** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2023 cale

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

Open to Public Inspection

A	For the	2023 calendar year, or tax year beginning JUL 1, 2023 and ending	JUN 30, 2024	***			
В	Check if	C Name of organization	D Employer identific	ation number			
	applicable						
	Addres	WAKE COUNTY SMART START, INC.					
\vdash	Name change		56-194941	15			
F	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/su					
-	ireturn iFinal_	4901 WATERS EDGE DRIVE	919-851-9				
	ireturn/ termin-	City or town, state or province, country, and ZIP or foreign postal code	_	G Gross receipts \$ 25,102,327.			
	ated Ameno		1	H(a) Is this a group return			
H	return Applica			Yes X No			
<u> </u>	ition pendin	SAME AS C ABOVE	H(b) Are all subordinates ind				
	Tay ave			list. See instructions			
_	Websit		H(c) Group exemption				
			ear of formation: 1994 M				
	art I	Summary	car of formation. 2332 W	Otate of logal definicite.			
		Briefly describe the organization's mission or most significant activities: WAKE COU	NTV SMART STAR	T WORKS TO			
ė	'	ENSURE THAT YOUNG CHILDREN, BIRTH TO 5, ARE P	REPARED FOR SI	ICCESS.			
ia L	2	Check this box if the organization discontinued its operations or disposed of m					
le.	3			21			
6	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		20			
95	4	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		47			
ies	5 6			158			
Activities & Governance	7.	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		0.			
Ac	/ a	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.			
_	D	Net difference business taxable income from Form 550-1, Fart I, line 11	Prior Year	Current Year			
	,	Contributions and grants (Part VIII line 1h)	22,833,408.	24,873,868.			
9	8	Contributions and grants (Part VIII, line 1h)	0.	0.			
Revenue	9	Program service revenue (Part VIII, line 2g)	78,125.	195,894.			
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-4,423.	32,565.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,907,110.	25,102,327.			
_	-	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,616,661.	19,563,939.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.			
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,338,172.	3,779,166.			
Expenses	15		0.	0.			
ğ	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 53,520.					
Ě	170	Total fundraising expenses (Part IX, column (D), line 25) 53,520. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,468,108.	1,685,522.			
	1 ''	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,422,941.	25,028,627.			
		Revenue less expenses. Subtract line 18 from line 12	484,169.	73,700.			
_	19	nevertue less expenses. Subtract line 10 from line 12	Beginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)	4,304,569.	3,982,549.			
ASSE	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	797,083.	401,363.			
et/	22	Net assets or fund balances. Subtract line 21 from line 20	3,507,486.	3,581,186.			
P	art II	Signature Block	0/00//2001	5/502/2001			
$\overline{}$		Ities of perjury, I declare that I have examined this return, including accompanying schedules and stat	tements, and to the hest of my	knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer		Mionioago ana bonon in io			
<u></u>	, 001100	t, and complete. Becautation of property (earlier than emost / is based on air information or which prop	aror nas any miowicage.				
Sig	ın	Signature of officer	_ Date /				
He		MATTHEW GLOVA, TREASURER	10/3	0/24			
110		Type or print name and title					
_		Print/Type preparer's name Preparer's signature Dignbera Mau	Date Check	PTIN			
Pai	d	ELIZABETH MAUCH ELIZABETH MAUCH	10/30/2625 if self-employed				
	parer	Firm's name BLACKMAN & SLOOP ADVISORS, INC.	Firm's EIN 5	6-1304727			
	Only	Firm's address 1414 RALEIGH ROAD, SUITE 300	THIII O EIN S				
550	y	CHAPEL HILL, NC 27517	Phone no. (9)	19) 942-8700			
-	w tho II	RS discuss this return with the preparer shown above? See instructions	The new tree ()	X Yes No			
Ma	A fillion to						

