							
b	section 4911 $\blacktriangleright$	40b		No				
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958							
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization							
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No				
	List the states with which a copy of this return is filed							
42a	The organization's books are in care of ► Marlon Hutchins Jr CPA  Telephone no  532 Knox Abbott Dr Suite 6	<u>(80</u>	13)/94	-4455				
		<u>2</u>	903341	.61				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No				
	account)?	42b		No				
	If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and							
	Financial Accounts.							
С	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No				
	If "Yes," enter the name of the foreign country 🕨			_				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·		<u>►</u> 1				
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No				
	Form 990-EZ.	44a		Νo				
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ	44b		No				
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No				
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	441		110				

Form 990-EZ (2010)							Page
						Yes	No
Is any related organization a controlle 'Yes,' Form 990 and Schedule R must be			f section !	512(b)(13)? <i>If</i>	45		No
<b>5a</b> Did the organization receive any paym meaning of section 512(b)(13)? <i>If</i> 'Ye	nent from or engage in any es,' Form 990 and Schedule	r transaction with a cor R must be completed ins	ntrolled en s <i>tead of Fo</i>	tity within the hrm990-EZ	45a		No
6 Did the organization engage, directly of candidates for public office? If "Yes,"			ehalf of or	r in opposition to			
Part VI Section 501(c)(3) orga	<u> </u>		evemnt	t charitable tr	46 usts (	nlv	No
All section 501(c)(3) organ 47-49b and 52.			-			-	stions
Check if the organization used	l Schedule O to respond t	o any question in this F	art VI		<u></u>		厂
						Yes	No
7 Did the organization engage in lobbyin	ng activities? If "Yes," co	mplete Schedule C, Pa	rt II		47		Νo
Is the organization a school described	d ın section 170(b)(1)(A)(	ιι) <sup>?</sup> If "Yes," complete S	Schedule E		48		No
<b>9a</b> Did the organization make any transfe	ers to an exempt non-char	itable related organiza	tion?		49a		No
$\boldsymbol{b}$ $$ If "Yes," was the related organization	a section 527 organization	n?			49b		
O Complete this table for the organization employees) who each received more t							
(a) Name and address of each employee	(b) Title and average		(d) C	ontributions to	(6	Expe	
paid more than \$100,000	hours per week devoted to position	(c) Compensation		e benefit plans & d compensation		ccount a er allowa	
ONE							
<b>50(f)</b> Total number of other employees pa	ıd over \$100,000 .				•		
	on's five highest compens n If there is none, enter "I	None "				an \$10	
Complete this table for the organization of compensation from the organization     (a) Name and address of each independent.	on's five highest compens n If there is none, enter "I	None "					
Complete this table for the organization of compensation from the organization     (a) Name and address of each independent.	on's five highest compens n If there is none, enter "I	None "					
Complete this table for the organization of compensation from the organization     (a) Name and address of each independent.	on's five highest compens n If there is none, enter "I	None "					
Complete this table for the organization of compensation from the organization     (a) Name and address of each independent.	on's five highest compens n If there is none, enter "I	None "					
Complete this table for the organization     of compensation from the organization	on's five highest compens n If there is none, enter "I	None "					
Complete this table for the organization of compensation from the organization     (a) Name and address of each independent.	on's five highest compens n If there is none, enter "I	None "					
Complete this table for the organization of compensation from the organization     (a) Name and address of each independent of the compensation of the compensati	on's five highest compens If there is none, enter "I ndent contractor paid mor	e than \$100,000					
Complete this table for the organization of compensation from the organization (a) Name and address of each independent (a) Total number of other independent c	on's five highest compens If there is none, enter "I Indent contractor paid more contractors each receiving	vone " e than \$100,000  over \$100,000 .	(b) Ty	ype of service	(c) C	ompen	trusts
1 Complete this table for the organization of compensation from the organization (a) Name and address of each independent of the complete schemust attach a completed Schedule of the content of the complete schemust attach a completed schedule of the content of the content of the content of the complete schemust attach a completed schedule of the content of the con	on's five highest compens If there is none, enter "I Indent contractor paid more contractors each receiving Indule A? NOTE: All Section A	over \$100,000  0 501(c)(3) organization of the companying sch	(b) Ty	ype of service  247(a)(1) nonexer  1 statements, and to	npt cha	aritable /es	trusts
