

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization: **SMART START OF FORSYTH COUNTY**

Doing business as: _____

Number and street (or P.O. box if mail is not delivered to street address): **7820 NORTH POINT BLVD**

Room/suite: **200**

City or town, state or province, country, and ZIP or foreign postal code: **WINSTON-SALEM, NC 27106**

F Name and address of principal officer: **LAWRENCE D. VELLANI**
SAME AS C ABOVE

D Employer identification number: **56-1899564**

E Telephone number: **3367256011**

G Gross receipts \$: **8,024,300.**

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list (see instructions)

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: **WWW.SMARTSTART-FC.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1994** **M** State of legal domicile: **NC**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	TO PREPARE ALL YOUNG CHILDREN FOR SCHOOL AND LIFE-LONG SUCCESS THROUGH COMMUNITY PARTNERSHIPS.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	27
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5	Total number of individuals employed in calendar year 2017 (Part VII, line 2a)	5	21
	6	Total number of volunteers (estimate if necessary)	6	200
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	7,814,356.	7,983,584.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,093.	6,325.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	63.	109.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,183.	29,909.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,858,695.	8,019,927.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,263,004.	6,273,399.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,175,508.	1,158,322.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	507,062.	525,658.
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	7,945,574.	7,957,379.	
19	Revenue less expenses - Subtract line 18 from line 12	<86,879.>	62,548.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	157,983.	220,909.
	22	Net assets or fund balances - Subtract line 21 from line 20	1,937.	2,315.
22	Net assets or fund balances - Subtract line 21 from line 20	156,046.	218,594.	

Part II Signature Block

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

Sign Here

Signature of officer: **LAWRENCE D. VELLANI, EXECUTIVE DIRECTOR**

Date: **4/16/19**

Paid Preparer Use Only

Print/Type preparer's name: **JANE R POTTER**

Preparer's signature: *Jane R Potter*

Date: **2/18/19**

Check if self-employed:

PTIN: **P01057495**

Firm's name: **BUTLER + BURKE, LLP**

Firm's EIN: **56-1138530**

Firm's address: **100 CLUB OAKS COURT WINSTON-SALEM, NC 27104**

Phone no.: **336-768-2310**

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

G47

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

X

1 Briefly describe the organization's mission
SMART START OF FORSYTH COUNTY MOBILIZES RESOURCES, FORGES PARTNERSHIPS AND SHAPES PUBLIC OPINION TO ASSIST THE WINSTON-SALEM/FORSYTH COUNTY COMMUNITY TO BUILD AND SUSTAIN AN AFFORDABLE, COMPREHENSIVE, HIGH QUALITY SYSTEM OF EARLY CHILDHOOD DEVELOPMENT AND LEARNING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 3,539,064. including grants of \$ 3,334,819.) (Revenue \$ 0.)
THE NC PRE-KINDERGARTEN PROGRAM IS A HIGH QUALITY PRE-K PROGRAM THAT SERVES CHILDREN WHO ARE AT RISK AND PREPARES THEM FOR SUCCESS IN SCHOOL. PRE-KINDERGARTEN IS A RESEARCH PROVEN STRATEGY FOR SCHOOL READINESS. THIS PROGRAM SERVED 664 CHILDREN IN PUBLIC ELEMENTARY SCHOOLS, HEADSTART PROGRAMS, AND BOTH NON-PROFIT AND FOR-PROFIT CHILD CARE CENTERS.

4b (Code) (Expenses \$ 1,866,067. including grants of \$ 1,866,067.) (Revenue \$ 0.)
CHILD CARE SUBSIDIES PROVIDE CHILD CARE ASSISTANCE TO QUALIFYING FAMILIES LIVING IN FORSYTH COUNTY (NC) WHO INCUR CHILD CARE COSTS IN LICENSED AND/OR REGISTERED FACILITIES. OVER 500 CHILDREN RECEIVED SUBSIDIES FOR CHILD CARE IN 3, 4 OR 5 STAR EARLY CHILDHOOD PROGRAMS.

