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SCANNED JUN 0 5 2013

Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public Inspection

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

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

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

For the 2011 calendar year, or tax year beginning JUL 2011 and ending JUN 30, 2012 Check if applicable C Name of organization D Employer identification number Name change HAMPTON COUNTY OFFICE OF FIRST STEPS 57-1097816 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 201 WEST MCBEE AVENUE 200 843-763-9262 City or town, state or country, and ZIP + 4 F Group Exemption GREENVILLE SC 29601 Number > Application pending Cash H Check X if the organization is not Accounting Method: X Accrual Other (specify) Website: ▶ HTTP://WWW.SCFIRSTSTEPS.ORG/ required to attach Schedule B Tax-exempt status (check only one) - X 501(c)(3) 501(c) () **◄**(insert no.) L 4947(a)(1) or **_** 527 (Form 990, 990-EZ, or 990-PF). لتمت Check Fig. 1 if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 135,646. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I 135,645 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments SEE SCHEDULE O Investment income 4 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a \$15,000) **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 6c Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gross sales of inventory, less returns and allowances Less: cost of goods sold r 7b Gross profit or (loss) from sales of inventory (Subtract line)7b from line 7a) 7c Other revenue (descripe in Schedule 0) 6 2013 8 8 135,646. Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule 0); 10 10 Benefits paid to or for members 11 11 80,911. 12 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 5,700. 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 SEE SCHEDULE O 40,355. Other expenses (describe in Schedule 0) 16 16 126,966. 17 17 Total expenses. Add lines 10 through 16 8,680. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 19 24,679. <2,434.> SEE SCHEDULE O 20 Other changes in net assets or fund balances (explain in Schedule O) 20 30,925. 21 Net assets or fund balances at end of year. Combine lines 18 through 20

Form **990-EZ** (2011)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Part II Balance Sheets. (see the instructions for Part II.) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of y	Page 2
	X
	,341.
23 Land and buildings 23	, , , , , , ,
24 Other assets (describe in Schedule O)	
	,341.
	416.
	,925.
Part III Statement of Program Service Accomplishments (see the instructions for Part III.) Expense	
Check if the organization used Schedule O to respond to any question in this Part III X (Required for sec	tion
What is the organization's primary exempt purpose? SEE SCHEDULE O 501(c)(3) and 50 organizations and	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses in a clear and concise 4947(a)(1) trusts	
manner, describe the services provided, the number of persons benefited, and other relevant information for each program title	
28 SEE SCHEDULE O	
(Grants \$) If this amount includes foreign grants, check here 28a 112	,446.
29	
(Grants \$) If this amount includes foreign grants, check here .	
30	
(Grants \$) If this amount includes foreign grants, check here	
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here	
32 Total program service expenses (add lines 28a through 31a) 32 112	,446.
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV	
	<u>'</u>
Check if the organization used Schedule O to respond to any question in this Part IV	′)
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	1990-EZ (2011) HAMPTON COUNTY OFFICE OF FIRST STEPS 57-1097 Int V Other Information (Note the Schedule A and personal benefit contract statement requirement		he	Page 3
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in the	nis Pa	rt V	\mathbf{x}
			Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
00	activity in Schedule 0	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	33		<u> </u>
34	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
05.		34		
30 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	05-		- T
	on lines 2, 6a, and 7a, among others)?	35a	37 /	X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	<u>. </u>	, ,	١.
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			Ì
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	_}		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	Ì		
_	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?	İ		
	If "Yes," complete Schedule L, Part I	40b		х
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	100		1
·	or disqualified persons during the year under sections 4912, 4955, and 4958			
A	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
u				ļ
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40-		•
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. NONE The states with which a copy of this return is filed. NONE	2 2	001	
428	The organization's books are in care of ► CHERRY BEKAERT LLP Telephone no. ► 864-23			
	Located at ► 201 W. MCBEE AVE., STE. 200, GREENVILLE, SC ZIP+4 ► 2	<u> </u>	т	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	NIa
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b	·	X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
				,
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	1	l	
•	In Schedule O	44d		1
45 0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	704	 	A
700		AEL	1	v
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	00.57	(2011)
		Form 9	yu-tZ	(2011)

