Form **990-EZ**

Department of the Treasury
Internal Revenue Service

# Short Form
# Return of Organization Exempt From Income Tax

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

► *Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org- anizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form*

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

OMB No 1545-1150

**2008**

**Open to Public Inspection**

**A** For the 2008 calendar year, or tax year beginning 7/01 , 2008, and ending 6/30 , 2009

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

**C**
SMART START OF DAVIE COUNTY, INC.
965 YADKINVILLE ROAD
MOCKSVILLE, NC 27028

**D** Employer identification number
31-1600557

**E** Telephone number
336-751-2113

**F** Group Exemption Number ►

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

**G** Accounting method: ☒ Cash ☐ Accrual
Other (specify) ►

**I** Website: ► WWW.DAVIESMARTSTART.ORG

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

**J** Organization type (check only one) — ☒ 501(c) ( 3 ) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $1,000,000 or more, file Form 990 instead of Form 990-EZ ► $ 479,670.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| | | | | |
|---|---|---|---|---|
| REVENUE | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 476,145. |
| | 2 | Program service revenue including government fees and contracts | 2 | 1,514. |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | 135. |
| | 5a | Gross amount from sale of assets other than inventory — 5a | | |
| | b | Less: cost or other basis and sales expenses — 5b | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch) | 5c | |
| | 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► ☐ | | |
| | a | Gross revenue (not including $ _____ of contributions reported on line 1) — 6a | | |
| | b | Less: direct expenses other than fundraising expenses — 6b | | |
| | c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | |
| | 7a | Gross sales of inventory, less returns and allowances — 7a | | |
| | b | Less: cost of goods sold — 7b | | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| | 8 | Other revenue (describe ► SEE STATEMENT 1) | 8 | 1,876. |
| | 9 | **Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ► | 9 | 479,670. |
| EXPENSES | 10 | Grants and similar amounts paid (attach schedule) SEE STATEMENT 2 | 10 | 100,960. |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 257,268. |
| | 13 | Professional fees and other payments to independent contractors | 13 | 9,442. |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 40,123. |
| | 15 | Printing, publications, postage, and shipping | 15 | 8,130. |
| | 16 | Other expenses (describe ► SEE STATEMENT 3) | 16 | 75,766. |
| | 17 | **Total expenses** (add lines 10 through 16) ► | 17 | 491,689. |
| NET ASSETS | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -12,019. |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 56,242. |
| | 20 | Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4 | 20 | 952. |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ► | 21 | 45,175. |

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## Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

| (See the instructions for Part II.) | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|
| 22 | Cash, savings, and investments | 57,295. | 22 | 56,657. |
| 23 | Land and buildings | | 23 | |
| 24 | Other assets (describe ► SEE STATEMENT 5) | 3,423. | 24 | 637. |
| 25 | **Total assets** | 60,718. | 25 | 57,294. |
| 26 | **Total liabilities** (describe ► SEE STATEMENT 6) | 4,476. | 26 | 12,119. |
| 27 | **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 56,242. | 27 | 45,175. |

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

What is the organization's primary exempt purpose? SEE STATEMENT 7

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**Expenses** (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

| | | | |
|---|---|---|---|
| 28 | STRENGTHENING THE FOUNDATIONS OF QUALITY-PROVIDES TRAINING, EVALUATION, TECHNICAL ASSISTANCE AND SUPPORT TO IMPROVE THE QUALITY OF CHILD CARE IN DAVIE COUNTY (Grants $ ) If this amount includes foreign grants, check here ▶ ☐ | 28a | 69,612. |
| 29 | 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 (Grants $ 53,677. ) If this amount includes foreign grants, check here ▶ ☐ | 29a | 53,677. |
| 30 | EARLY CHILDHOOD RESOURCE CENTER-ONSITE CENTER CONTAINING EDUCATIONAL BOOKS, TOYS, GAMES, AND VIDEOS FOR PARENTS AND PROVIDERS TO CHECK OUT AND USE IN THEIR HOME OR FACILITY (Grants $ ) If this amount includes foreign grants, check here ▶ ☐ | 30a | 35,350. |
| 31 | Other program services (attach schedule) SEE STATEMENT 8 (Grants $ 47,283. ) If this amount includes foreign grants, check here ▶ ☐ | 31a | 161,145. |
| 32 | **Total program service expenses** (add lines 28a through 31a) ▶ | 32 | 319,784. |

**Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

| (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 | (e) Expense account and other allowances |
|---|---|---|---|---|
| SEE STATEMENT 9 | | 0. | 0. | 0. |

**Part V Other Information** (Note the statement requirement in General Instruction V.)

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | 33 | | X |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes | 34 | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. | | | |
| a | Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | 35a | | X |
| b | If 'Yes,' has it filed a tax return on **Form 990-T** for this year? | 35b | | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0. | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 37b | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | 38a | | X |
| b | If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A | | | |
| 39 | 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on line 9 39a N/A | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b N/A | | | |
| 40a | 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 (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,' complete Schedule L, Part I | 40b | | X |
| c | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0. | | | |
| d | Enter amount of tax on line 40c reimbursed by the organization ► 0. | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T | 40e | | X |
| 41 | List the states with which a copy of this return is filed ► NONE | | | |

42a The books are in care of ► COREY MILLER Telephone no. ► 336-751-2113

Located at ► 965 YADKINVILLE ROAD MOCKSVILLE NC ZIP + 4 ► 27028

| | | | Yes | No |
|---|---|---|---|---|
| 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: ► | 42b | | X |
| | See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.** | | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ► | 42c | | X |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

| | | | Yes | No |
|---|---|---|---|---|
| 44 | Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 44 | | X |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 45 | | X |

**Part VI** **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 10

| | | | Yes | No |
|---|---|---|---|---|
| 46 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 46 | | X |
| 47 | Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | 47 | | X |
| 48 | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 48 | | X |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | X |
| b | If 'Yes,' was the related organization(s) a section 527 organization? | 49b | | |

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and address of each employee paid more than $100,000 | (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 $100,000 ► | | | | |

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and address of each independent contractor paid more than $100,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other independent contractors receiving over $100,000 ► | | |

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

**Sign Here**

► Signature of officer — Date: 5/13/10

► Corey G. Miller, Executive Director
Type or print name and title

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature ► Donald G. Bowles | Date 5/13/10 | Check if self-employed ► X | Preparer's Identifying Number (See instructions) N/A |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ► DONALD G. BOWLES, CPA<br>854 VALLEY ROAD, SUITE 300<br>MOCKSVILLE, NC 27028 | | EIN ► N/A<br>Phone no ► (336) 753-1040 | |

May the IRS discuss this return with the preparer shown above? See instructions ► X Yes No

**SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support

**To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

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

OMB No 1545-0047

**2008**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| SMART START OF DAVIE COUNTY, INC. | 31-1600557 |

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**h** Provide the following information about the organizations the organization supports.

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

### Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') | 425,034. | 420,899. | 572,340. | 488,637. | 476,145. | 2,383,055. |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | 0. |
| 3 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. |
| 4 **Total.** Add lines 1-3 | 425,034. | 420,899. | 572,340. | 488,637. | 476,145. | 2,383,055. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 0. |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 2,383,055. |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 425,034. | 420,899. | 572,340. | 488,637. | 476,145. | 2,383,055. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | 32. | 62. | 1,129. | 363. | 135. | 1,721. |
| 9 Net income form unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.) | | | | | | 0. |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 2,384,776. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 0. |

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

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) | 14 | 99.9% |
| 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f | 15 | 99.2% |

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

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

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

### Section A. Public Support

| Calendar year (or fiscal yr beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1-5 | | | | | | |
| 7a Amounts included on lines 1, 2, 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6.) | | | | | | |

### Section B. Total Support

| Calendar year (or fiscal yr beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 **Total support.** (add lns 9, 10c, 11, and 12.) | | | | | | |

