

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

Open to Public Inspection

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

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

A For the 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

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
instruc-
tions.

Smart Start of Davie
County, Inc.
965 Yadkinville Road
Mocksville, NC 27028

Effective
July 1, 2006

D Employer Identification Number

31-1600557

E Telephone number

336-751-2113

F Accounting
method:☒ Cash ☐ Accrual☐ Other (specify) ▶Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ).

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

(If 'No,' attach a list See instructions)

H (d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

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

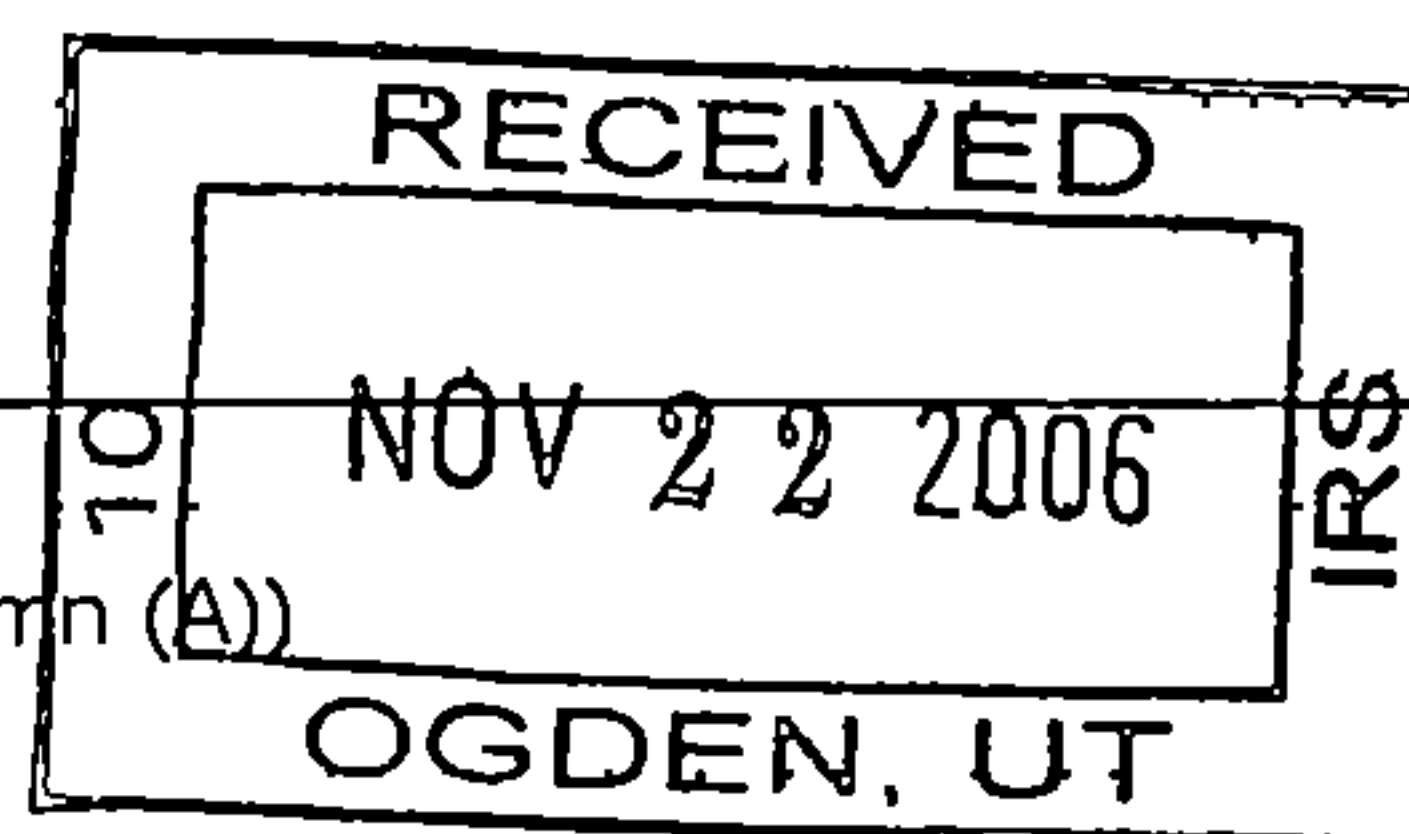
G Web site: ▶ N/A

J Organization type
(check only one)☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K 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
chooses to file a return, be sure to file a complete return. Some states require a
complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 422,413.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