4c (Code) (Expenses \$ 652,403. including grants of \$ 97,237.) (Revenue \$ 6,325.)
SMART START OF FORSYTH COUNTY TECHNICAL ASSISTANCE SERVICES PROVIDE CLASSROOM AND MANAGEMENT CONSULTATION, CURRICULUM ENHANCEMENT MATERIALS, RESOURCES, ACTIVITIES, AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES INCLUDING WORKSHOPS. QUALITY IMPROVEMENT SERVED ELIGIBLE TEMPORARY 1, 2, 3 STAR, AND FAITH-BASED CENTERS IN FORSYTH COUNTY ENHANCING CLASSROOM QUALITY THROUGH TECHNICAL ASSISTANCE AND ENVIRONMENT RATING SCALES ASSESSMENTS. TECHNICAL ASSISTANCE SERVICES INCLUDE A QUALITY MAINTENANCE COMPONENT WHICH OFFERS CASH AWARDS TO ELIGIBLE 4 AND 5 STAR CENTERS AND HOMES IN FORSYTH COUNTY.

4d Other program services (Describe in Schedule O)
(Expenses \$ 1,507,992. including grants of \$ 975,275.) (Revenue \$)

4e Total program service expenses 7,565,526.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form area containing questions 1a through 14b and corresponding Yes/No columns. Includes input fields for values like 98, 0, 21, and 21.

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

Check if Schedule O contains a response or note to any line in this Part VI

X

Section A. Governing Body and Management

- 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Table with columns for line numbers (1a, 1b, 2-9) and Yes/No checkboxes. Line 1a: 27, 1b: 27. Line 2: No. Line 3: No. Line 4: No. Line 5: No. Line 6: No. Line 7a: No. Line 7b: No. Line 8a: Yes. Line 8b: Yes. Line 9: No.

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

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

Table with columns for line numbers (10a-16b) and Yes/No checkboxes. Line 10a: No. Line 10b: No. Line 11a: Yes. Line 11b: No. Line 12a: Yes. Line 12b: Yes. Line 12c: Yes. Line 13: No. Line 14: Yes. Line 15a: Yes. Line 15b: No. Line 16a: No. Line 16b: No.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NC
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