0111 330-LZ (2	HAMPTON COUNTY OFFICE OF	FIRST STEPS		57-10978	Ye:	s No
	rganization engage, directly or indirectly, in political campaign activitie omplete Schedule C, Part I	es on behalf of or in opposition	n to candidates for pu	iblic office?	46	X
Part VI	Section 501(c)(3) organizations and section 49	47(a)(1) nonexempt	charitable trus	sts only. All s	section 50)1(c)(3)
	organizations and section 4947(a)(1) nonexempt charitable tr	usts must answer questio	ns 47-49b and 52,	and complete t	he tables	
	for lines 50 and 51. Check if the organization used Schedule	O to respond to any quest	ion in this Part VI			
					Ye	s No
47 Did the oi	rganization engage in lobbying activities or have a section 501(h) elec	ction in effect during the tax ye	ar? If "Yes," complete	Sch. C, Part II	47	x
	panization a school as described in section 170(b)(1)(A)(ii)? If "Yes," o				48	X
	rganization make any transfers to an exempt non-charitable related or				49a	X
	vas the related organization a section 527 organization?				49b	
	this table for the organization's five highest compensated employees	s (other than officers, directors	s, trustees and key en	nployees) who ea	ch receive	d more
-	0,000 of compensation from the organization. If there is none, enter "	·		,		
	(a) Name and address of each employee	(b) Title and average hours	(C) Reportable	(d) Health benefits	(e) Est	ımated
	paid more than \$100,000	per week devoted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefit	amount	
	NONE	position	11-2/1088-10130)	plans, and deferred compensation	compe	nsation
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		+				
f Total nun	nber of other employees paid over \$100,000		L	1	1	
organizat	e this table for the organization's five highest compensated independention. If there is none, enter "None." NONE d address of each independent contractor paid more than \$100,000	(b) Type (· · · · · · · · · · · · · · · · · · ·	Compensat	
		·-				
						•
						
						
d Total aven	phor of other undependent contractors such resource over \$100,000			I		
	nber of other independent contractors each receiving over \$100,000	rotions and 4047/a\/4\ nanow				
	rganization complete Schedule A? Note: All section 501(c)(3) organizes trusts must attach a completed Schedule A	anons and 4947(a)(1) nonex	mipt	<u> </u>	V 1	□ N.
Under penalties o	e trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, including accompanying sche	dules and statements, and to the b	est of my knowledge and	belief, it is true, cor	rect, and cor	nplete
Declaration of pre	parer (other than officer) is based on all information of which preparer has any kno	owledge		571-1	(1.5	
Sign	Signatured Stora	<u> </u>		Date Date	1.3	
Here		.aa.				
	ALAN ROBINSON, REGIONAL FINAN	ICE MANAGER	 			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	Charle	T 4 DTIN		
	Print/Type preparer's name Preparer's signature	Date	Check _] if PTIN		
Paid	Madra 71	MMA//La I sous	self- emplo	yed		
Preparer	CANDACE L. MCMILLAN CONTROL CONTROL	101 C - WWW 1/11	ا در		<u> </u>	4
Use Only	Firm's name ► CHERRY BEKAERT LLP		Firm's EIN	<u>▶ 56-05'</u>	74444	
	Firm's address ▶ 201 WEST MCBEE AVENUE	SUITE 200	Phone no.	864-2	33-39	81
	GREENVILLE, SC 29601					
May the IRS di	scuss this return with the preparer shown above? See instructions			> D	Yes	No No

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Inspection
Employer identification number

