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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SMART START OF NEW HANOVER COUNTY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3534 South College Road
Suite F

City or town, state or country, and ZIP + 4
Wilmington, NC 28412

D Employer identification number
56-1951952

E Telephone number
(910)815-3731

G Gross receipts $ 1,553,339

F Name and address of principal officer
Janet Nelson
3534 South College Road
Suite F
Wilmington, NC 28412

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www newhanoverkids org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1995 | **M** State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Smart Start of New Hanover County seeks to build bridges to develop, sustain and enhance health, family support and early education services for all children, ages birth to five

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	32
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	32
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	18
6	Total number of volunteers (estimate if necessary)	**6**	156
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	1,857,099	1,537,125
	9 Program service revenue (Part VIII, line 2g)	5,297	8,818
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	251	75
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,815	7,321
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,868,462	1,553,339
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	616,965	462,134
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	888,403	838,827
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	336,140	267,823
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,841,508	1,568,784
	19 Revenue less expenses Subtract line 18 from line 12	26,954	-15,445

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	127,613	97,274
	21 Total liabilities (Part X, line 26)	11,432	-3,461
	22 Net assets or fund balances Subtract line 21 from line 20	116,181	100,735

Part II Signature Block

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

Sign Here

▶ Signature of officer — 2012-10-24 Date

▶ Janet Nelson Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Smart Start of New Hanover County seeks to build bridges to develop, sustain and enhance health, family support and early education services for all children, ages birth to five

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☑ Yes ☐ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 348,979 including grants of $ 0) (Revenue $ 0)

Smart Start PUZZLES Center Connects parents to a free, customized list of child care options, shares most recent information about issues relevant to young families such as high-quality child care, child development, and school readiness, offers community referrals and age-appropriate information and resources to parents, offers training, technical assistance and resources to child care providers and sites The PUZZLES Resource Room incorporates a lending library offering high-quality educational materials and equipment for parents, child care providers, and students in early childhood education programs Over 466 child care providers serving a total of over 6,000 children participated in at least one of the 54 Smart Start-funded trainings/workshops designed to improve/enhance their knowledge of early childhood issues and increase their skills in providing high quality, age-appropriate early childhood programs 41 child care facilities serving 1,777 children had at least one classroom receiving technical assistance with developmentally appropriate practices, positive staff/child interactions, activity ideas, classroom management, and support in the re-licensing process 335 families contacted the Smart Start PUZZLES Center to request information and referrals related to child development, child care information, and other early childhood topics, 68 child care providers and 52 families obtained membership to the Smart Start PUZZLES Center Resource Room, thereby gaining further access to age-appropriate information and material

4b (Code) (Expenses $ 195,202 including grants of $ 195,202) (Revenue $ 0)

Smart Start Intervention/Inclusion Staff provides training and technical assistance to child care facilities to allow for the inclusion of children with special needs in daily classroom activites and support for individual children Consultation and training for families is offered Child care providers/facilities may participate in an intensive teacher training grant activity 123 technical assistance plans were developed for children referred to SSI/I Services for observation to determine needs and address issues in child care classrooms 121 parents received training and/or other support for a child receiving assistance in the classroom 47 different facilities with over 4,400 enrolled children received on-site training and/or support in classrooms serving children with behavioral or other special needs 33 teachers in 10 different child care facilities serving 995 children participated in an intensive training series for improving/enhancing classroom management and other teaching skills associated with effective supports for children with behavioral and/or other special needs

4c (Code) (Expenses $ 167,605 including grants of $ 25,373) (Revenue $ 0)

Smart Start Early Childhood Connections Improves and maintains the quality of licensed child care centers and family child care homes through technical assistance and teacher training Grants and incentives are available to eligible facilities 97 child care directors/providers in 18 star-rated licensed child care facilities serving over 800 children received direct, intensive support provided through evidence-based models of consultation to enrich nutrition program practices and improve/enhance their outdoor learning environments which included equipment/material grants specific to their needs 7 child care facilities with a 4 or 5 star-rating and other high standard indicators serving 490 children qualified for and received the "Dedication to Quality" Bonus to acknowledge and further encourage exemplary practices in providing high quality, evidence-based child care programs