REVENUE	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support		1a	46,641.
	b	Indirect public support		1b	
	c	Government contributions (grants)		1c	374,258.
	d	Total (add lines 1a through 1c) (cash \$ 420,899. noncash \$)		1d	420,899.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	774.
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	62.
	5	Dividends and interest from securities		5	
	6a	Gross rents		6a	
	b	Less: rental expenses		6b	
	c	Net rental income or (loss) (subtract line 6b from line 6a)		6c	
7	Other investment income (describe)		7		
EXPENSES	8a	Gross amount from sales of assets other than inventory		(A) Securities	(B) Other
	b	Less: cost or other basis and sales expenses		8a	
	c	Gain or (loss) (attach schedule)		8b	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8c	
	8d			8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ☐			
	a	Gross revenue (not including \$ of contributions reported on line 1a)		9a	
	b	Less: direct expenses other than fundraising expenses		9b	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c	
	10a	Gross sales of inventory, less returns and allowances		10a	
	b	Less: cost of goods sold		10b	
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c	
11	Other revenue (from Part VII, line 103)		11	678.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	422,413.	
ASSETS	13	Program services (from line 44, column (B))		13	274,902.
	14	Management and general (from line 44, column (C))		14	128,755.
	15	Fundraising (from line 44, column (D))		15	
	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses (add lines 16 and 44, column (A))		17	403,657.
18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	18,756.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	17,017.	
20	Other changes in net assets or fund balances (attach explanation)		20		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	35,773.	



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.

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 (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here ☐	22	151,379.	151,379.		
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	0.	0.	0.	0.
26 Other salaries and wages	26	135,238.	56,441.	78,797.	
27 Pension plan contributions	27	6,871.	2,698.	4,173.	
28 Other employee benefits	28	15,213.	7,345.	7,868.	
29 Payroll taxes	29	11,934.	5,004.	6,930.	
30 Professional fundraising fees	30				
31 Accounting fees	31	8,483.		8,483.	
32 Legal fees	32				
33 Supplies	33	16,897.	14,034.	2,863.	
34 Telephone	34	3,501.	1,804.	1,697.	
35 Postage and shipping	35	6,518.	4,224.	2,294.	
36 Occupancy	36	810.	469.	341.	
37 Equipment rental and maintenance	37	1,035.	469.	566.	
38 Printing and publications	38	6,560.	4,753.	1,807.	
39 Travel	39	6,522.	3,345.	3,177.	
40 Conferences, conventions, and meetings	40	11,026.	9,735.	1,291.	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 1	43a	21,670.	13,202.	8,468.	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	403,657.	274,902.	128,755.	0.

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 \$ _____.

BAA

Form 990 (2005)

Part III. Statement of Program Service Accomplishments

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.

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 2</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a <u>ITERS/ECERS PROGRAM PROVIDES TRAINING, EVALUATION, TECHNICAL ASSISTANCE AND SUPPORT TO IMPROVE THE QUALITY OF CHILD CARE IN DAVIE COUNTY</u> (Grants and allocations \$ <u>16,800.</u>) If this amount includes foreign grants, check here ▶ ☐	<u>71,994.</u>
b <u>CHILD CARE HEALTH CONSULTANT-THE CHILD CARE HEALTH CONSULTANT MEETS THE HEALTH AND SAFETY NEEDS OF ALL THE CHILDREN AGES 0-5 IN LICENSED CHILDCARE FACILITIES IN THE COUNTY</u> (Grants and allocations \$ <u>60,999.</u>) If this amount includes foreign grants, check here ▶ ☐	<u>60,999.</u>
c <u>LENDING LIBRARY</u> (Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐	<u>6,444.</u>
d <u>COMMUNITY AWARENESS</u> (Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐	<u>8,288.</u>
e Other program services <u>SEE STATEMENT 3</u> (Grants and allocations \$ <u>72,693.</u>) If this amount includes foreign grants, check here ▶ ☐	<u>127,177.</u>
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	<u>274,902.</u>

BAA

Form 990 (2005)

Part IV Balance Sheets (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	14,676.	45	36,839.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	125.		
	b Less: allowance for doubtful accounts		47 c	125.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48 c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch)			
	b Less: allowance for doubtful accounts		51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	72.	53	
	54 Investments — securities (attach schedule)	☐ Cost ☐ FMV	54	
	55 a Investments — land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55 c	
	56 Investments — other (attach schedule)		56	
	57 a Land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		57 c	
58 Other assets (describe ►)		58		
59 Total assets (must equal line 74) Add lines 45 through 58	17,017.	59	36,964.	
LIABILITIES	60 Accounts payable and accrued expenses		60	1,191.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ►)		65	
	66 Total liabilities. Add lines 60 through 65	0.	66	1,191.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	13,454.	67	8,473.
	68 Temporarily restricted	3,563.	68	27,300.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ☐ 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)	17,017.	73	35,773.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	17,017.	74	36,964.

