

EXTENSION ATTACHED

OMB No 1545-0047

Form 990

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)

2002

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning 7/1/02, 2002, and ending 6/30/03, 20

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: WAKE COUNTY SMART START, INC. Number and street (or P.O. box if mail is not delivered to street address): 3203 WOMAN'S CLUB DRIVE, 112. City or town, state or country, and ZIP + 4: RALEIGH, NC 27612

D Employer identification number: 56-1949415. E Telephone number: (919) 789-9990. F Accounting method: Cash, Accrual, Other (specify)

G Web site: WWW.WAKESMARTSTART.ORG. Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Organization type (check only one): 501(c)(3) (insert no.), 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes columns for sub-categories (a, b, c, d) and totals. Revenue total is 6,820,211. Expenses total is 6,843,449. Net assets at end of year is 91,458.

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 21 of the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>3,100,302</u> noncash \$ <u>1,827,445</u>)	4,927,747	4,927,747		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.				
26	Other salaries and wages	1,128,123	831,221	296,902	
27	Pension plan contributions	34,961	29,493	10,468	
28	Other employee benefits	168,993	128,179	40,814	
29	Payroll taxes	90,592	70,251	24,341	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	67,000	29,665	37,335	
34	Telephone	24,160	17,248	6,912	
35	Postage and shipping	5,788	2,149	3,639	
36	Occupancy	108,268	73,706	34,562	
37	Equipment rental and maintenance	23,458	15,024	8,434	
38	Printing and publications	6,819	230	6,589	
39	Travel	14,450	10,643	7,307	
40	Conferences, conventions, and meetings	31,499	28,357	3,142	
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses not covered above (itemize): a <u>CONTRACT</u>	70,681	43,178	27,503	
b	<u>PROPERTY & EQUIP</u>	24,233	10,183	14,050	
c	<u>PARTICIPANT TRAINING</u>	14,936	14,936		
d	<u>ADVERTISING</u>	3,313	2,915	398	
e	<u>DUES & SUBSCRIPTION</u>	10,364	1,240	9,124	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	6,843,449	6,295,123	548,326	

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 24 of the instructions.)

What is the organization's primary exempt purpose? <u>DEVELOP AND FUND EARLY CHILD-FOOD INITIATIVES</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a <u>CHILDCARE AND EDUCATION QUALITY - IMPROVE QUALITY IN CHILDCARE CENTERS AND HOMES, TEACHER DEVELOPMENT, CHILDCARE SUBSTITUTES, PROVIDER TRAINING, CURRICULUM ENHANCEMENT</u> (Grants and allocations \$ <u>1,752,617</u>)	2,528,354
b <u>CHILDCARE AND EDUCATION AFFORDABILITY - PURCHASE OF CHILDCARE, PART-DAY PROGRAMS FOR AT-RISK CHILDREN</u> (Grants and allocations \$ <u>1,283,749</u>)	1,370,024
c <u>HEALTH AND SAFETY - COMPREHENSIVE DENTAL SERVICES VISION SCREENINGS, HEALTH CONSULTANTS, ENHANCE SERVICES FOR ABUSED/NEGLECTED CHILDREN</u> (Grants and allocations \$ <u>1,038,299</u>)	1,038,299
d <u>FAMILY SUPPORT - PARENT EDUCATION, FAMILY SUPPORT TO INCLUDE REFERRALS, COUNSELING, MENTORING, COMMUNITY EDUCATION</u> (Grants and allocations \$ <u>853,082</u>)	853,082
e Other program services (attach schedule) (Grants and allocations \$ _____)	505,364
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	6,295,123

