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990 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)

OMB No 1545-0047

2010

Department of the Treasury

Open to Public

A			2010 calent	dar year, or ta				-01 , 2010, and		44.101110111		, 20 11	
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ווי			pplicable C Name of organization HAMPTON COUNTY 1ST STEPS/SCHL READI							mployer iden –109781			
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<u></u>				501(c)(3)	501(c) () (insert no)	4947(a)(1) or	527	— Н(Б)	Are all affili	ates includ ich a list (s	led? 1	/es No ns)
<u>J</u>			N/A	-		IN IMPERALAL T	SEVICULE CE	DV/ICE	H(c)				
K			ganization	Corporation	Trust Ass	COMPANDAL P	(Moth Haris コー	RVICE of formation	1999	M State	of legal do	micile SC	
P	<u>art</u>		Summar	γ		W&I-FI	LD ASSISTAN	4 07 -					
		1	Briefly desci	ribe the organ	ization's miss	sion or hodelt's lighthe	ant activities <u>IN</u>	107 CREASE EDUCAT	IONAL	LEVELS			
A						nr	T 19 2011	.					
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i	e r	2	Check this b	oox ▶jıf the	e organizatioi	n discontinued its o	ar dispos	ed of more than 25%			1		
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	1	b_	Net unrelate	d business ta	xable income	from Form 990-T,	line 34 • • • • •	· · · · · · · · · · · · · · · · · · ·		• • • • •	7b		0
F	,								Р	rior Year		Current \	Year
e	•			-		e 1h) • • • • • •							0
v e			-			e 2g) • • • • • •		<u> </u>		237,	231		<u>223,610</u>
n		10	investment i	income (Part '	VIII, column (A), lines 3, 4, and 7	d) • • • • • • •	· · · · · · · · ·					0
u e		11	Other reven	ue (Part VIII,	column (A), lı	nes 5, 6d, 8c, 9c, 1	Oc, and 11e) • • •	· · · · · · · · ·					0
		12	Total revenu	ue - add lines	8 through 11	(must equal Part V	III, column (A), line	12)		237,	231		223,610
		13	Grants and	sımılar amour	nts paid (Part	IX, column (A), line	s 1-3) • • • • •						0
_ E		14	Benefits par	d to or for me	mbers (Part I	X, column (A), line	4) • • • • • •						0
Z z P p		15	Salaries, oth	ner compensa	ition, employe	ee benefits (Part IX,	column (A), lines	5-10) • • • • •		90,	980		78,774
J e		16a	Professiona	l fundraising f	ees (Part IX,	column (A), line 11	e) • • • • • • •	<u>.</u>					0
⊉ n	'	b	Total fundra	using expense	es (Part IX, co	olumn (D), line 25)▶		0	12 .5			* 1 . 4	2.1.34
> e	- 1	17	Other exper	nses (Part IX,	column (A), I	ines 11a-11d, 11f-2	4f) • • • • • •			199,	029		168,786
- s	ĺ	18	Total expens	ses Add line	s 13-17 (mus	t equal Part IX, colu	ımn (A), line 25)	[290,	009		247,5 60
<u> </u>		19	Revenue les	ss expenses	Subtract line	18 from line 12 •		· · · · · · · · · · · · · · · · · · ·		(52	,778)		(23,950
Net Ass		_							Beginning	of Current	Year	End of Y	ear
-Ass	ets	20	Total assets	(Part X, line	16) • • • •					48,	629		24,679
N.	d	21	Total liabiliti	es (Part X, lın	e 26) · · ·	• • • • • • • • •		<u>.</u>					0
	es		Net assets of	or fund baland	es Subtract	line 21 from line 20		<u> </u>		48,	629		24,679
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Sign Here		ĺ	Sugnature of officer						Date				
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_			Type or	r print name and	title	1 1	1.						
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Pa	id		John Si	ingletary		yann yann	y ingray	10-12-2011		self-employe	0 24	<u>8 -88 -</u>	-4924
		arer	Firm's name		Singleta	ry's Tax Serv	rice		Firm's E	IN E			
	•	Only			632 Dupo	nt Road			Phone r	no 84	3-763	-9262	
		· · y			Charlest	on SC 29407							
Ma	v th	e IRS	discuss this	s return with th	he preparer s	hown above? (see	nstructions) · · ·					Yes	X No