Pai	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:	
	WAKE COUNTY SMART START WORKS TO ENSURE THAT YOUNG CHILDREN, BIRTH TO	
	FIVE ARE PREPARED FOR SUCCESS IN SCHOOL AND IN LIFE. THE ORGANIZATION	
	WORKS WITH COMMUNITY PARTNERS TO ASSESS LOCAL NEEDS, FUNDS LOCAL	_
	PROGRAMS, ENSURES ACCOUNTABILITY AND LEVERAGES RESOURCES TO SUPPORT	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	10
	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? Yes X N	10
	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 \$ 14,715,527. including grants of \$ 13,701,367.) (Revenue \$	_)
	NC PRE-KINDERGARTEN PROGRAM	_
	THE NC PRE-KINDERGARTEN PROGRAM IS DESIGNED TO PROVIDE HIGH-QUALITY	_
	EDUCATIONAL EXPERIENCES TO ENHANCE SCHOOL READINESS FOR ELIGIBLE	_
	FOUR-YEAR-OLDS. CHILDREN IN PRE-K ATTEND A FULL SCHOOL DAY IN A	_
	SCHOOL-YEAR PROGRAM. CHILDREN PARTICIPATING IN THE PROGRAM ARE SERVED	
	IN LICENSED CLASSROOMS IN PUBLIC SCHOOLS, PRIVATE CHILD CARE	_
	FACILITIES, OR HEAD START PROGRAMS. FOR THE 2023-2024 FISCAL YEAR,	_
	1,616 CHILDREN PARTICIPATED IN THE PROGRAM. THE PROGRAM WAS SUPPORTED	_
	BY A STATE GRANT AND A LOCAL GOVERNMENT GRANT.	_
	DI II DINIE CICETI IND II DOCID CONDUMENTO CICETI	
4b	(Code:) (Expenses \$4, 458, 209including grants of \$3, 262, 048) (Revenue \$	
-	FAMILY SUPPORT/HEALTH AND SAFETY	
	WAKE COUNTY SMART START FUNDS FAMILY SUPPORT AND HEALTH AND SAFETY	
	ACTIVITIES THAT BENEFIT FAMILIES AND CHILDREN IN WAKE COUNTY. FAMILY	
	SUPPORT INCLUDES PARENTING SKILLS TRAINING, ONGOING PARENT EDUCATION,	
	FAMILY LITERACY INITIATIVES, TRANSPORTATION, COMMUNITY OUTREACH AND	
	FAMILY NAVIGATION. HEALTH AND SAFETY INCLUDES TRAINING, TECHNICAL	_
	ASSISTANCE, COUNSELING, NUTRITION, PHYSICAL ACTIVITIES, AND REFERRALS	
	TO ADDRESS HEALTHCARE, MENTAL HEALTH NEEDS, AND PREVENTATIVE SERVICES.	-
	APPROXIMATELY 1,026 CHILDREN DIRECTLY BENEFITED FROM AT LEAST ONE WAKE	
	COUNTY SMART START FAMILY SUPPORT OR HEALTH AND SAFETY ACTIVITY.	_
-	PROGRAMS ARE SUPPORTED BY STATE AND PRIVATE GRANTS.	-
4c	(Code:) (Expenses \$2,974,733. including grants of \$2,491,921.) (Revenue \$	_)
	WAKE THREESCHOOL	_
	THIS PROGRAM PROVIDES EARLY EDUCATION TO YOUNG CHILDREN IN A	_
	PLAY-BASED, DYNAMIC ENVIRONMENT, LIKE THE NATIONALLY RECOGNIZED NC	
	PRE-K PROGRAM. RESEARCH SHOWS WHEN THREE-YEAR-OLD CHILDREN RECEIVE	_
	SUPPORT FOR LEARNING EARLY, THEY LEARN BETTER, GAIN STRONGER SKILLS,	
	AND ARE BETTER PREPARED FOR SUCCESS IN PRE-K AND KINDERGARTEN. THIS	
	PROGRAM LEVERAGES THE RAPID BRAIN GROWTH AND DEVELOPMENT THAT HAPPENS	_
	AT AGE THREE. THIS "FRAMEWORK" IS WHAT ALL FUTURE LEARNING IS BUILT	-
	UPON. CHILDREN PARTICIPATING IN THE PROGRAM ARE SERVED IN LICENSED	-
	PRIVATE CHILD CARE FACILITIES. FOR THE 2023-2024 FISCAL YEAR, 282	
	CHILDREN PARTICIPATED IN THE PROGRAM. THE PROGRAM IS SUPPORTED BY A	
44	Other program services (Describe on Schedule O.)	_
→u	(Expenses \$ 1,411,419. including grants of \$ 108,603.) (Revenue \$)	
40	Total program service expenses 23,559,888.	_
70	Total program service expenses 23/33/1000	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	Ė		
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		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,	10		
	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
а		110		х
L	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D		446		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_	
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	
a	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	المما		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		х	
	Schedule D, Parts XI and XII	12a		_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			- v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	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	ا ا		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	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			. v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- V
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18	_	X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			,,
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
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? If "Yes," complete Schedule I, Parts I and II	21	Х	