(Code) (Expenses $ 64,240 including grants of $ 64,240) (Revenue $ 0)

Smart Start BABY FAST Nutures teen parents and their support system of family and other significant individuals to strengthen family and social relationships through mentoring, education, and the accessing of community support services Setting and reaching educational goals for young parents is emphasized Two, 8-week cycles of the Baby FAST program were conducted by certified Baby FAST Program Coordinators with the support of 7 trained, contracted, community resource Team members, and over 12 regular, community volunteers 21 teen mothers, 20 grandmothers/grandfathers or other support persons, 5 fathers, and 21 other family members participated in the SS Baby FAST family support program, impacting 23 babies 42 Smart Start Baby FAST graduates and 23 family members attended at least 1 FASTWorks support group activity, the majority of which were planned and otherwise supported by both current and previous participants 9 participants were supported in completing high school or GED programs during the year 9 Smart Start Baby FAST participants were successfully referred to the Motheread B A B Y program

(Code) (Expenses $ 100,341 including grants of $ 0) (Revenue $ 0)

Program Management and Evaluation Oversee and support delivery of all contracted services including contracting & contract compliance, and program evaluation/outcomes tracking, monitoring, and effectiveness Report to Board of Directors on progress towards long- and short-term goals for agency and programs 8 monitoring visits were conducted to review and assure compliance with contracted program activities, 25 state and local contract amendments/revisions were facilitated to maintain Smart Start contract compliance 5 full Board of Director and 14 Board Committee meetings supported/facilitated 6 Contractor meetings/events conducted to impart and share program-related information and updates SS P M/E participated in over 29 community/regional committee and/or other group meetings related to agency and programmatic areas of focus

(Code) (Expenses $ 96,220 including grants of $ 96,220) (Revenue $ 0)

Smart Start Growing Readers Models and trains child care providers in age-appropriate early literacy activities for young children High quality books and literacy materials for classrooms are provided Grants and incentives associated with intensive classroom training are provided to participating facilities upon successful completion of the training session requirements 30 child care providers and 18 other staff in 12 different facilities serving 651 children received intensive technical assistance and training in early language and literacy teaching skills supported by monthly delivery rotations of 197 bookbags containing age-appropriate literacy materials Non-cash grants of early literacy materials were available to classrooms successfully completing the training module

(Code) (Expenses $ 127,804 including grants of $ 27,000) (Revenue $ 0)

Smart Start Professional Planning Services Offers consultation and higher education course enrollment assistance to child care providers to increase their education levels Assists with professional development plans and in accessing financial and other resources Grants and incentives are available to eligible individuals and facilities 45 child care providers received Professional Development Incentives for completing early childhood related college course work while continuing their work in local child care facilities 5 child care facilities serving 651 children received Professional Development Center Incentives for their efforts in reducing barriers to higher education goal attainment for staff

(Code) (Expenses $ 3,805 including grants of $ 3,805) (Revenue $ 0)

Share The Care Scholarship funds are made available to cover costs of childcare registration fees for families were eligible to receive childcare subsidy 138 children were able to enroll into high quality childcare and 24 different childcare facilities participated in this program

(Code) (Expenses $ 11,250 including grants of $ 0) (Revenue $ 0)

Shape NC An 18-month Childhood Obesity Prevention grant activity with funds allocated to 2 separate activities $10,000 of Planning Grant Funds for the development of a Community Action Plan and $3000 to support the development of a Model Early Learning Center Smart Start Early Childhood Connections grant activities in child care facilities specifically addressed best practices in nutritional and physical activity improvements in support of this grant's activity plan Community level planning activities include creating and providing leadership for a Childhood Obesity Prevention coalition consisting of multiple stakeholders and service providers from local organizations such as the NHC Health Dept, UNCW, Cape Fear Health Policy Council, SEAHEC, local pediatricians, New Hanover Regional Medical Center, and others working to engage families and practioners in efforts to support healthy lifestyle habits SSNHC maintains the weeLiveFIT website in support of childhood obesity prevention information dissemination Child Care model site planning was completed at the end of FY12