Part IV Balance Sheets (See page 24 of the instructions.)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
Assets	45 Cash—non-interest-bearing	73,012	45	29,782
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	42,604	47c	64,442
	b Less: allowance for doubtful accounts			
	48a Pledges receivable		48c	
	b Less: allowance for doubtful accounts			
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)		51c	
	b Less: allowance for doubtful accounts			
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments—securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments—land, buildings, and equipment: basis		55c	
	b Less: accumulated depreciation (attach schedule)			
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment: basis		57c		
b Less: accumulated depreciation (attach schedule)				
58 Other assets (describe ▶ _____)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	115,616	59	94,224	
Liabilities	60 Accounts payable and accrued expenses	920	60	2,766
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ _____)		65	
	66 Total liabilities (add lines 60 through 65)	920	66	2,766
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	109,523	67	86,458
	68 Temporarily restricted	5,173	68	5,000
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	114,696	73	91,458	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	115,616	74	94,224	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information (See page 27 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
78b	b If "Yes," has it filed a tax return on Form 990-T for this year? <i>N/A</i>		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		✓
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		✓
81a	b If "Yes," enter the name of the organization ▶ <i>N/A</i> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct or indirect political expenditures. See line 81 instructions 81a <i>NONE</i>		
81b	b Did the organization file Form 1120-POL for this year?		✓
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	✓	
82b	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
84b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <i>N/A</i>		
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? <i>N/A</i>		
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? <i>N/A</i>		
85c	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	c Dues, assessments, and similar amounts from members 85c <i>N/A</i>		
85d	d Section 162(e) lobbying and political expenditures 85d <i>N/A</i>		
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e <i>N/A</i>		
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f <i>N/A</i>		
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <i>N/A</i>		
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a <i>N/A</i>		
86b	b Gross receipts, included on line 12, for public use of club facilities. 86b <i>N/A</i>		
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders. 87a <i>N/A</i>		
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b <i>N/A</i>		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ <i>N/A</i> ; section 4912 ▶ <i>N/A</i> ; section 4955 ▶ <i>N/A</i>		
89b	b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.		✓
89c	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ <i>NONE</i>		
89d	d Enter: Amount of tax on line 89c, above, reimbursed by the organization. ▶ <i>NONE</i>		
90a	List the states with which a copy of this return is filed ▶ <i>NORTH CAROLINA</i>		
90b	b Number of employees employed in the pay period that includes March 12, 2002 (See instructions.) 90b <i>30</i>		
91	The books are in care of ▶ <i>GABRIELLE BARNARD</i> Telephone no. ▶ <i>(919) 789-9990</i> Located at ▶ <i>3203 WOMAN'S CLUB DR., STE 112, RALEIGH, NC</i> ZIP + 4 ▶ <i>27612</i>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 <i>N/A</i>		

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	4,723	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate.					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a MISC. INCOME					502
b SALES TAX REFUND					29,450
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				4,723	29,952
105 Total (add line 104, columns (B), (D), and (E))					34,675

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103A	MISC. OTHER INCOME
103B	SALES TAX REFUND

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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, the information reported hereon is true and correct. Other than as shown on this return, there are no other assets or liabilities of the organization.

Date 5/30/03
and Chair

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2002

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

WAKE COUNTY SMART START, INC

Employer identification number

51-1949415

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<i>PAMELA DOWDY 107 PRESTWICK PL. CARY, NC 27511</i>	<i>EXECUTIVE DIRECTOR 40</i>	<i>93,433</i>	<i>10,820</i>	<i>0</i>
<i>GABRIELLE BARNARD 1704 BRITTLLEYWAY APEX, NC 27502</i>	<i>CONTROLLER 40</i>	<i>57,066</i>	<i>5,930</i>	<i>0</i>
<i>PATRICIA HANSEN 106 SEDGEMOOR DR. CARY, NC 27513</i>	<i>DIR. OF PROG. COORD/EVAL 40</i>	<i>63,941</i>	<i>9,213</i>	<i>0</i>
<i>ELIZABETH SANTANA 7416 OLD FOX TRAIL RALEIGH, NC 27613</i>	<i>DIR. OF QUALITY ENHANCEMENT 40</i>	<i>56,161</i>	<i>8,731</i>	<i>0</i>
Total number of other employees paid over \$50,000 ▶	<i>0</i>			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<i>NONE</i>		
Total number of others receiving over \$50,000 for professional services ▶	<i>0</i>	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line f of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		✓
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		✓
b Lending of money or other extension of credit?		✓
c Furnishing of goods, services, or facilities? SEE ATT. SCH TO FORM 990, PART II, PG. 2, GRANTS AND ALLOCATIONS	✓	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE SCH. A, PART I	✓	
e Transfer of any part of its income or assets?		✓
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)		✓
4 Do you have a section 403(b) annuity plan for your employees?		✓