MICHAEL REDDEN - 336.714.4341

7820 NORTH POINT BLVD. STE 200, WINSTON-SALEM, NC 27106-3299

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALVIN ATKINSON TREASURER	2.00	X		X				0.	0.	0.
(2) ANNA MILLER-FITZWATER, MD DIRECTOR	1.00	X						0.	0.	0.
(3) BENNETT BRUFF DIRECTOR	1.00	X						0.	0.	0.
(4) BRICE O'BRIEN DIRECTOR	1.00	X						0.	0.	0.
(5) DANIELA ARRIOLA DIRECTOR	1.00	X						0.	0.	0.
(6) DARYL SHAW DIRECTOR	1.00	X						0.	0.	0.
(7) DENISE HARTSFIELD DIRECTOR	1.00	X						0.	0.	0.
(8) DIANA JOHNSON SECRETARY	2.00	X		X				0.	0.	0.
(9) DOUGLAS S. PUNGER DIRECTOR	1.00	X						0.	0.	0.
(10) ELIZABETH DAMPIER IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0.
(11) ELIZABETH LEES DIRECTOR	1.00	X						0.	0.	0.
(12) ERIC SADLER DIRECTOR	1.00	X						0.	0.	0.
(13) GINGER GALLAGHER DIRECTOR	1.00	X						0.	0.	0.
(14) GLENDA DANCY DIRECTOR	1.00	X						0.	0.	0.
(15) HEATHER EGAN DIRECTOR	1.00	X						0.	0.	0.
(16) JANIE COSTELLO DIRECTOR	1.00	X						0.	0.	0.
(17) JOAN TROOST DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATRINA TUCKER DIRECTOR	1.00	X						0.	0.	0.
(19) LYNN SILKSTONE DIRECTOR	1.00	X						0.	0.	0.
(20) MATT BRITT CHAIR	2.00	X		X				0.	0.	0.
(21) MONA LOVETT DIRECTOR	1.00	X						0.	0.	0.
(22) REGINALD MCCASKILL DIRECTOR	1.00	X						0.	0.	0.
(23) SABRINA HINTON DIRECTOR	1.00	X						0.	0.	0.
(24) SHERYLL STRODE VICE-CHAIR	2.00	X		X				0.	0.	0.
(25) THERESSA STEPHENS DIRECTOR	1.00	X						0.	0.	0.
(26) TREY HOWE DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								96,014.	0.	6,931.
d Total (add lines 1b and 1c)								96,014.	0.	6,931.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	7,790,025.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	193,559.				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			7,983,584.			
Program Service Revenue	2 a	PROVIDER SERVICE FEES	Business Code	900099	6,325.	6,325.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			6,325.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			109.		109.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		16,727.			
			b		4,373.			
			c			12,354.		12,354.
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b						
		c						
10 a	Gross sales of inventory, less returns and allowances	a						
		b						
		c						
Miscellaneous Revenue				Business Code				
11 a	REFUND OF SALES TAX		900099	17,555.		17,555.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			17,555.				
12	Total revenue. See instructions.			8,019,927.	6,325.	0.	30,018.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,084,762.	6,084,762.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	188,637.	188,637.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	101,228.	8,224.	93,004.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	815,888.	692,464.	123,424.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	48,033.	40,621.	7,412.	
9 Other employee benefits	123,217.	103,970.	19,247.	
10 Payroll taxes	69,956.	53,929.	16,027.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,465.		2,465.	
12 Advertising and promotion	11,430.	11,288.	142.	
13 Office expenses	77,674.	63,993.	13,681.	
14 Information technology				
15 Royalties				
16 Occupancy	172,712.	124,292.	48,420.	
17 Travel	15,230.	12,832.	2,398.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,778.	15,799.	9,979.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	9,144.		9,144.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACTED SERVICES	120,416.	103,522.	16,894.	
b CAPITAL OUTLAY	49,048.	42,022.	7,026.	
c EMPLOYEE TRAINING	21,974.	19,100.	2,874.	
d SALES AND USE TAXES	14,199.		14,199.	
e All other expenses	5,588.	71.	5,517.	
25 Total functional expenses Add lines 1 through 24e	7,957,379.	7,565,526.	391,853.	0.
26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	157,983.	1	220,909.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	b Less accumulated depreciation	10b	10c		
	11 Investments - publicly traded securities		11		
	12 Investments - other securities See Part IV, line 11		12		
	13 Investments - program-related See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)		157,983.	16	220,909.	
Liabilities	17 Accounts payable and accrued expenses	49.	17	1,919.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1,888.	25	396.
	26 Total liabilities. Add lines 17 through 25		1,937.	26	2,315.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	121,241.	27	107,592.	
	28 Temporarily restricted net assets	34,805.	28	111,002.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	156,046.	33	218,594.		
34 Total liabilities and net assets/fund balances	157,983.	34	220,909.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,019,927.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,957,379.
3	Revenue less expenses Subtract line 2 from line 1	3	62,548.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	156,046.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	218,594.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	7244648.	7546927.	7756688.	7822856.	7983584.	38354703.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7244648.	7546927.	7756688.	7822856.	7983584.	38354703.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						38354703.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	7244648.	7546927.	7756688.	7822856.	7983584.	38354703.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	248.	123.	135.	63.	109.	678.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	16,403.	37,769.	36,200.	26,194.	34,282.	150,848.
11 Total support. Add lines 7 through 10						38506229.
12 Gross receipts from related activities, etc (see instructions)					12	29,323.
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.61 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.67 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2016. 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 <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c. Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year. (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

SMART START OF FORSYTH COUNTY

Employer identification number

56-1899564

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- c Beginning balance
 - d Additions during the year
 - e Distributions during the year
 - f Ending balance
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶ _____%
 - b Permanent endowment ▶ _____%
 - c Temporarily restricted endowment ▶ _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations | | |
| (ii) related organizations | | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* 0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) FUNDS HELD FOR OTHERS	396.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)	396.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements		1	8,019,927.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII)	2d		
	e Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	8,019,927.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII)	4b		
	c Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,019,927.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements		1	7,957,379.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII)	2d		
	e Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	7,957,379.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII)	4b		
	c Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	7,957,379.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

PART X, LINE 2:

FASB ASC 740 REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING FINANCIAL STATEMENTS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED BY THE APPLICABLE TAX AUTHORITY. SMART START OF FORSYTH COUNTY DOES NOT BELIEVE THERE ARE ANY UNRECOGNIZED TAX BENEFITS OR COSTS AS OF JUNE 30, 2018.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		READY SET READ - 5K FA (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	16,727.		16,727.
	2	Less Contributions			
	3	Gross income (line 1 minus line 2)	16,727.		16,727.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	4,373.		4,373.
	10	Direct expense summary Add lines 4 through 9 in column (d)			4,373.
	11	Net income summary Subtract line 10 from line 3, column (d)			12,354.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				
	8	Net gaming income summary Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

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

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

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

SMART START OF FORSYTH COUNTY

Employer identification number
56-1899564

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A AND G'S CREATIVE KIDZ 2820 BALNBRIDGE COURT WINSTON-SALEM, NC 27105	24-3136223		13,151.	0.			CC SUBSIDIES
A BETTER WORLD LEARNING CENTER 317 EAST 33RD ST. WINSTON-SALEM, NC 27105	56-2119319		10,880.	0.			CC SUBSIDIES
A CHILD'S LEARNING PLACE LLC 1262 EAST CLEMMONSVILLE ROAD WINSTON-SALEM, NC 27107	36-4896224		40,006.	0.			CC SUBSIDIES
A CHILD'S WORLD 1290 HARTMON DRIVE WINSTON-SALEM, NC 27127	56-1784661		178,893.	0.			CC SUBSIDIES
ACWCII, INC 2005 LEWISVILLE CLEMMONS ROAD CLEMMONS, NC 27012	26-0057395		29,412.	0.			CC SUBSIDIES
AGNEW'S LEARNING CENTER 4596 GREEN MANOR DRIVE WINSTON-SALEM, NC 27106	24-0023635		10,327.	0.			CC SUBSIDIES

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

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

15.
46.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHLEHEM COMM CENTER 520 N. CLEVELAND AVENUE WINSTON-SALEM, NC 27101	56-0543242	501(C)(3)	264,624.	0.			CC SUBSIDIES, NCPK
BEULAH BAPTIST CHURCH 1352 TRADE ST NW WINSTON-SALEM, NC 27105	56-1129610		8,254.	0.			CC SUBSIDIES
BIG MAMA'S EDUCATIONAL CENTER 121 CHELTENHAM DR WINSTON-SALEM, NC 27103	24-4176075		9,947.	0.			CC SUBSIDIES
BRIDGES SARAH B DBA S&S DAYCARE 4795 N CHERRY STREET WINSTON-SALEM, NC 27105	24-5020937		12,870.	0.			CC SUBSIDIES, QM
BUNNY STOP CHILD CARE 4009 OLD VINEYARD ROAD WINSTON-SALEM, NC 27104	26-3556278		31,120.	0.			CC SUBSIDIES
CAESAR'S LIL PALACE 5720 SHATTALON DRIVE WINSTON-SALEM, NC 27105	20-3972976		9,937.	0.			CC SUBSIDIES
CARVER EDUCATIONAL & DEVELOPMENT CENTER - 3111 CARVER SCHOOL ROAD - WINSTON-SALEM, NC 27105	56-2118640		89,417.	0.			CC SUBSIDIES
CENTERS FOR EXCEPTIONAL CHILDREN, INC - 2315 COLISEUM DRIVE - WINSTON-SALEM, NC 27106	56-0615188	501(C)(3)	33,246.	0.			CC SUBSIDIES
CHERISH UNIQUE KIDS 4364 MORNINGSIDE DRIVE WINSTON-SALEM, NC 27106	45-5508960		8,751.	0.			CC SUBSIDIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHERRY TREE HOUSE DAYCARE 3508 N. CHERRY STREET WINSTON-SALEM, NC 27105	24-2171043		6,258.	0.			CC SUBSIDIES
CHILD CARE NETWORK 1501-D 13TH STREET KERNERSVILLE, NC 27284	63-0986576		472,901.	0.			CC SUBSIDIES, NCPK
CHILDTIME CHILDCARE, INC 1021 WEST CLEMMONSVILLE ROAD WINSTON-SALEM, NC 27127	36-2616190		69,553.	0.			CC SUBSIDIES, QM
CHURCH CHILD CARE 400 POINDEXTER STREET WALKERTOWN, NC 27051	04-3793052		219,721.	640.	COST	NEW CLASS MATERIALS	CC SUBSIDIES, NCPK
CLEMMONS MORAVIAN PO BOX 730 CLEMMONS, NC 27012	56-1722489	501(C)(3)	16,972.	0.			CC SUBSIDIES, QM
COUNTRY CLUB LEARNING CENTER 3842 COUNTRY CLUB ROAD WINSTON-SALEM, NC 27104	56-2032837		16,647.	0.			CC SUBSIDIES
CUDDLING CUTIES 429 EAST DEVONSHIRE STREET WINSTON-SALEM, NC 27127	23-8151726		15,295.	0.			CC SUBSIDIES
DISCOVERING OUR WORLD 4080 BETHANIA STATION ROAD WINSTON-SALEM, NC 27106	02-0815089		16,680.	0.			CC SUBSIDIES, QM
EDUCATING ANGELS DAYCARE 5909 GERMANTON ROAD WINSTON-SALEM, NC 27105	23-8194812		5,572.	0.			CC SUBSIDIES, QM