			COUNTY OFFI						<u>57</u>	7-1097816
tΙ	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	t) See inst	ructions.		
organi	zation is not a	private foundation	pecause it is: (For lines 1	through 1	1, check	only one b	ox.)			_
	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E)						
	A hospital or	a cooperative hospi	tal service organization of	described i	n section	170(b)(1)	(A)(iii).			
	•		-					(b)(1)(A)(ii	i). Enter tl	he hospital's name,
			•	,	•					·
	•		benefit of a college or ur	niversity ov	vned or or	erated by	a governr	nental unr	describe	ed in
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				described	l in sectio	n 170(h)/	ινανωι			
X		•	•					r from the	general r	nublic described in
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(Attach Sci A hospital or a cooperative hospital service organization of A medical research organization operated in conjunction of city, and state: An organization operated for the benefit of a college or un section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit An organization that normally receives a substantial part of section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). An organization that normally receives (1) more than 33 1 activities related to its exempt functions - subject to certal income and unrelated business taxable income (less sect See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to ter An organization organized and operated exclusively for the more publicly supported organizations described in section describes the type of supporting organization and complete a Type I By checking this box, I certify that the organization is not foundation managers and other than one or more publicly	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in A medical research organization operated in conjunction with a hospital service organization with a hospital service organization with a hospital organization operated for the benefit of a college or university over section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described An organization that normally receives a substantial part of its supposection 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete An organization that normally receives (1) more than 33 1/3% of its activities related to its exempt functions - subject to certain exception income and unrelated business taxable income (less section 511 tax See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for publication and organization organized and operated exclusively for the benefit of more publicly supported organizations described in section 509(a)(1) describes the type of supporting organization and complete lines 1 a Type I b Type II c Type II c Type II b Type II c Type II b Type II c Type II b Type II Ty	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section A medical research organization operated in conjunction with a hospital descrictly, and state: An organization operated for the benefit of a college or university owned or operated in 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33 1/3% of its support from a section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives (1) more than 33 1/3% of its support from a activities related to its exempt functions - subject to certain exceptions, and (2 income and unrelated business taxable income (less section 511 tax) from buse section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform or publicly supported organizations described in section 509(a)(1) or section describes the type of supporting organization and complete lines 11e through a Type I Type II Type III. Function Type II Type III. Function Type III. Function	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1). A medical research organization operated in conjunction with a hospital described in sectity, and state: An organization operated for the benefit of a college or university owned or operated by section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives (1) more than 33 1/3% of its support from continuous activities related to its exempt functions - subject to certain exceptions, and (2) no more income and unrelated business taxable income (less section 511 tax) from businesses a See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section An organization organized and operated exclusively for the benefit of, to perform the full more publicly supported organizations described in section 509(a)(1) or section 509(a)(3) describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally in By checking this box, I certify that the organization is not controlled directly or indirectly foundation managers and other than one or more publicly supported organizations desilf the organization received a written determination from the IRS that it is a Type I, Type II.	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(city, and state: An organization operated for the benefit of a college or university owned or operated by a governing section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit of section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, in activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1 income and unrelated business taxable income (less section 511 tax) from businesses acquired be See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2). See section 509(a)(2) in the section organization organization organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or foundation managers and other than one or more publicly supported organizations described in set if the organization received a written determination from the IRS that it is a Type II, Type II, or Type III.	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membershil activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization organizated and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carm more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a) describes the type of supporting organization and complete lines 11e through 11h. a Type 1 b Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disc foundation managers and other than one or more publicly supported organizations described in section 508(a) if the organization received a written determination from the IRS that it is a Type I, Type III.	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general pasection 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, an activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization as See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Chedescribes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally integrated d Supported organization and other than one or more publicly supported organizations described in section 509(a)(1) or set of supporting organization organization is not controlled directly or indirectly by one or more disqualified foundation managers a