Complete this table for the organization of compensation from the organization (a) Name and address of each independent of the complete schemust attach a completed Schedule of the complete of perjury, I declare that I have owledge and belief, it is true, correct, and convolved.	on's five highest compens If there is none, enter "I Indent contractor paid more contractors each receiving Indule A? NOTE: All Section A	over \$100,000  0 501(c)(3) organization of the companying sch	ons and 49	ype of service  247(a)(1) nonexer  1 statements, and to all information of	npt cha	aritable /es	trusts
1 Complete this table for the organization of compensation from the organization (a) Name and address of each independent of the complete schemust attach a	on's five highest compens If there is none, enter "I Indent contractor paid more contractors each receiving Indule A? NOTE: All Section A	over \$100,000  0 501(c)(3) organization of the companying sch	ons and 49	ype of service  247(a)(1) nonexer  1 statements, and to	npt cha	aritable /es	trusts
1 Complete this table for the organization of compensation from the organization  (a) Name and address of each independent of the organization of the organization complete Schemust attach a completed Schedule of the organization of the organization complete of the must attach a complete of the organization of the organizatio	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving dule A? NOTE: All Section A	over \$100,000  0 501(c)(3) organization of the companying sch	ons and 49	ype of service  247(a)(1) nonexer  1 statements, and to all information of	npt cha	aritable /es	trusts
1 Complete this table for the organization of compensation from the organization (a) Name and address of each independent of the organization of the organization complete.  1(d) Total number of other independent of the organization complete Schemust attach a completed Schedule of the organization complete Schemust attach a completed Schedule of the organization complete Schemust attach a completed Schedule of the organization complete Schemust attach a completed Schedule of the organization of the organization complete Schemust attach a complete Schemust	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving dule A? NOTE: All Section A e examined this return, inclination complete. Declaration of prep	over \$100,000  over \$100,000  n 501(c)(3) organization  ding accompanying scharer (other than officer)	ons and 49 edules and is based o	ype of service  247(a)(1) nonexer  1 statements, and to all information of	npt cha	aritable fes stof my prepare	trusts <b>No</b>
Complete this table for the organization of compensation from the organization (a) Name and address of each independent of the control of the	on's five highest compens If there is none, enter "I Indent contractor paid more contractors each receiving dule A? NOTE: All Section A	over \$100,000  over \$100,000  n 501(c)(3) organization  ding accompanying scharer (other than officer)	ons and 49	ype of service  247(a)(1) nonexer  statements, and to all information of 2012-05-11  Date	npt cha	aritable fes st of my prepare	trusts No
1 Complete this table for the organization of compensation from the organization (a) Name and address of each independent on the organization of each independent of the organization complete.  1 (d) Total number of other independent of the organization complete Schemust attach a completed Schedule of the organization complete Schemust attach a completed Schedule of the organization complete Schemust attach a completed Schedule of the organization complete Schemust attach a completed Schedule of the organization complete Schemust attach a completed Schedule of the organization complete Schemust attach a completed Schedule of the organization complete Schemust attach a completed Schedule of the organization complete Schemust attach a complete Schemust attach a complete Schedule of the organization complete Schemust attach a complete Schedule of the organization complete Schemust attach a complete Schedule of the organization complet	on's five highest compens If there is none, enter "I Indent contractor paid more contractors each receiving dule A? NOTE: All Section A	over \$100,000  over \$100,000  n 501(c)(3) organization  ding accompanying scharer (other than officer)	ons and 49 edules and is based o	pe of service  247 (a)(1) nonexer  1 statements, and to n all information of 2012-05-11  Date  Preparer's taxpay (See instructions)	npt cha p the be which	aritable fes st of my prepare	trusts No