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
 - 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
 - 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
 - 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
 - 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶
 - 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
 - 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 12** 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
 - 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total	
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	13,575,600	15,864,049	14,089,507	5,814,789	49,344,095	
16 Membership fees received						
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose						
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	9,349	83,216	59,190	22,001	173,756	
19 Net income from unrelated business activities not included in line 18						
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	39,064	213,434	9,850		262,348	
23 Total of lines 15 through 22	13,624,103	16,160,699	14,158,607	5,836,790	49,780,199	
24 Line 23 minus line 17	13,624,103	16,160,699	14,158,607	5,836,790	49,780,199	
25 Enter 1% of line 23	136,241	161,607	141,586	58,368		
26 Organizations described on lines 10 or 11:						
a Enter 2% of amount in column (e), line 24					26a 445,604	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0	
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 49,780,199	
d Add: Amounts from column (e) for lines:	18 173,756	19	22 262,348	26d 436,104		
e Public support (line 26c minus line 26d total)					26e 49,344,095	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99 %	
27 Organizations described on line 12:						
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: <i>N/A</i>						
(2001) (2000) (1999) (1998)						
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:						
(2001) (2000) (1999) (1998)						
c Add: Amounts from column (e) for lines:	15	16	17	20	21	27c
d Add: Line 27a total and line 27b total					27d	
e Public support (line 27c total minus line 27d total)					27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %	
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. <i>NONE</i>						

Part V Private School Questionnaire (See page 7 of the instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV) *N/A*

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	The lobbying nontaxable amount is—		
	Not over \$500,000 20% of the amount on line 40.	} 41	
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 . . . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

N/A

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Wake County Smart Start, Inc.									
56-1949415									
Part II Statement of Functional Expenditures line 22 and Part III: Schedule of Program Accomplishments									
For the Year Ended June 30, 2003									
Organization Name and Address	100	200	300	400	500	600	Program Support	Total	
ChildCare and Education Quality	ChildCare & Education Access/Availability	ChildCare & Education Affordability	Healthy and Safety	Family Support					
Childcare Network 2912 Brentwood Road Raleigh, 27604			274,380					274,380	
Chapel Hill Training Outreach 800 Eastowne Dr , Suite105 Chapel Hill, NC 27514			250,956					250,956	
Methodist Home for Children, Jordan Child and Family Enrichment Center PO Box 10917, Raleigh, NC 27605			144,408					144,408	
Heather Park CDC, 932 Heather Park Drive, Garner, NC 27529			87,668					87,668	
Method CDC 1801 Hillsborough Street, Raleigh, NC 27605			50,508					50,508	
Raleigh Nursery School, Inc 601 Chavis Way, Raleigh, NC 27601			75,447					75,447	
Upper Room Academy and Preschool 3330 Idlewood Village Dr , Raleigh, NC 27610			182,384					182,384	
Lynn Road Elementary School, 1601 Lynn Road, Raleigh, NC 27612			46,618					46,618	
Athen Drive CDC 1420 Athens Drive, Raleigh, NC 27606			18,570					18,570	
Methodist Home for Children, Walnut Terrace CDC, PO Box 10917, Raleigh, NC 27605			20,916					20,916	
Early Preschool and Learning Center 2614 Fairway Dr , Raleigh, NC 27603			23,157					23,157	
ABC Land, Inc II 55 Liles Dean Road Wendell, NC 27591			27,593					27,593	
Ballard Therapy Services, Inc PO Box 29 Wilmington, NC 28402			1,575					1,575	
Child Care Resource & Referral 4 N. Blount St , Raleigh, NC 27601	650,801							650,801	
Wake Technical Institute 9101 Fayetteville Rd , Raleigh, NC 27603	46,572							46,572	
Project Enlightenment 501 S. Boylan Ave., Raleigh, NC 27603	280,161			195,939	258,837			734,936	

Wake County Smart Start, Inc.									
56-1949415									
Part II Statement of Functional Expenditures line 22 and Part III: Schedule of Program Accomplishments									
For the Year Ended June 30, 2003									
	100	200	300	400	500	600			
Organization Name and Address	ChildCare and Education Quality	ChildCare & Education Access/Availability	ChildCare & Education Affordability	Healthy and Safety	Family Support	Program Support	Total		
Community Partnerships 3522 Haworth Dr., Raleigh, NC 27609	222,500			39,539		600	262,039		
Motherhead 3924 Browning Place, Ste 7, Raleigh, NC 27609	272,598						272,598		
Easter Seals 2315 Myron Drive Raleigh, NC 27607				72,603			72,603		
SAFEchild, Inc 864 W Morgan Street Raleigh, NC 27603					33,669		33,669		
Raleigh Nursery School, Inc. - 601 Chavis Way, Raleigh					72,666		72,666		
Luey Daniels Center for Early Childhood, 9003 Weston Parkway, Cary NC 27513				27,776			27,776		
WakeMed PO Box 14465, Raleigh, NC 27620				96,724			96,724		
Healthy Mothers, Healthy Babies Coalition of Wake Co, 231 South East St Suite A, Raleigh, NC 27601					48,344		48,344		
Family Support Network of Wake County, PO Box 5567, Cary, NC 27512				27,900			27,900		
East Wake Education Foundation PO Box 1404, Wendell, NC 27591					144,473		144,473		
Volunteer Families for Children of NC, Inc, 7406-B Chapel Hill Road, Raleigh, NC 27607					54,955		54,955		
Raleigh Rescue Mission 314 E. Hargett Street, Raleigh, NC 27601					12,980		12,980		
Triangle United Way, Inc PO Box 110387 Research Triangle Park, NC 27709					56,250		56,250		
Wake County Human Services PO Box 46833, Raleigh, NC 27620				577,819	170,908		748,727		
Beginnings in Christ 6600 Hallelujah Blvd., Wendell, NC 27591	9,949						9,949		