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

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h | 18 | % |

19a **33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

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

SMART START OF DAVIE COUNTY, INC. 31-1600557

**STATEMENT 1**
**FORM 990-EZ, PART I, LINE 8**
**OTHER REVENUE**

| | | |
|---|---|---|
| SALE OF ASSETS | $ | 888. |
| SALES TAX REFUND | | 988. |
| TOTAL | $ | 1,876. |

**STATEMENT 2**
**FORM 990-EZ, PART I, LINE 10**
**GRANTS AND SIMILAR AMOUNTS PAID**

| | | | |
|---|---|---|---|
| DONEE'S NAME: | DAVIE COUNTY HEALTH DEPARTMENT | | |
| DONEE'S ADDRESS: | 210 HOSPITAL STREET<br>MOCKSVILLE, NC 27028 | | |
| RELATIONSHIP OF DONEE: | NONE | | |
| CASH AMOUNT GIVEN: | | $ | 53,677. |
| DONEE'S NAME: | DAVIE COUNTY SCHOOLS | | |
| DONEE'S ADDRESS: | 220 CHERRY STREET<br>MOCKSVILLE, NC 27028 | | |
| RELATIONSHIP OF DONEE: | NONE | | |
| CASH AMOUNT GIVEN: | | $ | 47,283. |

**STATEMENT 3**
**FORM 990-EZ, PART I, LINE 16**
**OTHER EXPENSES**

| | | |
|---|---|---|
| ADVERTISING AND PROMOTION | $ | 6,572. |
| BANK CHARGES | | 70. |
| BOARD MEETING EXPENSES | | 222. |
| CONFERENCES, CONVENTIONS, AND MEETINGS | | 9,261. |
| DUES AND SUBSCRIPTIONS | | 3,706. |
| EARLY CHILDHOOD SPECIALIST | | 3,000. |
| EDUCATIONAL SUPPLIES | | 6,421. |
| EMPLOYEE TRAINING | | 5,055. |
| HONORARIUMS | | 40. |
| IMAGINATION LIBRARY BOOKS | | 13,011. |
| INFORMATION TECHNOLOGY | | 4,313. |
| INSURANCE | | 2,423. |
| OFFICE EXPENSES | | 4,588. |
| OTHER GRANT PURCHASES | | 50. |
| OTHER SUPPLIES | | 3,448. |
| TELEPHONE | | 3,326. |
| TRAVEL | | 10,260. |
| TOTAL | $ | 75,766. |

**STATEMENT 4**
**FORM 990-EZ, PART I, LINE 20**
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

| | |
|---|---|
| PRIOR YEAR ADJUSTMENTS | $ 952. |
| TOTAL | $ 952. |

**STATEMENT 5**
**FORM 990-EZ, PART II, LINE 24**
**OTHER ASSETS**

| | BEGINNING | ENDING |
|---|---|---|
| ACCOUNTS RECEIVABLE | $ 3,423. | $ 637. |
| TOTAL | $ 3,423. | $ 637. |

**STATEMENT 6**
**FORM 990-EZ, PART II, LINE 26**
**TOTAL LIABILITIES**

| | BEGINNING | ENDING |
|---|---|---|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | $ 4,476. | $ 12,119. |
| TOTAL | $ 4,476. | $ 12,119. |

**STATEMENT 7**
**FORM 990-EZ, 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 8**
**FORM 990-EZ, PART III, LINE 31**
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

| DESCRIPTION | 0. GRANTS | PROGRAM SERVICE EXPENSES |
|---|---|---|
| COMMUNITY EDUCATION-PROGRAM TO HELP PARENTS, PROVIDERS, BUSINESSES, AND CIVIC LEADERS BE AWARE OF THE RESOURCES AND EFFORTS IN DAVIE COUNTY<br>INCLUDES FOREIGN GRANTS: NO | | 17,931. |
| PARENTS AS TEACHERS-NATIONAL PROGRAM WHICH PROVIDES VITAL PARENTING INFORMATION IN THE HOME ENVIRONMENT<br>INCLUDES FOREIGN GRANTS: NO | | 69,183. |
| PROGRAM COORDINATION AND EVALUATION<br>INCLUDES FOREIGN GRANTS: NO | | 8,817. |
| IMAGINATION LIBRARY-PROVIDES A NEW HARD BACKED BOOK TO CHILDREN AGES ONE TO FIVE | | 17,931. |