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPHESUS LEARNING CENTER 1225 NORTH CLEVELAND AVENUE WINSTON-SALEM, NC 27101	56-2095749		7,635.	0.			CC SUBSIDIES
EXCHANGE SCAN 500 W. NORTHWEST BLVD WINSTON-SALEM, NC 27105	58-1443692	501(C)(3)	78,914.	0.			FAMILY SUPPORT
FAMILY SERVICES 1200 S. BROAD STREET WINSTON-SALEM, NC 27101	56-0689235	501(C)(3)	245,357.	0.			CC SUBSIDIES, QM, NCPK
FIRST STEP PRESCHOOL 1305 PLEASANT FORK CHURCH ROAD WINSTON-SALEM, NC 27127	74-3133873		9,193.	0.			CC SUBSIDIES
FORSYTH TECHNICAL COMMUNITY COLLEGE - 2100 SILAS CREEK PARKWAY - WINSTON-SALEM, NC 27103	56-0792614	501(C)(3)	104,732.	0.			PROFESSIONAL DEVELOPMENT
FUTURE LEADERS LEARNING ACADEMY 939 N. CLEVELAND AVE WINSTON-SALEM, NC 27101	80-0515991		11,749.	4,601.	COST	NEW CLASS MATERIALS	CC SUBSIDIES
HAPPY DAYS CHILD CARE 1480 HARVEST DRIVE WINSTON-SALEM, NC 27101	23-8150293		17,373.	0.			CC SUBSIDIES
HOLY CROSS CHILD DEVELOPMENT CENTER - 616 SOUTH CHERRY STREET - KERNERSVILLE, NC 27284	56-1280841	501(C)(3)	13,292.	0.			CC SUBSIDIES
IMMANUEL BAPTIST DC 1505 LEWISVILLE-CLEMMONS ROAD CLEMMONS, NC 27012	56-0992009	501(C)(3)	13,261.	0.			CC SUBSIDIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMPRINTS CARES 502 N. BROAD STREET WINSTON-SALEM, NC 27101	56-0949178	501(C)(3)	326,250.	0.			FAMILY SUPPORT
LA PETITE ACADEMY 2011 BETHABARA ROAD WINSTON-SALEM, NC 27106	43-1243221		160,028.	0.			CC SUBSIDIES
LITTLE GIFTS LEARNING ACADEMY 1064 TREBLE COURT WINSTON-SALEM, NC 27105	42-1759497		7,736.	0.			CC SUBSIDIES
LITTLE RED SCHOOLHOUSE 2842 OLD GREENSBORO ROAD WINSTON-SALEM, NC 27101	56-1902571		22,889.	0.			CC SUBSIDIES
LOLLIPOP STOP CHILD DEV. CENTER 160 NOEL DRIVE WINSTON-SALEM, NC 27105	20-3696881		10,920.	0.			CC SUBSIDIES
MAXX KINDER KOLLEGE 2411 WAUGHTOWN STREET WINSTON-SALEM, NC 27107	23-7290160		186,003.	0.			CC SUBSIDIES, QM, NCPK
MOTHERLY LOVE DAY CARE & LEARNING CENTER - 308 BARBER STREET - WINSTON-SALEM, NC 27127	01-0528522		8,310.	0.			CC SUBSIDIES
MT. ZION CHILD DEVELOPMENT 950 FILE STREET WINSTON-SALEM, NC 27101	58-1959139	501(C)(3)	33,693.	0.			CC SUBSIDIES
NORTH POINT ACADEMY 4950 INDIANA AVENUE WINSTON-SALEM, NC 27105	47-0899238		150,246.	57.	COST	NEW CLASS MATERIALS	CC SUBSIDIES, QM, NCPK