Form 990-EZ (2010)

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As Filed Data -

DLN: 93492135012162

OMB No 1545-0047

Inspection

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

South	Carolin	a First Steps to Sc	hool R	eadiness Board of Trustee	es - Edgefiel					
					. / . !!		57-1097809			
	rt I				, ,	ns must complete this prough 11, check only one b		ctions		
1	Ji gaini.					described in <b>section 170(</b>				
2	<u>'</u>	· ·		•	)(A)(ii). (Attach Sche	-	D)(1)(A)(I).			
3	<u>'</u>			, , ,		ribed in <b>section 170(b)(1</b> )	\(			
4	,	•	earch	n organization operat	<del>-</del>	a hospital described in sec		(iii). Ente	r the	
5	Г	An organizati	on op	erated for the benefit	t of a college or univers	sity owned or operated by	a governmental unı	t describe	ed in	
		section 170(b	)(1)(	<b>A)(iv).</b> (Complete P	art II )					
6	Γ	A federal, sta	te, or	local government or	governmental unit des	cribed in <b>section 170(b)(</b> :	1)(A)(v).			
7		described in		at normally receives  A)(vi) (Complete P	·	s support from a governme	ental unit or from th	e general	public	•
8	Γ	A community	trust	described in <b>section</b>	170(b)(1)(A)(vi) (Co	omplete Part II )				
9	Γ	An organizati	on tha	at normally receives	(1) more than 331/3%	of its support from contri	butions, membersh	ıp fees, a	nd gro	SS
		receipts from	actıv	ities related to its ex	cempt functions—subje	ct to certain exceptions, a	and (2) no more tha	n 331/3%	of	
		ıts support fro	m gro	oss investment incoi	me and unrelated busin	ess taxable income (less	section 511 tax) fr	om busın	esses	
		acquired by th	ne org	anızatıon after June	30, 1975 See <b>section</b>	<b>509(a)(2).</b> (Complete Pa	rt III )			
10	Γ	An organizati	on org	janized and operated	l exclusively to test for	public safety See <b>section</b>	1 509(a)(4).			
11	Γ	one or more p	ublıcl Iescri	y supported organiza	ations described in sec orting organization and	nefit of, to perform the fun tion 509(a)(1) or section I complete lines 11e throu II - Functionally integrate	509(a)(2) See <b>sec</b> igh 11h		a)(3).	Check
e f	Γ	other than fou section 509(a If the organiz	indati a)(2) ation	on managers and oth	ner than one or more pu	trolled directly or indirect iblicly supported organiza RS that it is a Type I, Typ	tions described in s	section 50	9(a)(:	1)or
g		check this bo		006 has the organi	zation accepted any di	ft or contribution from any	of the			,
9		following pers		. o o o , mas the organi	zacion accepted any gr	ic or concribation from any	or ene			
		(i) a person w	/ho di	rectly or indirectly c	ontrols, either alone or	together with persons des	scribed in (ii)		Yes	No
		and (III) below	ı, the	governing body of th	e the supported organı	zatıon?		11g(i)		<u> </u>
		(ii) a famıly m	nembe	er of a person descril	bed in (i) above?			11g(ii)		
		(iii) a 35% co	ontrol	led entity of a persoi	n described in (i) or (ii)	above?		11g(iii)		<u> </u>
h		Provide the fo	llowir	ng information about	the supported organiza	ation(s)				
9	(i) Name suppoi	of (ii		(iii) Type of organization (described on lines 1- 9 above	(iv) Is the organization in col (i) listed in your governing	(v) Did you notify the organization in col (i) of your	(vi) Is the organization in col (i) organize		A mo	vii) unt of

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you not organizati col (i) of suppor	on in your	(vi)  Is the organization in col (i) organized in the US?		<b>(vii)</b> A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
									_
Total									