**STATEMENT 8 (CONTINUED)**
**FORM 990-EZ, PART III, LINE 31**
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

| DESCRIPTION | 0. GRANTS | PROGRAM SERVICE EXPENSES |
|---|---|---|
| INCLUDES FOREIGN GRANTS: NO | | |
| EFFECTIVE TRANSITIONS-KINDERGARTEN TRANSITION | 47,283. | 47,283. |
| INCLUDES FOREIGN GRANTS: NO | | |
| TOTAL | $ 47,283. | $ 161,145. |

**STATEMENT 9**
**FORM 990-EZ, PART IV**
**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 |
|---|---|---|---|---|
| CINDY HENDRICKS<br>123 SOUTH MAIN STREET<br>MOCKSVILLE, NC 27028 | VICE CHAIRMAN<br>1.00 | $ 0. | $ 0. | $ 0. |
| TERESA KINES<br>1205 SALISBURY ROAD<br>MOCKSVILLE, NC 27028 | TREASURER<br>1.00 | 0. | 0. | 0. |
| PAM BURTON<br>373 CHERRY HILL ROAD<br>MOCKSVILLE, NC 27028 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| TEDDY CARNEY<br>171 BOXWOOD CIRCLE<br>ADVANCE, NC 27006 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| THOMAS DALTON<br>PO BOX 1152<br>MOCKSVILLE, NC 27028 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| LYNN OWENS<br>1205 SALISBURY ROAD<br>MOCKSVILLE, NC 27028 | SECRETARY<br>1.00 | 0. | 0. | 0. |
| CHAD BOMAR<br>152 EAST KINDERTON WAY<br>ADVANCE, NC 27006 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| MARK JONES<br>300 SOUTH MAIN STREET<br>MOCKSVILLE, NC 27028 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| CRYSTAL MCDOWELL<br>133 S. HAZELWOOD DRIVE<br>MOCKSVILLE, NC 27028 | DIRECTOR<br>1.00 | 0. | 0. | 0. |

**STATEMENT 9 (CONTINUED)**
**FORM 990-EZ, PART IV**
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPENSATION | CONTRIBUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|---|---|---|---|---|
| W.G. POTTS<br>220 CHERRY STREET<br>MOCKSVILLE, NC 27028 | DIRECTOR<br>1.00 | $ 0. | $ 0. | $ 0. |
| JENNIFER RACKLEY<br>215 CEMETERY STREET<br>MOCKSVILLE, NC 27028 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| JEFF SEAFORD<br>PO BOX 998<br>MOCKSVILLE, NC 27028 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| ROBERT LANDRY<br>220 CHERRY STREET<br>MOCKSVILLE, NC 27028 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| DEBRA STANLEY<br>450 RIDGEVIEW DRIVE<br>MOCKSVILLE, NC 27028 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| NICK HAWKS<br>P.O. BOX 309<br>BOONVILLE, NC 27011 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| BETH DIRKS<br>123 S. MAIN STREET<br>MOCKSVILLE, NC 27028 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| BOBBY JONES<br>228 BEECHWOOD DRIVE<br>MOCKSVILLE, NC 27028 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| ERIC SOUTHERN<br>501 SANFORD ROAD<br>MOCKSVILLE, NC 27028 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| MIKE JENKINS<br>PO BOX 909<br>MOCKSVILLE, NC 27028 | CHAIRMAN<br>1.00 | 0. | 0. | 0. |
| BECKY FINNEY<br>PO BOX 517<br>MOCKSVILLE, NC 27028 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| DIANA PARRISH<br>P.O. BOX 2340<br>ADVANCE, NC 27006 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| | TOTAL | $ 0. | $ 0. | $ 0. |

**STATEMENT 10**
**FORM 990-EZ, PART VI**
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

| | |
|---|---|
| (A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? | NO |
| (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? | NO |