(Code) (Expenses $ 13,737 including grants of $ 1,500) (Revenue $ 0)

CFUW Motheread BABY Motheread B A B Y (Birth & Beginning Years) is a 10-week long session of highly effective, group counseling program designed to build nurturing and other skills for high-risk group mothers of young children The program uses quality children's literature to support better understanding of child development and other relevant topics, support literacy engagement activity, foster bonding between the mother and baby, empower mothers at risk, and promote use of support systems Supported trained program facilitators within multiple SS programs in serving 96 mothers (18 teen moms, 25 substance abuse recovery moms, 9 mothers of babies in the NICU ward of the hospital, and 44 incarcerated moms) who participated in Motheread B A B Y sessions, impacting 108 children

(Code) (Expenses $ 156,683 including grants of $ 1,879) (Revenue $ 0)

Smart Start Family Community Connections Facilitates community collaborations and educates parents, the general public, and civic and business groups about early childhood issues Provides up-to-date information to families and other community members on child development, health, child care quality, school readiness, and family support resources as well as referrals to community resources Facilitates a variety of family support programming for at-risk populations 123 Latino children were newly enrolled in Health Check/Health Choice as a result of direct SSFCC support 190 parents and children participated in at least one of ten "Walk & Talk" events held in Latino neighborhoods to help establish regular exercise and healthy nutritional habits while encouraging greater group interaction among local families 2,382 age-appropriate books were distributed to 794 children in NCPK (More At Four) classrooms 59 health and other care providers in New Hanover County completed Touchpoints Approach training to enhance and further support their work in effectively generating positive change in the families they assist 96 at-risk mothers participated in Motheread B A B Y , an early literacy program that utilizes quality children's books to teach parenting and health information to high-risk mothers, impacting over 108 children birth to 2 years of age

(Code) (Expenses $ 46,915 including grants of $ 46,915) (Revenue $ 0)

Smart Start Raising A Reader Trained Raising A Reader Coordinators equip child care providers with books, materials and strategies for engaging families in reading activites This program focuses on school/home book bag rotation, family book-sharing skill building, early literacy events, and public library utilization 11 child care teachers in 9 classrooms in 4 child care facilities received Raising A Reader implementor training and support to provide this nationally acclaimed book-sharing program with 135 children and their families 1572 books were rotated among participating families and 56 new library cards were issued to participating children 13 family events, including a library tour and celebration, were conducted over the course of the program with over 198 participating family members attending one or more events

4d Other program services (Describe in Schedule O)
(Expenses $ 620,995 including grants of $ 241,559) (Revenue $ 0)

4e **Total program service expenses** ▶ $ 1,332,781

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a		No
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		No
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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
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**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	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, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
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	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	34		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	18		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the aggregate amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	32		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	32		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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

☐ Own website ☑ Another's website ☑ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								74,291	11,237	0

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

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

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 Report compensation for the calendar year ending with or within the organization's tax year

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a 10,000				
	b	Membership dues 1b 0				
	c	Fundraising events 1c 38,444				
	d	Related organizations . . . 1d 0				
	e	Government grants (contributions) 1e 1,447,116				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 41,565				
	g	Noncash contributions included in lines 1a-1f $ 0				
	h	**Total.** Add lines 1a-1f . . . . . ▶	1,537,125			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue	8,818	8,818	0	0
	g	**Total.** Add lines 2a–2f . . . . . ▶	8,818			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	75	75	0	0
	4	Income from investment of tax-exempt bond proceeds . . ▶	0	0	0	0
	5	Royalties . . . . . ▶	0	0	0	0
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss) 0 / 0				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss) 0 / 0				
	d	Net gain or (loss) . . . . . ▶				
Other Revenue	8a	Gross income from fundraising events (not including $ 38,444 of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue	7,321	7,321	0	0
	e	**Total.** Add lines 11a–11d . . . . . ▶	7,321			
	12	**Total revenue.** See Instructions . . . ▶	1,553,339	16,214	0	0