Schedule A (Form 990 or 990-EZ) 2011 HAMPTON COUNTY OFFICE OF FIRST STEPS 57-1097816 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (c) 2009(d) 2010 (e) 2011 (f) Total Calendar year (or fiscal year beginning in) (a) 2007 (b) 20081 Gifts, grants, contributions, and membership fees received (Do not 441,030. 237,223. 223,610. 135,645. include any "unusual grants.") 391,833. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 441,030, 237,223 223,610 135,645 391,833. 1,429,341, Total. Add lines 1 through 3 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) 1.429.341. 6 Public support. Subtract line 5 from line Section B. Total Support (d) 2010 (e) 2011 (f) Total (a) 2007 (b) 2008 (c) 2009Calendar year (or fiscal year beginning in) 441,030. 237,223 223,610 135,645. 391,833. 1,429,341, 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 1 1. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 1,429,342, 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 100.00 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 100.00 15 Public support percentage from 2010 Schedule A, Part II, line 14 15 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 $\triangleright [X]$ b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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

Schedule A (Form 990 or 990-EZ) 2011 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support			_			
Cale	ndar 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	ł					
	ınclude any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						,
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						i
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities	<u> </u>					
	furnished by a governmental unit to						
	the organization without charge						L
6	Total. Add lines 1 through 5						
7 8	Amounts included on lines 1, 2, and			İ			
	3 received from disqualified persons						
t	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						L
•	Add lines 7a and 7b						
_8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support			- <u></u>			
Cale	ndar 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						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses					İ	
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carned on						
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)					ļ	
13	Total support (Add lines 9, 10c, 11, and 12)			·	<u></u>		<u> </u>
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thu	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here		··			· · · · · · · · · · · · · · · · · · ·	
	ction C. Computation of Publ					T. T.	
15	Public support percentage for 2011 (• • • • • • • • • • • • • • • • • • • •		column (f))		15	
16	Public support percentage from 2010					16	%
	ction D. Computation of Inve	•				1	
17	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from	•			-	18	%
19a	33 1/3% support tests - 2011. If the	-					17 is not
	more than 33 1/3%, check this box a	<u>-</u>	-				▶□
b	33 1/3% support tests - 2010. If the	•				-	
	line 18 is not more than 33 1/3%, che		•	-		-	· ▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

HAMPTON COUNTY OFFICE OF FIRST STEPS

Employer identification number 57-1097816

HAMPTON COUNTY OFFICE OF FIRST STEPS 5	7-109/818
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST AND DIVIDEND REVENUE	1.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
TELEPHONE/INTERNET	1,877.
OFFICE SUPPLIES	519.
INSURANCE	1,273.
MISCELLANEOUS	909.
CURRICULUM MATERIALS	201.
OTHER MATERIALS	346.
BOOKS	252.
FURNISHINGS	1,460.
PRESENTERS/TRAINERS	2,191.
SCHOLARSHIPS (CHILD CARE)	28,000.
TRAVEL	3,327.
TOTAL TO FORM 990-EZ, LINE 16	40,355.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
PRIOR PERIOD ADJUSTMENT	-2,434.
THE PRIOR PERIOD ADJUSTMENT OF \$2,434 IS DUE TO AN UNKNOWN D	IFFERENCE
IN NET ASSETS BETWEEN THE PRIOR PERIOD TAX RETURN AND THE CUI	RRENT YEAR
FINANCIAL STATEMENTS. THE PRIOR YEAR TAX RETURN AND FINANCIAL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O.	

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HAMPTON COUNTY OFFICE OF FIRST STEPS