Pa	rt III	Statement of Program Service Check if Schedule O contains a rest	rice Accomplishments conse to any question in this Part III	
1	Briefly	describe the organization's mission	solido to dilly quoditali il tillo i dil till	
•		ASE EDUCATIONAL LEVELS		
		20011101000 200100		
2	Did the	organization undertake any significan	t program services during the year which were not listed on	
				· · · · · · · · Yes X No
	-	describe these new services on Scho		1
3	Did the	organization cease conducting, or ma	ke significant changes in how it conducts, any program	
				· · · · · · · · Yes X No
	If "Yes,	describe these changes on Schedule	9 O	
4	Describ	e the exempt purpose achievements	for each of the organization's three largest program services by	y expenses.
	Section	501(c)(3) and 501(c)(4) organizations	and section 4947(a)(1) trusts are required to report the amoun	nt of grants and
	allocati	ons to others, the total expenses, and	revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$		(Revenue \$ 223,610)
		RAGE PARTNERSHIP; INCREAS		
		RAGE SCHOOL READINESS FOR		
	EDUCA	TION; PROVIDE TRAINING FO	OR PROJECTS	
	-			
	-			
	•			
4b	(Code) (Expenses \$	including grants of \$) ((Revenue \$)
	(, (,	
	-			
				
4c	(Code) (Expenses \$	including grants of \$) ((Revenue \$)
40	(Code) (Expenses #		, nevenue
			· · · · · · · · · · · · · · · · · · ·	
4d	-	rogram services (Describe in Schedu		,
	(Expen		ding grants of \$) (Revenue \$	
4e	l otal p	rogram service expenses	247,560	Form 900 (2010)

Form 990 (2010) HAMPTON COUNTY 1ST STEPS/SCHL READI

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Part IV. **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х 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 98-197 If "Yes," complete Schedule C, Part III 5 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," 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 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X 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," Х 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 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 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 Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a 20a 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)

Form 990 (2010) HAMPTON COUNTY 1ST STEPS/SCHL READI 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 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II <u>X</u>_ 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 Х 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 23 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a 24b through 24d and complete Schedule K If "No," go to line 25 Х 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 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 25b 990-EZ? If "Yes," complete Schedule L, Part I Х 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? If "Yes," complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 Х 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? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Х

37

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

Part V	Statements Regarding Other	IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V	· · ·	• • •	<u>•1 1</u>
	٠ . ١		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	-2.	. «	₹ -
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	٠٠.		_
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	<u> </u>	
	gaming (gambling) winnings to prize winners?	₩ 4	\$ _{0,} , *	> 1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u>.</u>		
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2 2 2 2 2 2 2 2 2 2 2 2 2	2b	- 37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2D	X	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O · · · · · · · · · · · · · · · · · ·	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		ĺ	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		v
L	·		¥6	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.	- 4		
F.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? • • • • • • • • • • • • • • • • • • •	5a	خسماللت	X_
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • • • • • • • • • • • • • • • • •	5b		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 55		
oa	organization solicit any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		*	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		Х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	¥7%		14
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_X_
h	If the organization received a contribution of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	447		90.W
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	نست		
	organization, have excess business holdings at any time during the year?	8		L
9	Sponsoring organizations maintaining donor advised funds.	252		21
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	4	006 Jack
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	4.		**
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	27.3		
a	Gross income from members or shareholders		% } • /⊌)	i i
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		3	
		12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		34	1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O	- 34	<u> </u>	0 1
L	Enter the amount of reserves the organization is required to maintain by the states in which			P. 4
b	the organization is licensed to issue qualified health plans	** ·*	174	24 M
С	Enter the amount of reserves on hand	l ŵ"	c 2000	187 14
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	- 301,700	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