Part IX Statement of Functional Expenses

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

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

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	436,931	436,931		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	25,203	25,203		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	74,291		74,291	
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	580,879	520,686	60,193	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,227	13,382	3,845	
9	Other employee benefits	113,828	88,676	25,152	
10	Payroll taxes	52,602	42,017	10,585	
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,000		1,000	
c	Accounting	2,577		2,577	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	17,222	11,791	5,431	
12	Advertising and promotion	17,989	17,392	597	
13	Office expenses	42,734	36,109	6,625	
14	Information technology	1,177	624	553	
15	Royalties . .				
16	Occupancy	110,525	96,909	13,616	
17	Travel	12,223	10,345	1,878	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,550	6,532	1,018	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,868	1,943	4,925	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Sales Tax Expense	3,473	0	3,473	0
b	Repair and Maintenance	15,635	12,040	3,595	0
c	Dues and Subscriptions	1,138	261	877	0
d	Other Leasehold Improvements, Furniture and Equipment	27,712	11,940	15,772	0
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	1,568,784	1,332,781	236,003	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	127,613	1	96,618
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	656
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	127,613	16	97,274
Liabilities	17	Accounts payable and accrued expenses	11,432	17	-3,461
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	11,432	26	-3,461
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	88,773	27	62,605
	28	Temporarily restricted net assets	27,408	28	38,130
	29	Permanently restricted net assets	0	29	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	116,181	33	100,735
	34	Total liabilities and net assets/fund balances	127,613	34	97,274

Part XI Reconcilliation 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	1,553,339
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,568,784
3	Revenue less expenses Subtract line 2 from line 1	3	-15,445
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	116,181
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1
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	100,735

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☑ Other Modified Cash Method If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b		No
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SMART START OF NEW HANOVER COUNTY INC

Employer identification number
56-1951952

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,732,570	1,775,951	1,603,830	1,862,396	1,545,943	8,520,690
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 **Total.** Add lines 1 through 3	1,732,570	1,775,951	1,603,830	1,862,396	1,545,943	8,520,690
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						8,520,690

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,732,570	1,775,951	1,603,830	1,862,396	1,545,943	8,520,690
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,638	588	278	251	75	3,830
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	3,096	4,097	1,743	5,815	7,321	22,072
11 **Total support** (Add lines 7 through 10)						8,546,592

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	**14**	99 697 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	**15**	99 627 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

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

Facts And Circumstances Test

Explanation

Sales and Use tax refund from the State of North Carolina

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SMART START OF NEW HANOVER COUNTY INC

Employer identification number
56-1951952

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

Revenue / Direct Expenses		(a) Event #1 Annual Breakfast of Children Champions (event type)	(b) Event #2 _____ (event type)	(c) Other Events _____ (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	51,994			51,994
	2 Less Charitable contributions	0			0
	3 Gross income (line 1 minus line 2)	51,994			51,994
Direct Expenses	4 Cash prizes	0			0
	5 Non-cash prizes	0			0
	6 Rent/facility costs	2,751			2,751
	7 Food and beverages	2,843		0	2,843
	8 Entertainment	1,406		0	1,406
	9 Other direct expenses	6,550			6,550
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(13,550)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				38,444

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

Revenue / Direct Expenses		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SMART START OF NEW HANOVER COUNTY INC

Employer identification number
56-1951952

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Easter Seals UCP NC Echoes3333 M Wrightsville Avenue Wilmington, NC 28403	56-0670676	501 C 3	195,201	0			Smart Start intervention/inclusion program
(2) NHC Public Library230 Government Center Drive Wilmington, NC 28403	56-6000324		143,126	0			Smart Start Growing Reader & Smart Start Raising A Reader Program
(3) Communities in Schools 20 N Front Street Wilmington, NC 28401	20-3385755	501 C 3	65,240	0			Smart Start Baby Fast Program