22 X 23 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (X), line 27 or 17 keys*; complete Schedule /, Part and Nill Complementation and name of Circles, directors, flustees, key employees, and highest compensation of the organization sourcent and former officers, directors, flustees, key employees, and highest compensation of the organization in complete Schedule / 2 24 a Did the organization have a tax-exempt bond base 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? *# 'Yes," answer inter \$240 through 744 and complete Schedule *K if 'Yes,' go to line 25a and a second of tax-exempt bonds beyond a temporary period exception?** 25 Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception?** 26 Did the organization animation an escrow account other than a returning escrow at any time during the year to defease any tax-exempt bonds?** 26 Section 80(16), \$50(16)(14), and \$00(16)(28) organizations. Did the organization orange in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule I, Part I is the organization animate and the engaged in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule I, Part I is the organization animate that in engaged in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule I, Part I is the transaction has not been reported on any of the organizations prior Forms 900 or 990 E27. If 'Yes,' complete Schedule I, Part I II is the organization and that the transaction has not been reported on any of the organization prior of perior different, director, trustee, key employee, creator or forms of fine director, director, trustee, key employee, creator or forms of fine director, director, trustee, key employee, creator or forms of fine director, director,				Yes	No
22 Did the organization answer "Yes" to Part VII, Saction A, lina 3, 4, or 5, about compensation of the organizations current and former offices, directions, frustees, key employees, and highest compensated employees? # "Yes," complete Schedule I, V "Yo," to line 25a X 24 Did the organization was 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? # "Yes," answer lines 24th through 24th and compete Schedule II. If "Yo," or to line 25a 25b Did the organization minimal manusches excount other than a refunding section vat any time during the year to defease any tax-exempt bonds. Purple of the organization and the part of the organization and the part of the organization and the part of the organization and the o	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22 Did the organization answer "Yea" to Part VI, Section A, line 3, 4, or 5, about compensated employee? If "Yes," complete Schedule J 24 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? If "Yes," answer lans 24b through 24d and complete Schedule K. If "No," go to line 25e a principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lans 24b through 24d and complete Schedule K. If "No," go to line 25e a principal amount of more than \$100,000 as of the asset that the schedule K. If "No," go to line 25e a principal amount of more than \$100,000 as of the asset that the schedule K. If "No," go to line 25e a principal amount of more than \$100,000 as of the any tax-exempt bonds? If the organization and as an "ion behalf of issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? If the organization and as an "ion behalf of issuer for bonds outstanding at any time during the year? If the organization and as an "ion behalf of issuer for bonds outstanding at any time during the year? If the organization and the decayaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I and the transaction has not been reported on any of the organizations prior Forms 900 or 900 EZ? If "Yes," complete Schedule L, Part I and the transaction has not been reported on any of the organization provides prior and that the transaction has not been reported on any of the organization provides and prior year and unter the transaction should be provided and the property of the section of founder, substantial contributor, or 95% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II, If the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule L, Part II, If the Amount		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule / I was stated and the experimentation 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? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No," go to line 25a. 24b	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? # "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization marks an acrow account ofter than a refunding scorov at any time during the year to defease any tax-exempt bonds? 24d Did the organization avaisation and acrow account of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization prior Forms 900 or 900-E27 if "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 30% controlled entity of feating an employee agrant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 30% controlled entity (refunding an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 25 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part II) 26 A C A 30% controlled entity of entity of members of any of these persons? If "Yes," complete Schedule L, Part III 27 X Was the organization receive more than \$25,000 in nancasi contributions? If "Yes," complete Schedule L, Part III 28 Was the organization seed to a parties of the partie		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
stated day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrive account other than a refunding secrew at any time during the year? 24c did bid the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25d Section 50(16)8, 501(16)4, and 501(16)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I 25a Section 50(16)8, 501(16)4, and 501(16)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I 25b 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 E27. If "Yes," complete Schedule I., Part II 26b Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key emplo		Schedule J	23	X	
Schedule K. If "No." go to fine 25a bit of 2	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
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 and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c		·			
c Did the organization maintain an escrew account other than a refunding escrew at any time during the year to defease any tax exempt bonds? 24d Did the organization maintain an escrew account other than a refunding escrew at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(2x) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I					X
any tax-exempt bonds? d) Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d 25a Section 601(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit trensection with a disqualified person during the year? "I" "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit and sidequalified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or psyables to any current or former officer, director, trustee, key employee, creator of founder, substantial contributor or a 59% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II "26 Ut the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereofy or family member of any of these persons? If "Yes," complete Schedule L, Part II "27 X Was the organization aperty to a business transaction with one of the following parties? (See the Schedule L, Part II "18 A T W. Was the organization aperty to a business transaction with one of the following parties? (See the Schedule L, Part II "28 X Yes," complete Schedule L, Part II "28 X Yes," complete Schedule L, Part II "28 X Yes," complete Schedule L, Part II "29 X Yes," complete Schedule R, Part II Yes," complete Schedule R, Part II Yes," complete Schedule R, Part II Yes			24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 255 Section 50 (1)(3), 50 (1)(4), and 60 (1)(2)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? # "Yes," complete Schedule L, Part I 256	С		24c		
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-E27 // 11 // 12 // 12 // 12 // 12 // 12 // 13 // 13 // 14 // 1	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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-E27 # Y'yes," complete Schedule L, Part II 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 28 Was the organization any to a business transaction with one of the following parties? (See the Schedule L, Part IV. 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 A 33% controlled entity of one or more individuals and/or organization and secretary in the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. Part II. 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II, III, or IV, and Part V, line 1 31 Did the organization have a controlled entity disregarded as separate from the organization under Regulations sections 301,7701-28 md 301,7701-37 If "Yes," complete Schedule R, Part V, l	25a				
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 # "Yes," complete Schedule L, Part I		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Schedule L, Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization and part to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M, Part I 31 X 31 Did the organization includiate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-39 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 Yes," complete Schedule R, Part IV, line 2 Yes, "complete Schedule R, Part IV, line 2 Yes," complete Schedule R, Part IV, line 2 Yes, "complete Schedule R, Part IV, line 2 Yes," complete Schedule R, Part IV, line 2 Yes, "complete Schedule R, Part IV, line 2 Yes," comple	b				
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27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV. a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? III "Yes," complete Schedule L, Part IV. 28 A 50 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28 A 50 Did the organization receive more than \$25,000 in noneash contributions? If "Yes," complete Schedule M. 50 Did the organization receive more than \$25,000 in noneash contributions? If "Yes," complete Schedule M. 51 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N. Part I. 51 Did the organization induste, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I. 52 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II. 52 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 53 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 54 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 55 Did the organization conduct more than 5% of its activities through an entity that is not a related orga					
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a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 359% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.29 and 301.7701.3? If "Yes," complete Schedule R, Part I 31 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(b)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 If "Yes," complete Schedule R, Part V, line 2 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 1	20			148	6
"Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? # "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in noncash contributions? # "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in noncash contributions? or other similar assets, or qualified conservation contributions? # "Yes," complete Schedule M 30 X 31 Did the organization inquidate, terminate, or dissolve and cease operations? # "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? # "Yes," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? # "Yes," complete Schedule R, Part I 32 Was the organization related to any tax-exempt or taxable entity? # "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 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)? # "Yes," complete Schedule R, Part V, Iine 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? # "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? # "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? # Yes, "complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any tra	9		_		
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c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in noncash contributions? # "Yes," complete Schedule M 29 Did the organization receive more than \$25,000 in noncash contributions? # "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? # "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? # "Yes," complete Schedule N, Part II 32 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? # "Yes," complete Schedule R, Part II 33 X 34 Was the organization related to any tax-exempt or taxable entity? # "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Esction 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? # "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? ## "Yes," complete Schedule R, Part V, line 2 36 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? ## "Yes," complete Schedule R, Part VI 37 A Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 10 Enter the number reported in box 3 of Form 1096. Enter 0- if not applicable 11 Did the organization com	b				
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Schedule N, Part II 32 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? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 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)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 930 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V 10 Enter the number reported in box 3 of Form 1096. Enter 0 if not applicable 11 Did to organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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Did the organization have a controlled entity within the meaning of section 512(b)(13)? b ff "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)? ff "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? ff "Yes," complete Schedule R, Part V, line 2 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? ff "Yes," complete Schedule R, Part V 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 Yes No 11 Enter the number reported in box 3 of Form 1096. Enter 0 if not applicable 1a 35 12 b Enter the number of Forms W-2G included on line 1a. Enter 0 if not applicable 1b 0 13 C C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	34				v
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)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	05-				
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 Yes No 11 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			35a		V
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 11 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	D		25h		
If "Yes," complete Schedule R, Part V, line 2 36 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? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	36		350		
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 The Enter the number reported in box 3 of Form 1096. Enter ·0· if not applicable b Enter the number of Forms W-2G included on line 1a. Enter ·0· if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	37		- 00		
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Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	38				
Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Note: All Form 990 filers are required to complete Schedule O	38	Х	
Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
77			134		
	С	W25 14 0W1 4 1201 1001	1-	y	