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST CHILD DEVELOPMENT 530 SPRING STREET WINSTON-SALEM, NC 27101	56-0994730	501(C)(3)	163,250.	0.			CC SUBSIDIES, NCPK
NORTHWEST COMMUNITY CARE NETWORK 2000 WEST FIRST ST, STE 704 WINSTON-SALEM, NC 27104	02-0774853	501(C)(3)	28,516.	0.			HEALTH
OAK SUMMIT LEARNING ACADEMY LLC 230 OAK SUMMIT ROAD WINSTON-SALEM, NC 27105	27-0675901		18,994.	0.			CC SUBSIDIES, QM
QUALITY EDUCATION ACADEMY 5012-C LANSING ROAD WINSTON-SALEM, NC 27101	56-2017872		151,912.	0.			CC SUBSIDIES, NCPK
RISING STARS CHILD CARE 112 MIDLAN COURT WINSTON-SALEM, NC 27105	23-8294736		9,227.	0.			CC SUBSIDIES
S & S DAYCARE 205 EAST 30TH STREET WINSTON-SALEM, NC 27105	24-5020937		20,503.	0.			CC SUBSIDIES
SANDBOX ACADEMY 5016 OLD WALKERTOWN ROAD WINSTON-SALEM, NC 27105	63-1285278		12,227.	0.			CC SUBSIDIES
SMILING FACES CHILD CARE 4990 MURRAY ROAD WINSTON-SALEM, NC 27106	23-7024281		9,006.	0.			CC SUBSIDIES
ST. ANDREWS DAY CARE CENTER 357 OLD HOLLOW ROAD WINSTON-SALEM, NC 27105	56-1078936	501(C)(3)	10,366.	0.			CC SUBSIDIES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRATFORD WEST CHILDREN LEARNING CENTER - 3011 S. SRATFORD RD - WINSTON-SALEM, NC 27103	81-3397610		6,973.	0.			CC SUBSIDIES
THE LEARNING ACADEMY 2832 S. MAIN STREET WINSTON-SALEM, NC 27127	56-2108650		144,104.	34.	COST	NEW CLASS MATERIALS	CC SUBSIDIES, NCPK
THE LEARNING PLACE CDC, INC. 1120 EAST 29TH STREET WINSTON-SALEM, NC 27105	46-1674248		25,862.	0.			CC SUBSIDIES,
THE SUNSHINE HOUSE 12 INTERCHANGE BLVD. GREENVILLE, SC 29607	57-1000178		151,834.	0.			CC SUBSIDIES
TODAY'S CHILD LEARNING CENTER 1005 BETHESDA ROAD WINSTON-SALEM, NC 27103	58-1466368		10,191.	0.			CC SUBSIDIES, QM
UNIQUE CHILD CARE 3811 WHITFIELD RD WINSTON-SALEM, NC 27105	01-0588759		15,428.	0.			CC SUBSIDIES
WANDA'S LITTLE WONDERS 1915 LODGECREST LANE PFAFFTOWN, NC 27040	22-0803159		8,870.	0.			CC SUBSIDIES, QM
WAUGHTOWN KIDS R US 1330 WAUGHTOWN STREET WINSTON-SALEM, NC 27107	56-1902571		62,014.	0.			CC SUBSIDIES, QM
WINSTON-SALEM FORSYTH COUNTY SCHOOLS - PO BOX 2513 - WINSTON-SALEM, NC 27102	56-0795164	501(C)(3)	1,895,538.	2,159.	COST	NEW CLASS MATERIALS	NCPK

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANTS TO INDIVIDUALS	137	134,741.	53,895.	COST	PRE-K BOOKS FOR PARENTS/PARENT BAGS