Wake County Smart Start, Inc.									
56-1949415									
Part II Statement of Functional Expenditures line 22 and Part III: Schedule of Program Accomplishments									
For the Year Ended June 30, 2003									
Organization Name and Address	ChildCare and Education Quality	ChildCare & Education Access/Availability	ChildCare & Education Affordability	Healthy and Safety	Family Support	Program Support	Total		
	100	200	300	400	500	600			
Charlie Gaddy Development Center 314 Chapanoke Rd, Raleigh NC 27603	9,956						9,956		
Children's Adventure 2223 S Main St, Wake Forest, NC 27587	9,980						9,980		
Children's Korner 211 Railroad St, Fuquay Varina, NC 27526	9,983						9,983		
Gingerbread Learning Center 1521 N Main St, Fuquay Varina, NC 27526	12,976						12,976		
Happy Face Play School 5145 Sunset Link Rd., Apex, NC 27539	1,493						1,493		
Kreepers-N-Krawlers 2733 Community Drive Raleigh, NC 27610	9,995						9,995		
Longview Day School 2312 Milburnie Rd, Raleigh, NC 27610	1,971						1,971		
Noah's Ark Academy of Learning 2204 N Main St, Fuquay Varina NC 27526	9,994						9,994		
North Hills CCC 4711 Six Forks Road Raleigh, NC 27609	9,996						9,996		
Buttons & Bows 4204 Jacqueline Lane Raleigh, NC 27616	11,487						11,487		
Crosby Head Start 568 E. Lenoir St, Raleigh, NC 27601	9,978						9,978		
Holly Springs Head Start PO Box 455 Holly Springs, NC 27540	9,879						9,879		
Holly Springs School 101 Arbor Creek Dr Holly Springs, NC 27540	9,974						9,974		
Kids Educational Center 2 7421 Semens Dr, Wendell, NC 27591	9,908						9,908		
Kids Educationa Center 3 1020 Jones Dairy Rd, Wake Forest, NC	9,985						9,985		
Kindercare #1291 9325 Leesville Rd Raleigh, NC 27613	9,770						9,770		
Kindercare #1401 2300 Bridgeport Dr Raleigh, NC 27615	9,988						9,988		
Kindercare # 502 223 W Millbrook Rd Raleigh, NC 27609	9,771						9,771		
Kindercare 203 Kalmayne Drive Cary, NC 27511	9,997						9,997		