	Continues				V .	N.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1	1		Yes	No
	filed for the calendar year ending with or within the year covered by this return	2a	47			56
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
				3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		Х
b	If "Yes," enter the name of the foreign country		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR).			-74
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	juired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	i	Ť.			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			190	
11	Section 501(c)(12) organizations. Enter:	1	1			
а	Gross income from members or shareholders	11a	1			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	*			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11	1	12a	-0170	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				ă.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		***************************************	13a	-	
la.	Note: See the instructions for additional information the organization must report on Schedule O.					e i D
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b	.1		130	23
_	organization is licensed to issue qualified health plans					
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?		*	140		X
	* * * * * * * * * * * * * * * * * * * *		***************************************	14a		27
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedules the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			14b		
	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			13	- 21 L	-11
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.	11 11100	me?	10		The T
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any a	ctivitie	is .			
•	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Vos " complete Form 6060		***************************************	- 17		157

Form 990 (2023) WAKE COUNTY SMART START, INC. 56-1949415 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to lines 2 through 7b below to line 2 thro

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		•					
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21	-	75					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent			197				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	200						
_	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_						
	of officers, directors, trustees, or key employees to a management company or other person?	3		х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0						
<i>1</i> a	more members of the governing body?	7a		Х				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		-21				
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		X				
а		8a	Х					
b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	_				
9								
Э	, , , , , , , , , , , , , , , , , , , ,							
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	_	X				
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	N.				
100	Did the examination have level shorters, hypnobes, or efficience	40-	Yes	No X				
	Did the organization have local chapters, branches, or affiliates?	10a	-					
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401						
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х	_				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
_	b Describe on 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	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	-				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37					
40	on Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent			-6-				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77					
	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b	X					
	If "Yes" to line 15a or 15b, describe the process on 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?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16-						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
_	exempt status with respect to such arrangements?	16b						
Sec	tion 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website X Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial					
	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							
	GAYLE E. HEADEN - 919-851-9550							
	4901 WATERS EDGE DRIVE, 101, RALEIGH, NC 27606							

Form 990 (2023) Part VIII 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Name and title	Average							l		(F)
			not c		more	than c		Reportable	Reportable	Estimated
	hours per week		, unles cer an					compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	_ as			pa		organization	(W-2/1099-MISC/	from the
	related	stee	iruste		۵	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	lional		ploye	t com	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GAYLE HEADON	40.00	T	Ī-							
EXECUTIVE DIRECTOR		х		х				172,449.	0.	9,167.
(2) GARY CARR	40.00									
DIRECTOR OF FINANCE		Х		Х				149,291.	0.	16,552.
(3) CAROL C ORJI	40.00									
DIRECTOR OF ECI						X		105,171.	0.	14,435.
(5) KATHERINE WILLIAMS	1.00							_		
CHAIR		X	_	Х				0.	0.	0.
(6) NIKIA COATES	1.00									
VICE CHAIR	1 00	X		Х	_	_		0.	0.	0.
(7) MATTHEW ELLINWOOD	1.00			,,					0	
SECRETARY	1 00	X		Х				0.	0.	0.
(8) MATTHEW GLOVA TREASURER	1.00	x		x				0.	0.	0
(9) CHRISTINE ALVARADO	1.00	^	-	_			-	0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(10) HEATHER DRENNAN	1.00	21	\vdash			-		0.	0.	0.
DIRECTOR	1100	x						0.	0.	0.
(11) SUSAN EVANS	1.00									
DIRECTOR		X						0.	0.	0.
(12) SHERRY HEUSER	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MICKEY HOLT	1.00									
DIRECTOR		Х						0.	0.	0.
(14) LESLIE ANN JACKSON	1.00									
DIRECTOR		X						0.	0.	0.
(15) TONYA KANGKOLO	1.00									
DIRECTOR	4	X	_		_			0.	0.	0.
(16) CATHERINE LASSITER	1.00									
DIRECTOR	1 00	X						0.	0.	0.
(17) AMELIA MUSE	1.00							_		^
DIRECTOR FR JULY 2023 (18) RONETTA PEARSALL	1 00	X						0.	0.	0.
	1.00	1	1	1	1	1	11	1	1	