# 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.)

	under Part III. If the ection A. Public Support	e organization r	alis to quality u	naer the tests i	istea below, pie	ease co	mpiete i	art III.)
	endar year (or fiscal year beginning	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	(e) 2	2010	(f) Total
	ın) ► Gıfts, grants, contributions, and	(4) 2000	(5) 2007	(0) 2000	(u) 2003	(0) 2		(1) 1 otu
1	membership fees received (Do not include any "unusual	202,48	5 223,341	182,760	169,928		168,529	947,043
_	grants ")							
2	Tax revenues levied for the organization's benefit and either							
	paid to or expended on its							
	behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
4	the organization without charge	202,48	5 223,341	182,760	169,928		168,529	947,043
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions	202,40	223,341	102,700	109,920		100,329	947,043
3	by each person (other than a							
	governmental unit or publicly							
	supported organization) included or	n						
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) <b>Public Support.</b> Subtract line 5 from							
U	line 4	'						947,043
	ection B. Total Support							
Cal	endar year (or fiscal year beginning	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2	010	(f) Total
_	(n) ►			182,760		(-, -		947,043
7	A mounts from line 4	202,485	223,341	182,760	169,928		168,529	947,043
8	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties	3,287	2,132	326	94		30	5,869
	and income from similar							
	sources							
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	<b>Total support</b> (Add lines 7 through 10)							952,912
12	Gross receipts from related activiti	es, etc (See inst	ructions )	L	L	12		
13	First Five Years If the Form 990 is			third fourth or fi	fth tay vear as a			ation
	check this box and <b>stop here</b>	ior the organization	on o moe, occoma,	emia, rourem, or m	rem cax year as a	001(0)(	, organiz	<b>▶</b> □
	ection C. Computation of Pub							
14	Public Support Percentage for 2010			11 column (f))		14		99 380 %
15	Public Support Percentage for 2009	9 Schedule A, Pa	rt II, line 14			15		99 090 %
16a	<b>33 1/3% support test—2010.</b> If the				ne 14 is 33 1/3%	or more	t, check t!	_
_	and <b>stop here.</b> The organization qua	•			a and line 1 Fig. 1	2 2 4 / 20/	0 K M0 K0	<b>▶</b> ✓
D	<b>33 1/3% support test—2009.</b> If the box and <b>stop here.</b> The organization	-			a, and line 15 is s	3 3 1/3%0	or more, o	theck this ▶
17a	10%-facts-and-circumstances test-				e 13, 16a, or 16b	and line	e 14	- 1
	ıs 10% or more, and ıf the organıza	tion meets the "fa	acts and circumst	ances" test, chec	k this box and <b>st</b>	op here.	Explain	
	in Part IV how the organization mee	ets the "facts and	circumstances"	test The organiza	ition qualifies as	a publicl	y support	. —
Į.	organization	2000 1646-	nantion did not o	hacks have !	010 165 165	17~ -·	ad luna	▶
D	<b>10%-facts-and-circumstances test</b> -15 is 10% or more, and if the organ							
	Explain in Part IV how the organiza							
	supported organization				-			<b>►</b> □
18	Private Foundation If the organizat	ion did not check	a box on line $13$ ,	16a, 16b, 17a or	17b, check this	box and	see	
	ınstructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 0 % 16 Public support percentage from 2009 Schedule A, Part III, line 15 16

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

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

Section D. Computation of Investment Income Percentage

Investment income percentage from 2009 Schedule A, Part III, line 17

17

18

organization

Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

0 %

►E

**17** 

18

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

**Software ID:** 10000149

**Software Version:** 2010.2.15

**EIN:** 57-1097809

Name: South Carolina First Steps to School Readiness Board of Trustees - Edgefiel

### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	501(	Expenses uired for 501(c)(3) and c)(4) organizations and '(a)(1) trusts; optional for others.)
28 The Parenting/Family Literacy program enhanced parenting and literacy skills to familes determined most in need Services were provided to 10 families with 13 children Home visits were performed twice monthly The Family Literacy program enhanced parenting and literacy skills to families determined most in need Services were provided to 14 families with 17 children 169 home visits were performed, using the Parents as Teachers curriculum Two parents received adult education leading to GEDs or HS diplomas (Grants \$ )  If this amount includes foreign grants, check here	28a	16,445
29 Enhanced quality of childcare facilities by providing childcare centers with training, educational materials, enhancement evaluations, and intensive technical assistance Two child care facilities participated Enhanced quality of childcare facilities by providing childcare centers with training, educational materials, enhancement evaluations, and technical assistance Four child care facilities participated Technical assistance was provided twice monthly Seven child care trainings were performed with 69 attendees (Grants \$ )  If this amount includes foreign grants, check here	29a	12,282
30 Child Scholarship program - 21 children received need-based child care scholarships to quality child care centers Seven parent workshops were performed, with 31 total attendees Enrolled children received screenings Child Scholarship program - 32 children received need-based child care scholarships to quality child care centers Four parent workshops were performed, with 29 total attendees (Grants \$ )  If this amount includes foreign grants, check here	30a	41,681
Enrolled 262 children in the Dolly Parton Imagination Library program One new book per month was provided to each enrollee 2,247 books were mailed directly to children Children were targeted from local referrals Enrolled 283 children in the Dolly Parrton Imagination Library program One new book per month was provided to each enrollee 2,294 books were mailed directly to children (Grants \$ )  If this amount includes foreign grants, check here		4,445
The School Transition program is for K-4 or K-5 children identified as most at-risk for either losing valuable skills or who are being considered for retention Certified teachers were utilized 30 children were enrolled The School Transition program is for K-4 or K-5 children identified as most at-risk for either losing valuable skills or who are being considered for retention Certified teachers were employed during the summer to operate this program 27 children were served with over 93% increase to post-test scores (Grants \$ )  If this amount includes foreign grants, check here   The Control of the Control o		17,600
The Child Care Training program offered quality trainings to staff from local child care providers Seven trainings were held, totaling 2323 credit hours, with 139 staff members trained (Grants \$ )  If this amount includes foreign grants, check here     The Child Care Training program offered quality trainings to staff from local child care providers Seven trainings were held, totaling 2323 credit hours, with 139 staff members trained.		13,900