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Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	422,413.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	422,413.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	422,413.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	403,657.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	403,657.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	403,657.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 4		0.	0.	0.

Yes	No
-----	----

75b

75c

75d

[illegible]

Yes	No
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76

77

78a

78b

79

80 a

81 a 0.

81 b

Part VI Other Information (continued)

		Yes	No
82 a	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?		X
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.)		
82 b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
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.			
c	Dues, assessments, and similar amounts from members	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
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?	N/A	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) organizations Enter: a Gross income from members or shareholders	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	N/A	
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		X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations 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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed ▶ NONE		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90 b	0
91 a	The books are in care of ▶ LYNETTE PIERCE Telephone number ▶ 336-751-2113 Located at ▶ 1205 SALISBURY ST., MOCKSVILLE, NC, ZIP + 4 ▶ 27028		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶	91 b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements			
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶	91 c	X
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	N/A	N/A

BAA

Form 990 (2005)

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

Note: Enter gross amounts unless otherwise indicated

	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 LENDING LIBRARY			3	774.	
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts		62.			
96 Dividends & 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 pers prop					
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					
b SALE OF ASSETS			1		
c SALES TAX REFUND			1	678.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		62.		1,452.	
105 Total (add line 104, columns (B), (D), and (E))					1,514.

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 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)
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <u>Anna S. Eichhorn</u>	Date <u>11/14/06</u>
	Type or print name and title <u>Anna S. Eichhorn Executive Director</u>	

Paid Preparer's Use Only	Preparer's signature <u>Donald G. Bowles</u>	Date <u>11-14-06</u>	Check if self-employed ☒	Preparer's SSN or PTIN (See General Instruction W) <u>N/A</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>DONALD G. BOWLES, CPA</u> <u>854 VALLEY ROAD, SUITE 300</u> <u>MOCKSVILLE, NC 27028</u>	EIN <u>N/A</u>	Phone no <u>(336) 753-1040</u>	

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

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

Supplementary Information — (See separate instructions.)

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

OMB No 1545-0047

2005

Name of the organization **DAVIE COUNTY PARTNERSHIP
FOR CHILDREN**

Employer identification number
31-1600557

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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 and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II — A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See 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
DAVIE COUNTY HEALTH DEPARTMENT 210 HOSPITAL STREET MOCKSVILLE, NC 27028	CHILD CARE HEALTH	60,999.
DAVIE COUNTY COOPERATIVE EXTENSION SERVICE MOCKSVILLE, NC 27028	PARENTS AS TEACHERS	72,693.
Total number of others receiving over \$50,000 for professional services	0	

Part II — B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

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 ▶ \$ N/A
(Must equal amounts on line 38, Part VI-A, or line i 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?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

- 3a** Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)

b Do you have a section 403(b) annuity plan for your employees?

c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

- 4a** Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

Part IV	Reason for Non-Private Foundation Status (See instructions)
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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.)

11 a ☒ 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). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)

(b) Line number
from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions)

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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	8,107.	2,378.	16,701.	5,000.	32,186.
16 Membership fees received					0.
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	1,245.				1,245.
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	32.				32.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
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					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
23 Total of lines 15 through 22	9,384.	2,378.	16,701.	5,000.	33,463.
24 Line 23 minus line 17	8,139.	2,378.	16,701.	5,000.	32,218.
25 Enter 1% of line 23	94.	24.	167.	50.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	644.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e).		26c	32,218.
d Add. Amounts from column (e) for lines:	18 32. 19	26d	32.
	22 26b	26e	32,186.
e Public support (line 26c minus line 26d total)		26f	99.90 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

27 Organizations described on line 12:	N/A
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:	(2004) (2003) (2002) (2001)
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 11b, 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:	(2004) (2003) (2002) (2001)
c Add. Amounts from column (e) for lines:	15 16 17 20 21
d Add: Line 27a total and line 27b total	27c
e Public support (line 27c total minus line 27d total)	27d
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27e
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27f
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27g %
	27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.

Part V**Private School Questionnaire** (See instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

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?

29

Yes

No

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?

30

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?

31

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?

32 a

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32 b

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32 c

d Copies of all material used by the organization or on its behalf to solicit contributions?

32 d

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?

33 a

b Admissions policies?

33 b

c Employment of faculty or administrative staff?

33 c

d Scholarships or other financial assistance?

33 d

e Educational policies?

33 e

f Use of facilities?

33 f

g Athletic programs?

33 g

h Other extracurricular activities?