Part VII Section A. Officers, Directors,		ploy	ees,			ghes	t Co			Т		(F)	
(A)	(B)	(C) Position						(D)	(E)		_	(F)	
Name and title	Average hours per		not c	heck i	more	than o		Reportable	Reportable compensation			stimat nount	
	week					s both or/trus		compensation from	from related			other	
	(list any	į						the	organizations			pensa	
	hours for	dire				- G		organization	(W-2/1099-MISC/	<i>'</i>	fr	om th	ne
	related	o aats	nstee.			ensat		(W-2/1099-MISC/	1099-NEC)		_	aniza	
	organizations	al trus	onal tr		loyee	g co m		1099-NEC)				d rela	
	below line)	Individual trustee or director	nstitutional trustee	Offlicer	Key employee	Highest compensated employee	Former				orga	anizat	ions
(19) ANTONIA PEDROZA	1.00	=	E	0	32	T 2	Œ			\forall			
DIRECTOR		x						0.	0				0.
(20) COLLEEN ROACHE	1.00												
DIRECTOR		X						0.	0				0.
(21) CHERYL STALLINGS	1.00												•
DIRECTOR	1 00	X	-	_		-	_	0.	C	١.			0.
(22) TONYA VENABLE DIRECTOR	1.00	x						0.	0				0.
(23) JOE WHITE	1.00	^				H		0.		•			0.
DIRECTOR	1.00	x						0.	0				0.
(24) STACEY WILSON-NORMAN	1.00	<u> </u>								Ť			
DIRECTOR FR JULY 2023		Х						0.	0	١.			0.
		_	<u> </u>		_					4			
		-	1										
		-	-			-	_			\dashv			
		1											
1b Subtotal		_	1				I	426,911.	C).	4	0.1	54.
c Total from continuation sheets to Pa								0.).			0.
d Total (add lines 1b and 1c)								426,911.).	4	0,1	54.
2 Total number of individuals (including									000 of reportable	•			
compensation from the organization													3
										-		Yes	No
3 Did the organization list any former o			•	•	-	,	_	•	•	1			77
line 1a? If "Yes," complete Schedule										- 1	3		X
4 For any individual listed on line 1a, is to									he organization	-	4	Х	-
and related organizations greater thanDid any person listed on line 1a receive									hual for conject	··	4	A	
5 Did any person listed on line 1a receiv rendered to the organization? If "Yes.	·						siale	d organization of individ	dual for services	ľ	5		X
Section B. Independent Contractors	comolete ochedul	CUI	Ur Si	1011	UU/S	OIL							
Complete this table for your five higher	est compensated in	depe	ende	nt c	ontr	acto	rs th	nat received more than \$	3100,000 of comper	nsat	ion fro	om	
the organization. Report compensatio	n for the calendar y	ear	endii	ng w	/ith (or wi	thin	the organization's tax y	ear.				
(/				_				(B)		_		C)	
Name and bus	ariess address	N	ONI	4			-	Description of s	services	C	ompe	nsauc)
		_			-								
<u> </u>										_			
2 Total number of independent contract	tors (including but n	ot li	mite	d to	tho	se lis	ted	above) who received me	ore than				ŢĬ.
\$100,000 of compensation from the o						0							

Form 990 (2023) WAKE CO
Part VIII Statement of Revenue

		Check if Schedule O	contains	a respons	se or note to any line	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue		Revenue excluded from tax under
							Taricaon revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b								
2 8	c								
r A	c	Related organizations					3	e vie IV.	
5 8	٥	Government grants (contr			24,563,102.			P COLUM	
Sir	f	All other contributions, gifts,							
her		similar amounts not included	-		310,766.				
E S	g			1g \$					
등절	<u>9</u>	Total. Add lines 1a-1f	imes ia- ii	Ligit		24,873,868.			
0 10		Total: Add lines 1a-11			Business Code				
	2 a	•							
اق	2 a								
Ser									
gram Ser Revenue	C								
gra Be	0	9			-				
Program Service Revenue	e	All ather was assessed as a size			-			.	
-	1 12	All other program service			-				
-									
	3	Investment income (including dividends, interest,		Y .	195,894.			105 004	
					d	133,634.			195,894.
	4	Income from investment of							
	5	Royalties		(i) Real					
	_	_		(i) Hear	(ii) Personal				
	6 a		6a						
	b		6b					- Carlon III	
	C	` ,	6c						
	C		$\overline{}$		- 1 M OIL -				
	7 a	Gross amount from sales of		Securitie	s (ii) Other			ALC: NEW	
		assets other than inventory	7a						
_	b	Less: cost or other basis							
- Pu		and sales expenses	7b						
Ş		Gain or (loss)	7c						
Ğ.		Net gain or (loss)							
ther Revenue	8 a	Gross income from fundraising	ng events	(not			STATE OF IT		STOP S
ō		including \$		of			1114 - 5 6		
		contributions reported on	-				1		
		Part IV, line 18			8a				
	b				8b	Total Special State			
	С	,			3				
	9 a	Gross income from gamin					E Bill HI Y		
		Part IV, line 19			9a				
	b				9b				
		: Net income or (loss) from	-						
	10 a	Gross sales of inventory, I					N 15 1 3		
		and allowances			10a				
	b	Less: cost of goods sold		t	10b				
_	C	Net income or (loss) from	sales of	inventory				-	
s l					Business Code				
Miscellaneous Revenue	11 a	SALES TAX REFUNDS			900099	32,565.			32,565.
ane	b								
Scellaneo	C								
Nis H	C	All other revenue							
	е	Total. Add lines 11a-11d				32,565.			
	12	Total revenue. See instruction	ns			25,102,327.	0.	0.	228,459.

Form 990 (2023) WAKE COUNTY SMART START,
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	lete all columns. All othe	er organizations must com	plete column (A).	
	Check if Schedule O contains a respor	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 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	19,563,939.	19,563,939.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	367,570.	265,225.	99,044.	3,301.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 540 544	4 000 545		
7	Other salaries and wages	2,542,514.	1,822,715.	696,234.	23,565.
8	Pension plan accruals and contributions (include	0.00 500	000 440	62 666	4
_	section 401(k) and 403(b) employer contributions)	267,579.		63,909.	1,257.
9	Other employee benefits	381,655.	307,377.	71,696.	2,582.
10	Payroll taxes	219,848.	157,876.	59,935.	2,037.
11	Fees for services (nonemployees):				
a	Management	475		455	
b	Legal	475.		475.	
c	Accounting	7,754.		7,754.	
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,	844,010.	695,295.	145 420	2 276
10	column (A), amount, list line 11g expenses on Sch O.)	6,599.	2,658.	145,439.	3,276. 599.
12	Advertising and promotion	81,604.	55,698.	25,010.	896.
13	Office expenses	188,131.	119,926.	63,926.	4,279.
14 15	Information technology	100,131.	119,920.	03,920.	4,4/3.
16	Royalties	230,942.	157,489.	62,164.	11,289.
17	Occupancy	45,705.	40,976.	4,729.	11,209.
18	Travel Payments of travel or entertainment expenses	43,703.	40,570.	=, 123.	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	76,698.	61,989.	14,360.	349.
20	Interest	.0,050.	01,000.	11,000	3-29+
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	22,312.	2,293.	20,019.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) SMALL EQUIP UNDER \$500	89,968.	85,574.	4,304.	90.
a b	OTHER REFUND	34,829.	00,014.	34,829.	30.
C	SALES TAX EXPENSE	30,048.	0.	30,048.	0.
d	DUES AND SUBSCRIPTIONS	15,745.	7,743.	8,002.	0.
	All other expenses	10,702.	10,702.	0,002.	0.
25	Total functional expenses. Add lines 1 through 24e	25,028,627.	23,559,888.	1,415,219.	53,520.
26	Joint costs. Complete this line only if the organization		20,000,000.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	33,320.
20	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
M-	Check here if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 149,571. 238,391. 1 Cash - non-interest-bearing Savings and temporary cash investments 4,043,344. 3,680,539. 2 Pledges and grants receivable, net 3 3 63,619. 111,654. 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 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 Investments · publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 4,304,569. 3,982,549. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 1,268. 1,336. Accounts payable and accrued expenses 17 17 795,815. 18 400,027. Grants payable _____ 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 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 25 797,083. Total liabilities. Add lines 17 through 25 401,363. Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 2,004,560. 2,174,146. 27 27 1,502,926. 1,407,040. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 3,507,486. 3,581,186. Total net assets or fund balances 32 32 4,304,569. 3,982,549. Total liabilities and net assets/fund balances