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 2

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Motheread BABY books, Reading is Fundamental books, Other	931	2,452	22,751	Cost	Books (Motheread 137 participants and RIF 794 participants received books), Welcome Baby packets, fruit and vegetables to Latino families, outdoor learning environments

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

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	MONITORING THE USE OF GRANT FUNDS PROCEDURES Smart Start of New Hanover County Inc staff will complete staff visits and review all activities to ensure compliance with all programmatic evaluation and financial contractual requirements for grant recipients

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SMART START OF NEW HANOVER COUNTY INC

Employer identification number
56-1951952

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

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

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
(1) New Hanover County Government	Board Member Employee or Director	142,470

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Harold W Wells Inc	Board Member is employee of Harold W Wells	2,568	Building, Worker Compensation and Benefit Insurances		No
(2) TRL Real Estate	Board Member until December 2011	45,694	Rent		No
(3) UNCW Aramark	Board Member UNCW School of Nursing Program Director	3,093	Food for the fundraising event		No
(4) UNC Wilmington	Board Member UNCW School of Nursing Program Director	3,359	Meeting space rental		No
(5) Ward and Smith PA	Board Member employee of Ward and Smith PA	1,000	Legal fees regarding new building subcontract		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SMART START OF NEW HANOVER COUNTY INC

Employer identification number
56-1951952

Part I Types of Property

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

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

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

Part II

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

Identifier	Return Reference	Explanation
SchM_P01_S00_L25	Schedule M, Part I, Lines 25-28	In-kind donations $47,739

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SMART START OF NEW HANOVER COUNTY INC

Employer identification number
56-1951952

Identifier	Return Reference	Explanation
F990_P03_S00_L02	Form 990, Part III, Line 2	Smart Start Health Consultant program added
F990_P03_S00_L03	Form 990, Part III, Line 3	No longer funding Smart Start Health Consultant as a separate budget Workshop for childcare providers for this program was put under PUZZLES Center program
F990_P04_S00_L12a	Form 990, Part IV, Line 12a	North Carolina's early childhood initiative legislation, General Statutes 143B-168 12(a)(4) requires Smart Start of New Hanover County Inc to have financial and compliance audits under Article 5A of Chapter 147 The Partnership will be audited following the close of the fiscal year 06/30/12 The audit will be conducted November 12th and 13th 2012
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	FORM 990 REVIEW The 990 was given to the Finance Committee which included the Treasurer for review before it was filed Then it was made available to all board members at the next board meeting after it was filed
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	MONITORING AND ENFORCING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY All board members are required to disclose annually interest that could give rise to conflicts Board membes are asked to abstain or to leave the room when the discussion of money allocations are taking place
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	An independent consultant and a compensation survey was completed in 2008 Executive Committee review Executive Director's evaluation and salary Last evaluation was completed 7/1/2012
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Governing documents and conflict of interest policies are available to the public on request Audited financial statements are available on the website
F990_P11_S00_L05	Form 990, Part XI, Line 5	Rounding difference

Additional Data

Software ID: 11000129
Software Version: v1.00
EIN: 56-1951952
Name: SMART START OF NEW HANOVER COUNTY INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 64,240 including grants of $ 64,240) (Revenue $ 0)

Smart Start BABY FAST Nutures teen parents and their support system of family and other significant individuals to strengthen family and social relationships through mentoring, education, and the accessing of community support services Setting and reaching educational goals for young parents is emphasized Two, 8-week cycles of the Baby FAST program were conducted by certified Baby FAST Program Coordinators with the support of 7 trained, contracted, community resource Team members, and over 12 regular, community volunteers 21 teen mothers, 20 grandmothers/grandfathers or other support persons, 5 fathers, and 21 other family members participated in the SS Baby FAST family support program, impacting 23 babies 42 Smart Start Baby FAST graduates and 23 family members attended at least 1 FASTWorks support group activity, the majority of which were planned and otherwise supported by both current and previous participants 9 participants were supported in completing high school or GED programs during the year 9 Smart Start Baby FAST participants were successfully referred to the Motheread B A B Y program