Employer identification number

HAMPTON COUNTY OFFICE OF FIRST STEPS 57-109/816
STATEMENTS WERE PREPARED BY A DIFFERENT RFM.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:
DESCRIPTION BEG. OF YEAR END OF YEAR
ACCOUNTS PAYABLE 0. 11,416.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE PROGRAMS &
RESOURCES TO PROMOTE THE DEVELOPMENT OF PRESCHOOL CHILDREN SO THEY WILL
BE HEALTHY & READY TO SUCCEED WHEN THEY BEGIN SCHOOL.
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:
PROVIDE SERVICES SO ALL CHILDREN ARRIVE AT SCHOOL READY TO
LEARN; PROMOTE PRESCHOOL PROGRAMS THAT PROVIDE A HEALTHY
ENVIRONMENT; PROMOTE NORMAL GROWTH & DEVELOPMENT; PROMOTE
THE OPTIMAL DEVELOPMENT OF PRESCHOOL CHILDREN
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	· · · · · · · · · · · · · · · · · · ·					
• If y	you are filing for an Automatic 3-Month Extension, complet	te only Pa	art I and check this box			X
• If y	you are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of t	this form).		
	ot complete Part II unless you have already been granted a				m 8868.	
	tronic filing (e-file). You can electronically file Form 8868 if y			-		oration
	ired to file Form 990-T), or an additional (not automatic) 3-mor					
	ne to file any of the forms listed in Part I or Part II with the exc				•	
	onal Benefit Contracts, which must be sent to the IRS in pap					
	www.irs.gov/efile and click on e-file for Charities & Nonprofits.		, 		J	•
Pa	rt I Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).		
A co	rporation required to file Form 990-T and requesting an auton	natic 6-mo	onth extension - check this box and o	complete		
	1 only					
	ther corporations (including 1120-C filers), partnerships, REM. e income tax returns.	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time	
Туре	 	ctions.		Employe	ridentification numb	per (EIN) or
print				, ,		
File by	HAMPTON COUNTY OFFICE OF FI	RST :	STEPS	X	57-109781	.6
due da	ate for Number, street, and room or suite no. If a P.O. box, se	ee instruc	tions.	Social se	curity number (SSN)
filing y return		200				
ınstruc	City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.			
	GREENVILLE, SC 29601					
Ente	r the Return code for the return that this application is for (file	a separa	te application for each return)			0 1
Appl	ication	Return	Application	 		Return
ls Fo		Code	Is For			Code
Form	990	01	Form 990-T (corporation)			07
Form	990-BL	02	Form 1041-A		-	08
Form	990-EZ	01	Form 4720			09
Form	990-PF	04	Form 5227			10
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form	990-T (trust other than above)	06	Form 8870			12
	CHERRY, BEKAERT	' & H	OLLAND, LLP			
• Tr	ne books are in the care of > 201 W. MCBEE AV	Æ., S	STE. 200, GREENVIL	LE, S	C - 29601	•
Te	elephone No. 864-233-3981		FAX No. ▶			
• If	the organization does not have an office or place of business	in the Un	ited States, check this box		>	
• If	this <u>is fo</u> r a Group Return, enter the organization's four digit (Group Exe	mption Number (GEN) I	f this is fo	r the whole group, o	heck this
oox	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the extension is	for.
1	I request an automatic 3-month (6 months for a corporation	required t	to file Form 990-T) extension of time	until		
	FEBRUARY 15, 2013 , to file the exempt	organiza	tion return for the organization name	ed above.	The extension	
	is for the organization's return for:					
	calendar year or					
	► X tax year beginning <u>JUL 1, 2011</u>	, an	d ending <u>JUN 30, 2012</u>		<u> </u>	
2	If the tax year entered in line 1 is for less than 12 months, ch	neck reaso	on: Initial return I	Final retur	n	
	Change in accounting period					
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			_
	nonrefundable credits. See instructions.			3a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, or	enter any	refundable credits and			
	estimated tax payments made. Include any prior year overport	ayment al	lowed as a credit.	3b	\$	0.
С	Balance due. Subtract line 3b from line 3a. Include your pay	yment witl	n this form, if required,			
	by using EFTPS (Electronic Federal Tax Payment System). S	See instru	ctions	3с	\$	0.
~a+	ion. If you are going to make an electronic fund withdrawal w				O for pourment inst	

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Form 8868 (Rev. 1-2012)

Cherry Bekaert 56-0574444 Greenville, SC 29601