Form 990 (2023)

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

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 on Schedule O and describe any steps taken to undergo such audits

X Form 990 (2023)

X За

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** WAKE COUNTY SMART START, INC. 56-1949415 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990) 2023 WAKE COUNTY SMART START, INC. 56-1949415 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	1					
	membership fees received. (Do not						
	include any "unusual grants.")	18397891.	20078107.	19627355.	22833408.	24873868.	105810629
2	Tax revenues levied for the organ-						
	ization'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			3 - 4			
	Total. Add lines 1 through 3	18397891.	20078107.	19627355.	22833408.	24873868.	105810629
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	1000			TTO SERVE		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						105810629
	Public support. Subtract line 5 from line 4.						H03010023
_	ndar year (or fiscal year beginning in)	(=) 2010	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	(a) 2019 18397891			22833408.		(f) Total 105810629
	Gross income from interest,	10337031.	200701071	15027555.	22033400.	240730001	103010023
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	13,860.	3,575.	3,767.	78.125.	195,895.	295.222.
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.)	16,975.	16,522.	27,126.	25,161.	32,565.	118,349.
11	Total support. Add lines 7 through 10						106224200
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	49,525.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	109
	organization, check this box and sto	p here					
_	ction C. Computation of Publ					1 1	
	Public support percentage for 2023 (14	99.61 %
	Public support percentage from 2022					15	99.79 %
16a	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the						
4-	and stop here. The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
1-	meets the facts-and-circumstances to	•			•	17a and line 15 is	
i	10% -facts-and-circumstances test	_					10% OF
	more, and if the organization meets the		•		-		
10	organization meets the facts-and-circ Private foundation. If the organization						
10	Firmate roundation, if the organization	and not check a	DOVINING 19' 10	a, 100, 17a, 01 171	O OLIGOR THIS DOX S	กล จอย แจนนนเปเร	

Schedule A (Form 990) 2023 WAKE COUNTY SMART START, INC.

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 alify under the tests listed below, please complete Part II \

Section A. Public Support	elow, please comp	iete Part II.)	==			
	10/02/	9-20-1-1-	9%	T	N. W	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						<u> </u>
4 Tax revenues levied for the organ-						
ization'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.		17E 0 F 7				
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	(a) 2015	(0) 2020	(0) 2021	(u) 2022	(6) 2020	(i) Total
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 on 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.)						
14 First 5 years. If the Form 990 is for the	no organization's fi	et eacand third :	fourth or fifth toy	vear as a section !	501(c)(3) organizatio	ND.
check this box and stop here	ie organization s m	st, second, tillu,	ourar, or mar tax	year as a section s	or (c)(o) organizatio	,,,
Section C. Computation of Publi	ic Support Per	centage			***************************************	
15 Public support percentage for 2023 (I			column (fl)		15	%
16 Public support percentage from 2022		-			16	% %
Section D. Computation of Inves					10	70
17 Investment income percentage for 20			ne 13. column (fl)		17	%
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2023. If the					·	
more than 33 1/3%, check this box a						IS HOL
	•					
b 33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	-				•	
	on did not check a	•	•		•	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

	Yes	No
1		
	1	24
2		
3a		
3b		
3c		
30		
4a		
4b		
4c		
4		
	i i i i	
5a		4
5b		
5c		
10		
6		12/11/11
7		
8		
9a		
9b		
9c	151	
40		
10a		
10b		

Га	Gupporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		8.0	
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
	ton or type reapporting ergunizations		v . I	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		Yes	No
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	0.30		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	35.5		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	0.000		
	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,		714	
	supervised, or controlled the supporting organization.	2		
Sec	tion 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	E	4-1	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed		-	
0	the supported organization(s).	1		
Sec	tion 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		27	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	100	100	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4	_	
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	100	
_	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).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		117.0	
•	significant voice in the organization's investment policies and in directing the use of the organization's	3 12		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		110	
	supported organizations played in this regard.	3		
Sec	tion 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)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction;	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1-7/		W
	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		3 -	17.5
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		1.2	ULEN
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	- 01		
3	these activities but for the organization's involvement. Perent of Supported Organizations, Appear lines 2a and 3h below.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Sa		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990) 2023 WAKE COUNTY SMART STAR			56-1949415 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete s	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

o.					
Schedule A (Form 990) 2023	WAKE CO	OUNTY SMAR	r start,	INC.	56-1949415 Page 8
Part VI Supplemental In Part IV, Section A, lin line 1; Part IV, Section	formation. Pro es 1, 2, 3b, 3c, 4b, n D, lines 2 and 3; F	vide the explanation 4c, 5a, 6, 9a, 9b, 9d Part IV, Section E, li	s required by Pa c, 11a, 11b, and nes 1c, 2a, 2b, 3	art II, line 10; Part II, line 17a o 11c; Part IV, Section B, lines a, and 3b; Part V, line 1; Part mplete this part for any additio	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
SCHEDULE A, PART	II, LINE 1	0, EXPLANA	TION FOR	OTHER INCOME:	
SALES TAX REFUND					
2019 AMOUNT: \$	16,975.				
2020 AMOUNT: \$	16,522.				
2021 AMOUNT: \$	27,126.				
2022 AMOUNT: \$	25,161.				
2023 AMOUNT: \$	32,565.		124		
1					
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=					
+-					
18					