Wake County Smart Start, Inc.									
56-1949415									
Part II Statement of Functional Expenditures line 22 and Part III: Schedule of Program Accomplishments									
For the Year Ended June 30, 2003									
Organization Name and Address	ChildCare and Education Quality	ChildCare & Education Access/Availability	ChildCare & Education Affordability	Healthy and Safety	Family Support	Program Support	Total		
Kindercare 2590 Laura Duncan Road Cary, NC 27513	9,401	200	300	400	500	600	9,401		
Kindercare 1118 Maynard Road Cary, NC 27511	9,986						9,986		
Kindercare 2705 New Bern Avenue Raleigh, NC 27610	9,318						9,318		
Knightdale Head Start 1020 Todd Road Knightdale, NC 27545	9,903						9,903		
La Petite Academy 1420 Heddingham Blvd , Raleigh, NC 27604	9,988						9,988		
La Petite Academy 9313 Leesville Road Raleigh, NC 27613	9,076						9,076		
Learning Star Preschool 300 SE Cary Parkway, Cary, NC 27511	9,960						9,960		
Mary E Phillips High School CCC 1923 Milburne Rd Raleigh, NC 27610	1,995						1,995		
Mount Peace Daycare 1601 Martin Luther Kind Jr Blvd , Raleigh NC 27610	9,891						9,891		
Peaches N Cream 201 Clarendon Crescent, Raleigh, NC 27610	9,581						9,581		
Matthew Chapel Day 1516 Montrose St Raleigh, NC 27603	3,858						3,858		
ABC Land, Inc II 55 Liles Dean Road Wendell, NC 27591			4,742				4,742		
Healthier Park CDC, 932 Heather Park Drive, Garner, NC 27529			8,564				8,564		
Method CDC 1801 Hillsborough Street, Raleigh, NC 27605			4,265				4,265		
Raleigh Nursery School, Inc. 601 Chavis Way, Raleigh, NC 27601			6,237				6,237		
Upper Room Academy and Preschool 3330 Idlewood Village Dr . Raleigh, NC 27610			15,870				15,870		
Lynn Road Elementary School, 1601 Lynn Road, Raleigh, NC 27612			17,356				17,356		
Athen Drive CDC 1420 Athens Drive, Raleigh, NC 27606			1,489				1,489		
Methodist Home for Children, Walnut Terrace CDC, PO Box 10917, Raleigh, NC 27605			8,700				8,700		

Wake County Smart Start, Inc.									
56-1949415									
Part II Statement of Functional Expenditures line 22 and Part III: Schedule of Program Accomplishments									
For the Year Ended June 30, 2003									
Organization Name and Address	100	200	300	400	500	600	Program Support	Total	
ChildCare and Education Quality	ChildCare & Education Access/Availability	ChildCare & Education Affordability	Healthy and Safety	Family Support					
Early Preschool and Learning Center 2614 Fairway Dr., Raleigh, NC 27603			4,343					4,343	
ABC Land, Inc II 55 Liles Dean Road Wendell, NC 27591			7,930					7,930	
All Centers			72					72	
Subtotal Grants and Allocations	1,752,617	-	1,283,749	1,038,299	853,082	-		4,927,747	
Wake County Smart Start-Quality Enhancement Initiative 3203 Woman's Club Dr., Ste 112, Raleigh, NC 27612	775,737							775,737	
Wake County Smart Start-Program Evaluation 3203 Woman's Club Dr., Ste 112, Raleigh, NC 27612						174,831		174,831	
Wake County Smart Start-Program Coordination 3203 Woman's Club Dr., Ste. 112, Raleigh, NC 27612						330,533		330,533	
Wake County Smart Start-Program Coordination 3203 Woman's Club Dr., Ste 112, Raleigh, NC 27612			33,662					33,662	
Reversion of Program Income-More at Four Program			52,613					52,613	
Grand total Program Services	2,528,354	-	1,370,024	1,038,299	853,082	505,364		6,295,123	

Wake County Smart Start, Inc.

56-1949415

For the Year Ended June 30, 2003

Other Expenses, Form 990, Part II, Statement of Functional Expenses, Line 43

	Total	Program Services	Mgmt & General	Fund raising
Board Expense	4,211	-	4,211	-
Prop/Casualty Ins.	17,120	-	17,120	-
Books/References	234	126	108	-
Reversion of Program Income	52,613	52,613	-	-
Miscellaneous	1,386	19	1,367	-
	<u>75,564</u>	<u>52,758</u>	<u>22,806</u>	<u>-</u>

Statement of Program Service Accomplishments, Form 990, Part III e

Other Program Services

	Grants & Allocations	Program Service Expenses
<u>Program Support</u>	-	505,364

Support for the effectiveness and feasibility of programs supported;
coordination and monitoring of program services

Total	<u>-</u>	<u>505,364</u>
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Wake County Smart Start, Inc.
 56-1949415
 For the Year Ended June 30, 2003
 List of Officers, Directors,
 Trustees and Key Employees,
 Form 990, Part V