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2:
SMART START OF FORSYTH COUNTY IS RESPONSIBLE FOR MONITORING ITS FUNDED PROGRAMS TO ENSURE ACCOUNTABILITY OF FUNDS AND COMPLIANCE WITH CONTRACT REQUIREMENTS. BOTH THE SSFC AND NC PRE-K PROGRAMS ARE MONITORED ANNUALLY. SSFC MONITORS SMART START AND NC PRE-K FUNDED PROGRAMS BY REVIEWING PROGRAM AND FISCAL REPORTING THROUGHOUT THE YEAR. MONITORING SITE VISITS INCLUDE A REVIEW OF COMPLIANCE WITH CONTRACT ACTIVITY DESCRIPTION, DOCUMENTATION OF EVALUATION, COMPLIANCE WITH GRANTS MANAGEMENT, FINANCIAL STATUS REPORTS, CASH RECEIPTS, CASH DISBURSEMENTS, COMPETITIVE BIDDING, CASH AND IN-KIND

Part IV Supplemental Information

CONTRIBUTIONS AND PROPERTY AND EQUIPMENT. BASED ON THIS REVIEW AND
 COMPLETION OF MONITORING, A REPORT IS COMPLETED AND PROVIDED TO THE FUNDED
 AGENCY. FOLLOW-UP, TECHNICAL ASSISTANCE, AND DEVELOPMENT OF A CORRECTIVE
 ACTION PLAN WILL OCCUR IF NECESSARY. PURPOSE OF GRANT ASSISTANCE:
 PROFESSIONAL DEVELOPMENT - PROGRAMS THAT SUPPORT PROFESSIONAL DEVELOPMENT
 FOR CHILD CARE PROVIDERS EMPHASIZING EARLY CHILDHOOD DEGREE PROGRAMS; CC
 SUBSIDIES - CHILD CARE SUBSIDIES PROVIDED TO QUALIFYING FAMILIES LIVING IN
 FORSYTH COUNTY, NC WITH COSTS INCURRED FOR CHILD CARE IN LICENSED AND/OR
 REGISTERED FACILITIES; QM - GRANTS TO SUPPORT QUALITY MAINTENANCE
 ACTIVITIES AND SUPPORT A CONTINUUM OF PROFESSIONAL DEVELOPMENT COSTS IN
 FORSYTH COUNTY; NC PRE-K PROVIDES CLASSROOM SLOTS FOR UP TO 610 CHILDREN IN
 SCHOOLS AND CENTERS IN FORSYTH COUNTY; FAMILY SUPPORT INCLUDES PROGRAMS
 SERVING PARENTS BY ENHANCING PARENT SKILLS AND PARENT EDUCATION; HEALTH -
 INCLUDES PROGRAMS DESIGNED TO INCREASE THE PERCENTAGE OF YOUNG CHILDREN
 WITH A QUALIFYING HIGH NEED TO RECEIVE DEVELOPMENTAL SCREENINGS AND TO
 INCREASE THE PERCENTAGE WHO RECEIVE THE FOLLOW UP SERVICES; EARLY
 INTERVENTION - PROGRAMS FOR THE PROVISION OF SERVICES TO SUPPORT THE
 IMPLEMENTATION OF THE CHILD CARE SUBSIDY PROGRAM THROUGH PROGRAM
 ADMINISTRATION, FAMILY OUTREACH AND APPLICATION PROCESSING AS WELL AS
 TECHNICAL TRAINING, COACHING AND ASSESSMENTS TO FAMILY CHILD CARE HOMES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

SMART START OF FORSYTH COUNTY

Employer identification number
56-1899564

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICE EXPENSES INCLUDE:

- EXPENSES FOR FAMILY SUPPORT TO PROVIDE ONGOING PARENTING EDUCATION,
GENERAL FAMILY SUPPORT, PARENTS AS TEACHERS, COMMUNITY OUTREACH,
INFORMATION AND RESOURCES.

- EXPENSES FOR HEALTH PROGRAMS THAT PROVIDE EARLY HEALTH, INTERVENTION
AND REFERRAL SERVICES AND SUPPORT, EARLY INTERVENTION FOR CHILDREN WITH
SPECIAL NEEDS, NUTRITION EDUCATION.

- PROGRAM COORDINATION AND EVALUATION SERVICES THAT ARE INCURRED TO
COORDINATE POLICIES, PROCEDURES AND DAILY PRACTICES OF SERVICE DELIVERY
AND TO ENSURE SERVICE DELIVERY IS ADHERING TO SPECIFIC TERMS AND
CONDITIONS OF CONTRACTS.