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Name of the organization **Employer identification number** WAKE COUNTY SMART START, INC. 56-1949415 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions, **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number

WAKE COUNTY SMART START, INC.

56-1949415

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$9,996,005.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$10,017,473.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$5,173,828.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

Employer identification number

WAKE COUNTY SMART START, INC.

56-1949415

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	s s
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Employer identification number

NTY SMART START, INC.		56-1949415		
n any one contributor. Complete columns (a) pleting Part III, enter the total of exclusively religious, contributions.	through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	/. For organizations		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift			
Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
(e) Transfer of gift				
Transferee's name, address, a		Relationship of transferor to transferee		
	lusively religious, charitable, etc., contribution any one contributor. Complete columns (a) betting Part III, enter the total of exclusively religious, of duplicate copies of Part III if additional set (b) Purpose of gift Transferee's name, address, as (c) Purpose of gift	Italia vely religious, charitable, etc., contributions to organizations described in see in contributor. Complete columns (a) through (e) and the following line entry being Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or lead to be in the following line entry being Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or lead to be included in the following line entry being Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or lead to be included in the following line entry being Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or lead to be included in the following line entry being part III (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Use of gift		

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• :	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nam	ne of organization			Em	ployer identification number
	WAKE CO	UNTY SMART START,	INC.		56-1949415
Pa	art I-A Complete if the org	anization is exempt under	r section 501(c) o	r is a section 527 o	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures gn activities			
Pa	art I-B Complete if the org	anization is exempt under	r section 501(c)(3)).	
	Enter the amount of any excise tax				
	Enter the amount of any excise tax				
	If the organization incurred a section				
4a	Was a correction made?				Yes No
-	If "Yes," describe in Part IV.				(-\/0\
		anization is exempt under			
	Enter the amount directly expended				\$
2	Enter the amount of the filing organ		•		•
^	exempt function activities			***************************************	\$
3	Total exempt function expenditures		,		Φ
4	line 17b Did the filing organization file Form	1120-POL for this year?			\$Yes No
	Enter the names, addresses, and er				
Ŭ	made payments. For each organizate contributions received that were propolitical action committee (PAC). If a	tion listed, enter the amount paid opmptly and directly delivered to a s	from the filing organiza separate political orgar	tion's funds. Also enter t nization, such as a separ	the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -C	contributions received and
			_		