(Code) (Expenses $ 100,341 including grants of $ 0) (Revenue $ 0)

Program Management and Evaluation Oversee and support delivery of all contracted services including contracting & contract compliance, and program evaluation/outcomes tracking, monitoring, and effectiveness Report to Board of Directors on progress towards long- and short-term goals for agency and programs 8 monitoring visits were conducted to review and assure compliance with contracted program activities, 25 state and local contract amendments/revisions were facilitated to maintain Smart Start contract compliance 5 full Board of Director and 14 Board Committee meetings supported/facilitated 6 Contractor meetings/events conducted to impart and share program-related information and updates SS P M/E participated in over 29 community/regional committee and/or other group meetings related to agency and programmatic areas of focus

(Code) (Expenses $ 96,220 including grants of $ 96,220) (Revenue $ 0)

Smart Start Growing Readers Models and trains child care providers in age-appropriate early literacy activities for young children High quality books and literacy materials for classrooms are provided Grants and incentives associated with intensive classroom training are provided to participating facilities upon successful completion of the training session requirements 30 child care providers and 18 other staff in 12 different facilities serving 651 children received intensive technical assistance and training in early language and literacy teaching skills supported by monthly delivery rotations of 197 bookbags containing age-appropriate literacy materials Non-cash grants of early literacy materials were available to classrooms successfully completing the training module

(Code) (Expenses $ 127,804 including grants of $ 27,000) (Revenue $ 0)

Smart Start Professional Planning Services Offers consultation and higher education course enrollment assistance to child care providers to increase their education levels Assists with professional development plans and in accessing financial and other resources Grants and incentives are available to eligible individuals and facilities 45 child care providers received Professional Development Incentives for completing early childhood related college course work while continuing their work in local child care facilities 5 child care facilities serving 651 children received Professional Development Center Incentives for their efforts in reducing barriers to higher education goal attainment for staff

(Code) (Expenses $ 3,805 including grants of $ 3,805) (Revenue $ 0)

Share The Care Scholarship funds are made available to cover costs of childcare registration fees for families were eligible to receive childcare subsidy 138 children were able to enroll into high quality childcare and 24 different childcare facilities participated in this program

(Code) (Expenses $ 11,250 including grants of $ 0) (Revenue $ 0)

Shape NC An 18-month Childhood Obesity Prevention grant activity with funds allocated to 2 separate activities $10,000 of Planning Grant Funds for the development of a Community Action Plan and $3000 to support the development of a Model Early Learning Center Smart Start Early Childhood Connections grant activities in child care facilities specifically addressed best practices in nutritional and physical activity improvements in support of this grant's activity plan Community level planning activities include creating and providing leadership for a Childhood Obestiy Prevention coalition consisting of multiple stakeholders and service providers from local organizations such as the NHC Health Dept, UNCW, Cape Fear Health Policy Council, SEAHEC, local pediatricians, New Hanover Regional Medical Center, and others working to engage families and practioners in efforts to support healthy lifestyle habits SSNHC maintains the weeLiveFIT website in support of childhood obesity prevention information dissemination Child Care model site planning was completed at the end of FY12

(Code) (Expenses $ 13,737 including grants of $ 1,500) (Revenue $ 0)

CFUW Motheread BABY Motheread B A B Y (Birth & Beginning Years) is a 10-week long session of highly effective, group counseling program designed to build nurturing and other skills for high-risk group mothers of young children The program uses quality children's literature to support better understanding of child development and other relevant topics, support literacy engagement activity, foster bonding between the mother and baby, empower mothers at risk, and promote use of support systems Supported trained program facilitators within multiple SS programs in serving 96 mothers (18 teen moms, 25 substance abuse recovery moms, 9 mothers of babies in the NICU ward of the hospital, and 44 incarcerated moms) who participated in Motheread B A B Y sessions, impacting 108 children