57-1097816 Form 990 (2010) HAMPTON COUNTY 1ST STEPS/SCHL READI Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Section A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year · · · · · · · · Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 5 6 6 Does the organization have members, stockholders, or other persons who may elect one or more members 7a 7a 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following 8a 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization 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 2 × 3 16a with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply

Own website	Another's website	Y Upon request
I DWII WEDSIE	I RIDUELS WEDSIG	I X I ODOILIEGUES

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public

State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization ▶ SINGLETARYS TAX SERVICE (843)522-0126

1400 BATTERY CREEK ROAD Beaufort, SC 29902

orm 990 (2010

Section A.

HAMPTON COUNTY 1ST STEPS/SCHL READI

57-1097816

Page 7

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

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

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

(A)	(B)			(C	;)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Positi I t d n r i d u r i s e v t c i e t d e o u r a o I r	l t n r s u t s i t	O f f c e r	K e y e	at apply H c e gmp h p l e s n y t a e t e d	y) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) ALICE WRIGHT							_			
TREASURER (2) BRIDGET GRAY PEEPLES			\rightarrow	X	\dashv			0	0	
VICE CHAIRPERSON				х				O	0	
(3) GLENDA DUNBAR SECRETARY								0	0	
(4) TERRIE HILL				X	\dashv					
CHAIRPERSON				X				0	0	
(5) LESLIE BLEVINS						_			_	
EXECUTIVE DIRECTOR (6)	40.00			+	X	_X	_	34,320	0	 -
(4)										
(7)										
(8)										
(9)										
(10)										
(11)				+						
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Nours for related Nour	mated punt of ther ensation m the inization related inizations
Nous per	ount of ther ensation m the nization related
(18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) 1b Sub-total	
(19) (20) (21) (22) (23) (24) (25) (26) (27) (28) 1b Sub-total	
(20) (21) (22) (23) (24) (25) (26) (27) (28) 1b Sub-total	
(22) (23) (24) (25) (26) (27) (28) 1b Sub-total	
(22) (23) (24) (25) (26) (27) (28) 1b Sub-total	
(23) (24) (25) (26) (27) (28) 1b Sub-total	
(24) (25) (26) (27) (28) 1b Sub-total	=
(25) (26) (27) (28) 1b Sub-total	
(26) (27) (28) 1b Sub-total	_
(27) (28) 1b Sub-total	
(28) 1b Sub-total	
1b Sub-total · · · · · · · · · · · · · · · · · · ·	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	
d Total (add lines 1b and 1c)	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Did the organization list any former officer, director or trustee, key employee, or highest compensated	0
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated	
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated	
The state of the s	/es No
	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from	
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	
Individual · · · · · · · · · · · · · · · · · · ·	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	X
Section B. Independent Contractors	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of	
compensation from the organization	
(A) (B) (C) Name and business address Description of services Comper	
Name and business address Description of services Comper	sation
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 ▶	