EXPENSES \$ 1,507,992. INCLUDING GRANTS OF \$ 975,275. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990, PREPARED BY AN INDEPENDENT CPA FIRM, IS REVIEWED BY
THE CFO; THEN IT IS FORWARDED ELECTRONICALLY AND/OR IN HARD COPY FORMAT TO
SSFC'S FINANCE COMMITTEE AND BOARD AFTER SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

SMART START OF FORSYTH COUNTY HAS A WRITTEN CONFLICT OF INTEREST POLICY AND
PROCEDURE MANUAL THAT HAS BEEN APPROVED BY THE BOARD OF DIRECTORS. THIS
POLICY IS REVIEWED DURING THE BOARD ORIENTATION PROCESS. A BOARD DISCLOSURE
STATEMENT IS REQUIRED TO BE COMPLETED ANNUALLY IN WHICH BOARD MEMBERS
DISCLOSE IF THEY HAVE ANY RELATIONSHIPS WITH ANY SSFC VENDORS, CONTRACTORS
AND/OR SERVICE PROVIDERS. ALL CONFLICTS ARE RECORDED AND SHARED WITH THE

Name of the organization

SMART START OF FORSYTH COUNTY

Employer identification number

56-1899564

BOARD AND RECORDED IN MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION SCALES ARE COMPILED BY A BOARD APPROVED INDEPENDENT CONTRACTOR THAT SPECIALIZES IN HUMAN RESOURCES. AFTER COMPENSATION SCALES ARE COMPILED, THEY ARE FORWARDED TO THE BOARD FOR APPROVAL. THE BOARD THEN ADOPTS THE COMPENSATION PLAN AND INCORPORATES IT INTO COMPENSATION PAY GRADES. THE COMPENSATION PAY GRADES ARE PROVIDED TO THE FULL BOARD AND STAFF AND ARE USED WHEN POSTING ANY POSITIONS AVAILABLE AT SSFC.

FORM 990, PART VI, SECTION C, LINE 19:

SSFC'S FINANCIAL STATEMENTS ARE AUDITED EVERY TWO YEARS BY THE STATE OF NORTH CAROLINA OR AN INDEPENDENT AUDIT FIRM CONTRACTED WITH THE STATE OF NORTH CAROLINA. THESE AUDITED FINANCIAL STATEMENTS ARE FOR PUBLIC VIEW ON THE NC STATE AUDITOR'S WEBSITE. COPIES ARE KEPT AT SSFC AND ARE GIVEN OUT UPON REQUEST. AUDIT RESULTS ARE FORWARDED TO SSFC'S BOARD, ALONG WITH INDEPENDENT AUDITS. SSFC IS MONITORED EVERY TWO YEARS (OPPOSITE OF AUDIT YEARS) BY THE NC PARTNERSHIP FOR CHILDREN, OUR MAJOR FUNDER. RESULTS OF THESE MONITORING VISITS ARE SHARED WITH THE BOARD AND STAFF. SSFC MAINTAINS A WEBSITE THAT PROVIDES OUR CONTACT INFORMATION ALONG WITH A STAFF DIRECTORY. SSFC IS EASILY ACCESSIBLE BY PHONE OR THROUGH THE INTERNET. IN ADDITION, SSFC PROVIDES AN ANNUAL REPORT AND POSTS IT ON ITS WEBSITE: WWW.SMARTSTART-FC.ORG.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT/SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Part V

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

- Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule
- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - b Gift, grant, or capital contribution to related organization(s)
 - c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
 - f Dividends from related organization(s)
 - g Sale of assets to related organization(s)
 - h Purchase of assets from related organization(s)
 - i Exchange of assets with related organization(s)
 - j Lease of facilities, equipment, or other assets to related organization(s)
 - k Lease of facilities, equipment, or other assets from related organization(s)
 - l Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)
 - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - o Sharing of paid employees with related organization(s)
 - p Reimbursement paid to related organization(s) for expenses
 - q Reimbursement paid by related organization(s) for expenses
 - r Other transfer of cash or property to related organization(s)
 - s Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X
1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
THE NORTH CAROLINA PARTNERSHIP FOR (1) CHILDREN	C	4,249,275. FMV	