Name	Mailing Address	Title and Ave Hrs/Wk	Compensation	Employee Benefit Plan Contribution	Expense Account
Allen, Barbara	3714 Marsh Creek Road Raleigh, NC 27604		0	0	0
Baker, Jo	3600 Wake Forest Road Raleigh, NC 27609		0	0	0
Baldwin, Mary-Ann	609 Leonidas Court Raleigh, NC 27604		0	0	0
Barbour, Emily	2021 Travianna Ct. Raleigh, NC 27609		0	0	0
Barnes, Neil	568 East Lenior Street Raleigh, NC 27601		0	0	0
Carlberg, Carey	4 North Blount Street Raleigh, NC 27601		0	0	0
Cousins, Dale	1930 Clark Avenue Raleigh, NC 27605		0	0	0
Dickens, Carolyn	3924 Browning Place, Suite 7 Raleigh NC, 27609	Secretary	0	0	0
Frazier, Cam	336 Fayetteville Street Mall P.O. Box 550 Raleigh, NC 27602-0550		0	0	0
Habit, Tony	706 Hillsborough Street, Suite A Raleigh, NC 27603		0	0	0
Hapgood, Allison	P.O. Box 28007 Raleigh, NC 27611		0	0	0
Henry, Brent	4001 E. Carya Drive Raleigh, NC 27610		0	0	0
Kronberg, Charles	501 S. Boylan Avenue Raleigh, NC 27603		0	0	0
Ludwig, Warren	10 Sunnybrook Road Raleigh, NC 27601		0	0	0
Martin, Kym	5652 Normanshire Drive Raleigh, NC 27606		0	0	0
Morris, Peter	Post Office Box 46833 Raleigh, NC 27620-6833	Chairman	0	0	0

Wake County Smart Start, Inc.
 56-1949415
 For the Year Ended June 30, 2003
 List of Officers, Directors,
 Trustees and Key Employees,
 Form 990, Part V

Name	Mailing Address	Title and Ave Hrs/Wk	Compensation	Employee Benefit Plan Contribution	Expense Account
McLeod, Neill	9101 Fayetteville Road Raleigh, NC 27603		0	0	0
Orr, Louise	220 Fayetteville Street Mall Raleigh, NC 27601		0	0	0
Poteat, Hannah	2301 Gaddy Drive Raleigh, NC 27609		0	0	0
Rasulala, Waltye	107 Laramie Court Cary, NC 27513		0	0	0
Rodriguez, Gemimah	804 Northwest Maynard Road Cary, NC 27513		0	0	0
Sharpe, Phylis	3015 Buckingham Way Apex, NC 27502		0	0	0
Spindler, Donna	5401 LaFayeete Drive Fuquay-Varina, NC 27526		0	0	0
Stikeleather, Jane	1913 Banbury Road Raleigh, NC 27608		0	0	0
Thurston, Norris	6405 Lakeland Drive Raleigh, NC 27612		0	0	0
Urzi, Mary	Post Office Box 46833 Raleigh, NC 27620-6833		0	0	0
Weisel, Michael	510 Glenwood Avenue Suite 319 Raleigh, NC 27603	Treasurer	0	0	0
Zonderman, David	Box 8108 Raleigh, NC 27695		0	0	0

Wake County Smart Start, Inc.
56-1949415
For the Year Ended June 30, 2003
Other Income, Schedule A, Part IV-A, line 22

Schedule A, Part IV-A, line 22
Other Income

Touchpoints Training	870
Sales Tax Refund	37,944
Program expense refund	250
	39,064

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print File by the extended due date for filing the return See instructions.	Name of Exempt Organization WAKE COUNTY SMART START, INC	Employer identification number 50-1949415
	Number, street, and room or suite no. If a P.O. box, see instructions. 3203 WOMANS CLUB DR. STE 112	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions RALEIGH, NC 27612	

Check type of return to be filed (File a separate application for each return):

Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2004

5 For calendar year _____, or other tax year beginning JULY 1, 2002 and ending JUNE 30, 2003

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension AUDIT FOR THIS TIME PERIOD HAS NOT BEEN COMPLETED. ANTICIPATED COMPLETION IS MARCH, 2004

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Pamela Amidy Title Executive Director Date 2/13/04

Notice to Applicant—To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name FEB 23 2004
	Number and street (include suite, room, or apt. no.) Or a P.O. box number LINDA WEISKOPF, FIELD DIRECTOR
	City or town, province or state, and country (including postal or ZIP code) SUBMISSION PROCESSING, OGDEN

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)
Note: Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization WAKE COUNTY SMARTSTART, INC	Employer identification number 56:1949415
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3203 WOMANS CLUB DR, STE 112	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RALEIGH, NC 27612	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 2/15, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20 ... or
 ▶ tax year beginning JULY 1, 2002 and ending JUNE 30, 2003

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ —

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ —

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ —

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ *Amelia Dowdy* Title ▶ *Executive Dir* Date ▶ *10/31/03*
 For Paperwork Reduction Act Notice, see Instruction Cat. No. 27916D Form **8868** (12-2000)