Part \	/III <u>"</u>	Statement of Revenue					
	* *		* * *	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1/2 mg/	1 2 4 7 6 4 1	* x		revenue		512, 513, or 514
	1a	Federated campaigns · · · · · · 1a		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
	b	Membership dues · · · · · · · 1b		<u> </u>	* * *		
Contri- butions,	С	Fundraising events 1c		3	." 🤻 ·	* * *	7 · · · · · · · · · · · · · · · · · · ·
grifts,	d	Related organizations 1d		₹ ३ ♠	: 1, 4, 5		· · · · · · · · · · · · · · · · · · ·
grants	е	Government grants (contributions) · · 1e		♣ ^ ••	<i>y</i> •••	* * 3 * .	<i>*</i> * •
and other	f	All other contributions, gifts, grants,]	~ .		The state of the s
similar		and similar amounts not included above 1f					* * * * * * * * * * * * * * * * * * * *
amounts	g	Noncash contributions included in lines 1a-1f: \$	3				
	h	Total. Add lines 1a-1f					Am y ' g
			Business Code	· / * * *		* * *	**: · 🚳 💍
	2a	DIRECT PUBLIC SUPPORT	611600	166,211	166,211		
	ь	FEDERAL	611600	57,399	57,399		
Program Service	C	STATE GOVERNMENT GRAN	611600				
Revenue	d	INTEREST AND DIVIDEND	611600				
	е						
	f	All other program service revenue · · · · ·					
	g	Total. Add lines 2a-2f	• • • • • • •	223,610	Marie Carles - And	1, 4 ' '3x3· (#	A
	3	Investment income (including dividends, interest	t. and				
	•	other similar amounts)			_		
	4	Income from investment of tax-exempt bond pro	ceeds · · · ▶				
	5	Royalties					
	1	(ı) Real	(II) Personal				表现是 "
	6a	Gross Rents · · · · · ·]			
	b	Less rental expenses · · · ·					
	C	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					***
	Ь	Less cost or other basis					
•		and sales expenses · · · ·	_		14.	- San -	
t	С	Gain or (loss) · · · · · ·					
h	d	Net gain or (loss)					
e r	8a	Gross income from fundraising					
•		events (not including \$					
R		of contributions reported on line 1c)		- · ·	1994 g ja		
e v		See Part IV, line 18 · · · · · · · · a		Paris selling		200	1 1 1 1 1 1 1
e	Ь	Less direct expenses $ \cdot \cdot \cdot \cdot \cdot \cdot \cdot $			5 T & 1	· A A	
n u	c	Net income or (loss) from fundraising events					
e	9a	Gross income from gaming activities.			****		
	1	See Part IV, line 19 · · · · · · · · a				, 🤲	
	1	Less direct expenses · · · · · · · b			X 2000 - 12 "	1 2 37 3	<u> </u>
	C	Net income or (loss) from gaming activities • •	· <u>· · · · · · </u>				
	10a	Gross sales of inventory, less				- A	1 W 1 - 3 A
		returns and allowances $ \cdot \cdot \cdot \cdot \cdot \cdot \cdot a $					as and the sa
	1	Less cost of goods sold · · · · · · · b	L	<u> </u>		<u></u>	* * * /**
	c	Net income or (loss) from sales of inventory • •	· · · · · · • • • • • • • • • • • • • •	word and	(488)	X	
		Miscellaneous Revenue	Business Code	<u>-</u>	** ** · · · · · · · · · · · · · · · · ·		
	11a					_	
	b						
	C	All all		 			
	d	All other revenue		 		A. 178 Mai 4	. P
		Total. Add lines 11a-11d		223,610	223,610	***************************************	
	12	Total revenue. See instructions		423,010	ZZ3,010	'I	۹ ۲