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Constance J Lalonde PO Box 295 Edgefield, SC 29824	Executive Director 032 00	40,251		
Desiree B Council PO Box 295 Edgefield, SC 29824	Board Chairperson 002 00	0		
Elizabeth Posey PO Box 295 Edgefield, SC 29824	Board Vice Chair 001 00	0		
Jenny Mims PO Box 295 Edgefield, SC 29824	Board Secretary 001 00	0		
Lena Baker PO Box 295 Edgefield, SC 29824	Board Trustee 001 00	0		
Mark Baker PO Box 295 Edgefield, SC 29824	Board Trustee 001 00	0		
Bridget Clark PO Box 295 Edgefield, SC 29824	Board Trustee 001 00	0		
Juanita Drummings PO Box 295 Edgefield, SC 29824	Board Trustee 001 00	0		
Gaye Holmes PO Box 295 Edgefield, SC 29824	Board Trustee 001 00	0		
Casey Holsomback PO Box 295 Edgefield, SC 29824	Board Trustee 001 00	0		
Judy Layman PO Box 295 Edgefield, SC 29824	Board Trustee 001 00	0		
Phyllis Lott PO Box 295 Edgefield, SC 29824	Board Trustee 001 00	0		
Blair Massey PO Box 295 Edgefield, SC 29824	Board Trustee 001 00	0		
Melissa Sullivan PO Box 295 Edgefield, SC 29824	Board Trustee 001 00	0		
Amy Wilhelm PO Box 295 Edgefield, SC 29824	Board Trustee 001 00	0		

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DLN: 93492135012162

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

2010

OMB No 1545-0047

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization South Carolina First Steps to School Readiness Board of Trustees - Edgefiel	Employer identification number
· · · · · · · · · · · · · · · · · · ·	57-1097809

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Travel 1,445 Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 568 Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 1,048 Form 990-EZ, Part I, Line 16, Other Expenses Equipment rental and maintenance 267 Form 990-EZ, Part I, Line 16, Other Expenses Supplies 12,902 Form 990-EZ, Part I, Line 16, Other Expenses Telephone 1,690 Form 990-EZ, Part I, Line 16, Other Expenses Professional development 252 Form 990-EZ, Part I, Line 16, Other Expenses Insurance 908 Form 990-EZ, Part I, Line 16, Other Expenses Advertisements 276 Form 990-EZ, Part I, Line 16, Other Expenses Memberships and subscriptions 205 Form 990-EZ, Part I, Line 16, Other Expenses Mlscellaneous 80 Form 990-EZ, Part II, Line 24, Other Assets Prepaid expenses Beginning of year 202, End of year 167 Form 990-EZ, Part II, Line 24, Other Assets Grants receivable Beginning of year 27, End of year 385 Form 990-EZ, Part II, Line 24, Other Assets Furniture and equipment, net Beginning of year 834, End of year 2,410 Form 990-EZ, Part II, Line 26, Liabilities Accounts Payable Beginning of year 11,523, End of year 19,269 Form 990-EZ, Part II, Line 26, Liabilities Payroll Taxes Payable Beginning of year 0, End of year 1,870 Form 990-EZ, Part III, Line 26 children in the Dolly Parton Imagination Library program One new book per month was provided to each enrollee 2,247 books were mailed directly to children Children were targeted from local referrals Grants and allocations 0, Program service expenses 4,445 Form 990-EZ, Part III, Line 31 The School Transition program is for K-4 or K-5 children identified as most at-risk for either losing valuable skills or who are being considered for retention Certified teachers were utilized 30 children were enrolled Grants and allocations 0, Program service expenses 17,600 Form 990-EZ, Part III, Line 31 The Child Care Training program offered quality trainings to staff from local child care providers Seven trainings were held, totaling 23 23 cred