(Code) (Expenses $ 156,683 including grants of $ 1,879) (Revenue $ 0)

Smart Start Family Community Connections Facilitates community collaborations and educates parents, the general public, and civic and business groups about early childhood issues Provides up-to-date information to families and other community members on child development, health, child care quality, school readiness, and family support resources as well as referrals to community resources Facilitates a variety of family support programming for at-risk populations 123 Latino children were newly enrolled in Health Check/Health Choice as a result of direct SSFCC support 190 parents and children participated in at least one of ten "Walk & Talk" events held in Latino neighborhoods to help establish regular exercise and healthy nutritional habits while encouraging greater group interaction among local families 2,382 age-appropriate books were distributed to 794 children in NCPK (More At Four) classrooms 59 health and other care providers in New Hanover County completed Touchpoints Approach training to enhance and further support their work in effectively generating positive change in the families they assist 96 at-risk mothers participated in Motheread B A B Y , an early literacy program that utilizes quality children's books to teach parenting and health information to high-risk mothers, impacting over 108 children birth to 2 years of age

(Code) (Expenses $ 46,915 including grants of $ 46,915) (Revenue $ 0)

Smart Start Raising A Reader Trained Raising A Reader Coordinators equip child care providers with books, materials and strategies for engaging families in reading activites This program focuses on school/home book bag rotation, family book-sharing skill building, early literacy events, and public library utilization 11 child care teachers in 9 classrooms in 4 child care facilities received Raising A Reader implementor training and support to provide this nationally acclaimed book-sharing program with 135 children and their families 1572 books were rotated among participating families and 56 new library cards were issued to participating children 13 family events, including a library tour and celebration, were conducted over the course of the program with over 198 participating family members attending one or more events

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Melissa Lavengood President	57	X		X				0	0	0
Carolyn Moskowitz Secretary	25	X		X				0	0	0
Richard Ferguson Board Member	24	X						0	0	0
Dr Hoke Pollock Board Member	55	X						0	0	0
Rhonda Tighe Board Member	19	X						0	0	0
Nancy Haddock Board Member	19	X						0	0	0
Barbara Mann Board Member	26	X						0	0	0
Roxane Stein Board Member	32	X						0	0	0
Dr Jane A Fox Board Member	39	X						0	0	0
Harry Tuchmayer Board Member	16	X						0	0	0
Olga Joachim Board Member	31	X						0	0	0
Jenna Butler Board Member	31	X						0	0	0
Chris McNamee Board Member	28	X						0	0	0
Foster Norman Board Member	17	X						0	0	0
Denise Ward Board Member	20	X						0	0	0
Janet Nelson Executive Director	40 0	X			X			74,291	11,237	0
Dr Ed Adams Board Member	13	X						0	0	0
Jane Marr Board Member	42	X						0	0	0
Nancy Nail Board Member	28	X						0	0	0
Jennifer Pullum Board Member	40	X						0	0	0
Brenda Thomas Board Member	06	X						0	0	0
Jean Watchtel Board Member	31	X						0	0	0
Leslie Wilson Board Member	13	X						0	0	0
Cheryl Aguilar Board Member	05	X						0	0	0
Veronica McRae Board Member	07	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Chris Monetta Board Member	09	X						0	0	0
Randy Reeves Board Member	41	X						0	0	0
Cheryll Schramm Board Member	61	X						0	0	0
Yolanda Sparrow Board Member	09	X						0	0	0
Jennifer Thurston Board Member	62	X						0	0	0
Gordon Wright Board Member	19	X						0	0	0
Sandra Sheridan Vice President	13	X		X				0	0	0
Gregory Stone Treasurer	74	X		X				0	0	0