57-1097816

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 require	d to complete columns	(B), (C), and (D)	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	expenses
1	Grants and other assistance to governments and				7 · 1 · 1
	organizations in the U.S. See Part IV, line 21				turger to the state of the stat
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22 · · · · · · · · · · · · · · · · · ·				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		,		
	U.S. See Part IV, lines 15 and 16 · · · · · · · · ·				7 - May 10 - 10 - 10
4	Benefits paid to or for members			A COME TO SERVE SERVE	
5	Compensation of current officers, directors,				
	trustees, and key employees	}			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salaries and wages	61,172	61,172		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	13,078	13,078		
10	Payroll taxes	4,524	4,524		
11	Fees for services (non-employees)				
а	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal · · · · · · · · · · · · · · · · · · ·				
C	Accounting				
d	Lobbying		5 × 6 5 4 400000 word	A A A (1 " look " " " "	
е	Professional fundraising services. See Part IV, line 17 •				
f	Investment management fees • • • • • • • • • • • • • • • • • •				
g	Other				
12	Advertising and promotion	, 		_	
13	Office expenses · · · · · · · · · · · · · · · · · ·	1,015	1,015		
14	Information technology	1,466	1,466		
15	Royalties	10.427	10 437		
16	Occupancy · · · · · · · · · · · · · · · · · · ·	18,437	18,437		
17	Travel	4,655	4,655		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials · · · · ·				<u> </u>
19	Conferences, conventions, and meetings	-			
20	Payments to affiliates				
21	Depreciation, depletion, and amortization		<u> </u>		
22	Insurance	· -	-		_
23 24	Other expenses Itemize expenses not covered	W. M. G. W. S. C. C.	LANGE HOUSE		1000
24	above (List miscellaneous expenses in line 24f If				
	line 24f amount exceeds 10% of line 25, column	3-11			
	(A) amount, list line 24f expenses on Schedule O)				
2	PROFESSIONAL DEVELOPMENT	1,385	1,385	/ // // // // // // // // // // // // /	<u> </u>
h	MISCELLANEOUS/NON HEALTH	4,786	4,786		
c	PROGRAM MATERIALS	5,503	5,503		
d	PROGRAM SERVICES	129,673	129,673		
e	OFFICE EQUIP PUR	0			
f	All other expenses	1,866	1,866		
25	Total functional expenses. Add lines 1 through 24f · ·	247,560	247,560	0	<u> </u>
26	Joint Costs. Check here If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column			l	1
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation		L	<u> </u>	Form 900 (2010)

57-1097816

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 24,679 48,629 Cash - non-interest-bearing 2 2 3 3 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing Α employers and sponsoring organizations of section 501(c)(9) voluntary s s e 7 7 Notes and loans receivable, net 8 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a Less accumulated depreciation · · · · · · · · · 10b 10c b 11 11 Investments - other securities See Part IV, line 11 12 12 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 48,629 16 24,679 16 17 17 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 25 25 0 26 26 Organizations that follow SFAS 117, check here ▶ | and F Ν complete lines 27 through 29, and lines 33 and 34. u 27 27 n 28 28 d 29 29 В s Organizations that do not follow SFAS 117, check here ▶ 🔀 а ı and complete lines 30 through 34. а 30 30 n 31 31 Paid-in or capital surplus, or land, building, or equipment fund е Retained earnings, endowment, accumulated income, or other funds 48,629 24,679 32 32 24,679 48,629 33 33 Total liabilities and net assets/fund balances 48,629 34 24,679 34

orm=	990 (2010) HAMPTON COUNTY 1ST STEPS/SCHL READI	57-1097	816	Pag	e 12
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		• • • • •	• • • • [
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		223,61	LO
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		247,56	50
3	Revenue less expenses Subtract line 2 from line 1			(23,9	50)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		48,62	29
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	. 6		24,67	79
Par	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· · 2a	X	
b	Were the organization's financial statements audited by an independent accountant?		· · 2b	X	
С	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? • • • •		· · 2c	X	-
	If the organization changed either its oversight process or selection process during the tax year, explain in		- 1.5 W		
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		36		
	issued on a separate basis, consolidated basis, or both		a. Alai		
	Separate basis Consolidated basis Both consolidated and separate basis				الأنسا
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?		· · 3a		<u>X</u>
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	• • • • •	· · 3b		
	EEA		Form	990 (20	J10)

EEA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ.

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

See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

HAMPTON COUNTY 1ST STEPS/SCHL READI 57-1097816 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.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 c Type III-Functionally integrated Type III-Other a Type I **b** Type II 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? 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? 11g(i) (ii) A family member of a person described in (i) above? 11g(īi) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (iii) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization in col support in col (i) listed in your the organization in organization (described on lines 1-9 col (i) of your (i) organized in the above or IRC section. governing document? support? (see instructions)) Yes Yes No Yes (A) (B) (C) (D) (E) **Total**

Part II Support Sch

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.)