33 h

If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34 a

b Has the organization's right to such aid ever been revoked or suspended?

34 b

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.

35

Part VI-A Lobbying Expenditures by Electing Public Charities (See 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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred)			
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 \$500,00020% of the amount on line 40 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	41	
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.)

	Lobbying Expenditures During 4 -Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities (See 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

STATEMENT 1
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	772.	416.	356.	
AWARD	1,156.	481.	675.	
CONTRACTED SERVICES	7,340.	7,340.		
DUES AND SUBSCRIPTIONS	1,213.	408.	805.	
EMPLOYEE TRAINING	2,501.	363.	2,138.	
EQUIPMENT OUTLAY	5,247.	4,009.	1,238.	
INSURANCE AND BONDING	1,793.	185.	1,608.	
MISCELLANEOUS	49.		49.	
SALES TAX PAID	1,599.		1,599.	
TOTAL	\$ 21,670.	\$ 13,202.	\$ 8,468.	\$ 0.

STATEMENT 2
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE DEVELOPMENT OF INNOVATIVE APPROACHES AND STRATEGIES FOR AIDING PARENTS AND FAMILIES IN THE EDUCATION AND DEVELOPMENT OF CHILDREN IN DAVIE COUNTY, NORTH CAROLINA

STATEMENT 3
FORM 990, PART III, LINE E
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
OTHER PROGRAMS		5,019.
INCLUDES FOREIGN GRANTS: NO		
PARENTS AS TEACHERS	72,693.	72,693.
INCLUDES FOREIGN GRANTS: NO		
PROGRAM COORDINATION		33,494.
INCLUDES FOREIGN GRANTS: NO		
KID FEST		1,641.
INCLUDES FOREIGN GRANTS: NO		
IMAGINATION LIBRARY-PROVIDES A NEW HARD BACKED BOOK TO CHILDREN AGES ONE TO FIVE		7,600.
INCLUDES FOREIGN GRANTS: NO		
CCR&R		6,730.

STATEMENT 3 (CONTINUED)
FORM 990, PART III, LINE E
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ 72,693.	\$ 127,177.

STATEMENT 4
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CRYSTAL ALEXANDER 132 WOODHAVEN LANE MOCKSVILLE, NC 27028	DIRECTOR 1	\$ 0.	\$ 0.	\$ 0.
RUTH HOYLE 371 N. MAIN STREET MOCKSVILLE, NC 27028	CHAIRMAN 1	0.	0.	0.
MICHELLE SPEAS P.O. BOX 339 MOCKSVILLE, NC 27028	DIRECTOR 1	0.	0.	0.
ED BARRON 283 PARK AVENUE MOCKSVILLE, NC 27028	DIRECTOR 1	0.	0.	0.
GINA COLLINS 3835 HWY 601 SOUTH MOCKSVILLE, NC 27028	DIRECTOR 1	0.	0.	0.
BOBBY KNIGHT 241 PARK AVE. MOCKSVILLE, NC 27028	DIRECTOR 1	0.	0.	0.
DEBRA STANLEY 450 RIDGEVIEW DRIVE MOCKSVILLE, NC 27028	DIRECTOR 1	0.	0.	0.
TERESA KINES 1205 SALISBURY ROAD MOCKSVILLE, NC 27028	DIRECTOR 1	0.	0.	0.
PEGGY CARLTON 884 RIDGE ROAD MOCKSVILLE, NC 27028	DIRECTOR 1	0.	0.	0.

DAVIE COUNTY PARTNERSHIP
FOR CHILDREN

31-1600557

STATEMENT 4 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
NICK HAWKS P.O. BOX 309 BOONVILLE, NC 27011	DIRECTOR 1	\$ 0.	\$ 0.	\$ 0.
BETH DIRKS MOCKSVILLE, NC 27028	DIRECTOR 1	0.	0.	0.
STEPHEN LANE 220 CHERRY STREET MOCKSVILLE, NC 27028	DIRECTOR 1	0.	0.	0.
LIISA MECHAM 257 DEADMON ROAD MOCKSVILLE, NC 27028	SECRETARY 1	0.	0.	0.
DAPHNE FRYE MOCKSVILLE, NC 27028	DIRECTOR 1	0.	0.	0.
GREG HOOVER 180 S. MAIN STREET MOCKSVILLE, NC 27028	TREASURER 1	0.	0.	0.
RACHEL IJAMES 371 PARKER ROAD MOCKSVILLE, NC 27028	DIRECTOR 1	0.	0.	0.
DIANA PARRISH P.O. BOX 2340 ADVANCE, NC 27006	VICE CHAIRMAN 1	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.