Sect	tion A. Public Support						
Calen	dar 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")	225,291	391,833	441,030	237,223	223,610	1,518,987
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · ·	225,291	391,833	441,030	237,223	223,610	1,518,987
5	The portion of total contributions by each	South Michigan					
	person (other than a governmental unit or		क्रिक्र स				
	publicly supported organization) included			- 1			
	on line 1 that exceeds 2% of the amount			10 m	Francisco		
	shown on line 11, column (f) · · · · ·			1961 S. 1861	26 V. 146	Carlo Box	
6	Public support. Subtract line 5 from In 4		,		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Salar Salar Salar	1,518,987
	tion B. Total Support		1		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Caler	idar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	225,291	391,833	441,030	237,223	223,610	1,518,987
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties 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	Total support. Add lines 7 through 10 .		William Commence				1,518,987
12	Gross receipts from related activities, etc.	(see instructions)		• • • • • • • • • •		12	<u></u>
13	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first	, second, third, fou	rth, or fifth tax year	r as a section 501(c)(3) 	▶□
<u>Sec</u>	<u>tion C. Computation of Public Su</u>	upport Percen	tage				00 00
14	Public support percentage for 2010 (line 6						.00.00 %
15	Public support percentage from 2009 Sche						.00.00 %
16a	33 1/3% support test - 2010. If the organi						▶ [x]
	and stop here. The organization qualifies						····· PLA
þ	33 1/3% support test - 2009. If the organic box and stop here. The organization quali						▶□
47-	10%-facts-and-circumstances test - 201						
17a	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums						▶ 🗀
b	10%-facts-and-circumstances test - 200						
U	more, and if the organization meets the "fa						
46	organization meets the "facts-and-circums	tances" test. The c	organization qualific	es as a publicly suj	pported organization	on • • • • • •	
18	Private foundation. If the organization did	тної спеск а вох с	лінне тэ, тоа, тоі	J, 17a, UL 17D, CHE	ck this box and sec	- manuchona • •	

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)

Sec	tion A. Public Support		-	_				
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						<u>.</u>	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf · · · · · · · · · · · · · · · · · · ·			_				
5	The value of services or facilities furnished by a governmental unit to the organization without charge			_				
6	Total. Add lines 1 through 5 · · · · · ·							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · ·							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year · · ·							
C	Add lines 7a and 7b · · · · · · · · · · ·							
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·		(** ** **					
	ction B. Total Support		-	T = 1	T	T		
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
9	Amounts from line 6 · · · · · · · · · · · · · · · · · Gross income from interest, dividends,							
IUa	payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b · · · · · · · ·							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			_				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
	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							
<u>Se</u> 15	ction C. Computation of Public Su Public support percentage for 2010 (line 8,	column (f) divided l	by line 13, column				%	
16	Public support percentage from 2009 Scheen					16	%	
Se	ction D. Computation of Investme	ent Income Per	centage					
17	Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))							
18	Investment income percentage from 2009 S	Schedule A, Part III	, line 17 • • • •		• • • • • • • • •	18	%	
	a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private Foundation: If the organization did						▶ 📋	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2010

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ▶ See separate instructions.

Open to Public Inspection

OMB No 1545-0047

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organizations	Complete Part III						
Name	e of organization				entification number			
H	AMPTON COUNTY 1ST STEPS/SCHL			57-109				
Pa	rt FA Complete if the organi	zation is exempt under section	<u>on 501(c) or is</u>	s a section 527 orga	<u>nization.</u>			
1	Provide a description of the organization'							
2	Political expenditures							
3	Volunteer hours		• • • • • • • • •					
Pa	ift I-B Complete if the organi	zation is exempt under section	on 501(c)(3).					
1	Enter the amount of any excise tax incurr	red by the organization under section 4	955	· · · · · · · · ▶ \$				
2	Enter the amount of any excise tax incurr	red by organization managers under se	ction 4955 · · ·	· · · · · · • > \$				
3	If the organization incurred a section 495							
4a	Was a correction made?				· Yes No			
b	If "Yes," describe in Part IV							
Pa	rt: C Complete if the organi	zation is exempt under section	on 501(c), exc	ept section 501(c)(3	3).			
1	Enter the amount directly expended by the							
	activities			· · · · · · • \$				
2	Enter the amount of the filing organization	•						
	527 exempt function activities · · · · · · · · · · · · · · · · · · ·							
3	Total exempt function expenditures Add		•					
	line 17b · · · · · · · ▶ \$							
4	Did the filing organization file Form 1120							
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing							
	organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such							
	as a separate segregated fund or a politic	cal action committee (PAC) If additiona	al space is needed	, provide information in Pa	art IV			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-			
(1)								
(2)								
(3)		_						
(4)								
(5)								
(6)								

EEA

SCH	edule C (Form 990 or 990-EZ) 2010 HAMPTON COOM	TI IST STEPS/:	SCHE KEWDI		37-1097	Fage 2		
P	Complete if the organization section 501(h)).	on is exempt un	der section 501	(c)(3) and filed	Form 5768 (elec	ction under		
4	Check ▶ ☐ If the filing organization belongs t	o an affiliated group						
B	Check ▶ ☐ If the filing organization checked box A and "limited control" provisions apply							
	Limits on Lobbying Expenditures					(b) Affiliated		
	(The term "expenditures" means amounts paid or incurred.)					group totals		
1a	Total lobbying expenditures to influence public	opinion (grass roots	lobbying) · · · ·					
b	Total lobbying expenditures to influence a legis	Total lobbying expenditures to influence a legislative body (direct lobbying)						
C	Total lobbying expenditures (add lines 1a and 1	Total lobbying expenditures (add lines 1a and 1b)						
d	Other exempt purpose expenditures							
е	Total exempt purpose expenditures (add lines	1c and 1d) · · · ·						
f	Lobbying nontaxable amount Enter the amoun	t from the following t	able in both					
	columns							
	If the amount on line 1e, column (a) or (b) is:	: The lobbying	nontaxable amoun	t is :		TANK IN		
	Not over \$500,000	20% of the arr	ount on line 1e		300			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	\$175,000 plus 10% of the excess over \$1,000,000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	ver \$1,500,000				
	Over \$17,000,000	\$1,000,000.			* * * * * * * * * * * * * * * * * * *			
g	Grassroots nontaxable amount (enter 25% of li							
h	h Subtract line 1g from line 1a. If zero or less, enter -0-							
i	Subtract line 1f from line 1c If zero or less, enter -0-							
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720							
	reporting section 4911 tax for this year? Yes							
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)							
	Lobb	ying Expenditures	During 4-Year Aver	raging Period				
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total		
2a	Lobbying nontaxable amount			181				
b	Lobbying ceiling amount (150% of line 2a, column (e))							
c	: Total lobbying expenditures							
d	Grassroots nontaxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? b d Publications, or published or broadcast statements? е f a Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? h Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 2 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes. 1 الأربي الم Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of 2 political expenses for which the section 527(f) tax was paid). 2b 2c C 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the 4 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying **Supplemental Information** Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11 Also, complete this part for any additional information

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number Name of the organization HAMPTON COUNTY 1ST STEPS/SCHL READI 57-1097816 01. Form 990 governing body review (Part VI, line 11) IT IS NOT REQUIRED THAT THE GOVERNING BODY REVIEW THE 990 BEFORE IT IS FILED BUT A COPY IS ADE AVAILABLE TO THEM AND THE AUDITORS 02. Conflict of interest policy compliance (Part VI, line 12c) THE CONFLICT OF INTEREST POLICY IS LOCATED IN THE POLICIES AND PROCEDURES MANUAL 03. Governing documents, etc, available to public (Part VI, line 19) COPIES ARE PROVIDED AT THE OFFICE