Schedule C (Form 990) 2023	WAKE COUNTY	SMART STAR	r, INC.	56-1	949415 Page 2
Part II-A Complete if the org	janization is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).					
			Part IV each affiliated	group member's name	e, address, EIN,
	re of excess lobbying e				
B Check if the filing organiza	tion checked box A ar	d "limited control" pro	visions apply.		
Limi	ts on Lobbying Exper	nditures		(a) Filing organization's	(b) Affiliated group
(The term "expend	ditures" means amou	nts paid or incurred.)		totals	totals
1a Total lobbying expenditures to influ	uence public opinion (c	rassroots lobbying)			
b Total lobbying expenditures to influ		5,000.			
c Total lobbying expenditures (add li				5,000.	
d Other exempt purpose expenditure				23,554,888.	
e Total exempt purpose expenditure	s (add lines 1c and 1d)			23,559,888.	
f Lobbying nontaxable amount. Enter	er the amount from the	following table in both	columns.	1,000,000.	
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable amo	ount is:		
not over \$500,000	20% of 1	he amount on line 1e.			
over \$500,000 but not over \$1,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
over \$1,000,000 but not over \$1,5	over \$1,000,000 but not over \$1,500,000, \$175,000 plus 10% of the excess over \$1,000,000.				
over \$1,500,000 but not over \$17,		0 plus 5% of the exces	ss over \$1,500,000.		
over \$17,000,000,	\$1,000,0	000.		050 000	
g Grassroots nontaxable amount (er				250,000.	
h Subtract line 1g from line 1a. If zer				0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze reporting section 4911 tax for this		_		Г	Yes No
reporting section 4911 tax for this		raging Period Under			res No
(Some organizations t				of the five columns be	low.
		ate instructions for lin	•		
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year					
(or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1.000.000.	1.000.000.	1,000,000.	4,000,000.
b Lobbying ceiling amount		Barrell Later			
(150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	5,000.	2,500.	2,500.	5,000.	15,000.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount	250,5501	250,000.	200,000.	230,000.	2,000,0001
(150% of line 2d, column (e))	1971		1 = 1 = 1 = 2		1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023 WAKE COUNTY SMART START, INC. 56-1949415 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
1 D	Subbying activity.	8	No	Amo	ount	
	uring the year, did the filing organization attempt to influence foreign, national, state, or	X II	13776			
lo	cal legislation, including any attempt to influence public opinion on a legislative matter		ALC: U			
	referendum, through the use of:					
a V	olunteers?					
	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c M	ledia advertisements?					
	ailings to members, legislators, or the public?					
	ublications, or published or broadcast statements?					
f G	rants to other organizations for lobbying purposes?					
g D	irect contact with legislators, their staffs, government officials, or a legislative body?					
h R	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i O	ther activities?					
j T	otal. Add lines 1c through 1i					
	id the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
b If	"Yes," enter the amount of any tax incurred under section 4912	K (
c If	"Yes," enter the amount of any tax incurred by organization managers under section 4912		1			
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
art I	II-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or sec	tion		
	501(6)(6)					
	501(c)(6).			Yes		
			1	Yes		
W	ere substantially all (90% or more) dues received nondeductible by members?			Yes		
1 W 2 D 3 D	fere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures from the prior II-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"	/ear? (c)(5)	2 3 , or sec	tion		
ı W 2 D 3 D art I	fere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures from the prior II-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes."	vear? (c)(5) OR (b	2 3 , or sec o) Part I	tion	3, i	
W D art I	fere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures from the prior II-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." ues, assessments and similar amounts from members	vear? (c)(5) OR (b	2 3 , or sec o) Part I	tion		
We D	fere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures from the prior III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	vear? (c)(5) OR (b	2 3 , or sec o) Part I	tion		
W D D D D D S S e	fere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures from the prior II-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	year? (c)(5) OR (b	a, or second Part I	tion		
W D D D S C C C C C C C C C C C C C C C C	fere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures from the prior II-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). urrent year	vear? (c)(5) OR (k	o) Part I	tion		
W: D D art I	fere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures from the prior II-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). urrent year arryover from last year	/ear? (c)(5) OR (k	2 3 3, or sec 5) Part I	tion		
W D D D D D D D D D D D D D D D D D D D	fere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures from the prior III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). urrent year arryover from last year	vear? (c)(5) OR (k	2 3 , or sec o) Part I	tion		
D D D D D D D D D D D D D D D D D D D	fere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures from the prior III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). urrent year arryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	vear? (c)(5) OR (k	2 3 , or sec o) Part I	tion		
D D D D D D D D D D D D D D D D D D D	fere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures from the prior III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). urrent year arryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	vear? (c)(5) OR (k	2 3 , or sec o) Part I	tion		
I W 2 D 3 D art I D 2 S e a C b C c T d d d	fere substantially all (90% or more) dues received nondeductible by members? Id the organization make only in-house lobbying expenditures of \$2,000 or less? Id the organization agree to carry over lobbying and political campaign activity expenditures from the prior the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Les, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Lurrent year arryover from last year organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenses the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political carryover to the reasonable estimate of nondeductible lobbying and political carryover to the reasonable estimate of nondeductible lobbying and political carryover to the reasonable estimate of nondeductible lobbying and political carryover to the reasonable estimate of nondeductible lobbying and political carryover to the reasonable estimate of nondeductible lobbying and political carryover to the reasonable estimate of nondeductible lobbying and political carryover to the reasonable estimate of nondeductible lobbying and political carryover to the reasonable estimate of nondeductible lobbying and political carryover to the reasonable estimate of nondeductible lobbying and political carryover to the reasonable estimate of nondeductible lobbying and political carryover to the reasonable estimate of nondeductible lobbying and political carryover to the reasonable estimate of nondeductible lobbying and political carryover to the reasonable estimate of nondeductible lobbying and political carryover to the reasonable estimate of nondeductible lobbying and political carryover to the reasonable estimate of nondeductible lobbying and political carryover t	vear? (c)(5) OR (b	2 3 3, or sec 5) Part I 2 2b 2c 3	tion		
l W 2 D 3 D art l l D 2 S e a C b C c T d	fere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures from the prior III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). urrent year arryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	vear? (c)(5) OR (b	2 3 3, or sec 5) Part I 2 2b 2c 3	tion		

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 Inspection

Name of the organization

WAKE COUNTY SMART START,

Employer identification number 56-1949415

Schedule D (Form 990) 2023

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(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 w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or		
Da	impermissible private benefit?		
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	· —	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Yea
а			2a
b			2b
С	Number of conservation easements on a certified historic stru	***************************************	2c
d	Number of conservation easements included on line 2c acquir		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2d above	eatisfy the requirements of section 170/h	5)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	,	
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot		
	organization's accounting for conservation easements	oto to the organization o imanolal otatom	onto that describes the
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in fo	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	_	\$
- a	Assets included in Form 000 Port V		\$

Part of the last		UNTY SMART		NC.	- · · · · ·	21	56-19	49415	Pa	ge 2
Pai	t III Organizations Maintaining C							(continu	ıed)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of th	e following that make	signifi	icant L	use of its			
	collection items (check all that apply).									
а	Public exhibition	c	ILoan ore	xchange program						
b	Scholarly research	€	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	•	-	•			se in Part	XIII.		
5	During the year, did the organization solicit o							4		
100	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		te if the organizat	ion answered "Yes" o	n Forn	n 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi							7		ı
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			- 1				
					-			Amount		_
	Beginning balance					1c				
	Additions during the year				- 1	1d				
е	Distributions during the year				1	1e				
f	Ending balance					1f		7		
	Did the organization include an amount on Fe		•		-			Yes		No
	If "Yes," explain the arrangement in Part XIII.									_
Par	t V Endowment Funds Complete if					Th	and the state	4.15.		
		(a) Current year	(b) Prior year	(c) Two years back	(d)	inree y	ears back	(e) Four	years b	ack
	Beginning of year balance				+					
b	Contributions				_					
С	Net investment earnings, gains, and losses				+					
	Grants or scholarships				-					
е	Other expenditures for facilities									
	and programs				-					
f	Administrative expenses				-			,		
g	End of year balance									_
2	Provide the estimated percentage of the curr	•	e (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment									
С		%								
	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administered for	the			-		
	organization by:								Yes	No
	-							3a(i)	-	_
								3a(ii)	-	
b	If "Yes" on line 3a(ii), are the related organization			₹?				3b	\perp	
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm			0 5 000 5 11	:	4.0				
_	Complete if the organization answere									
	Description of property	(a) Cost or o	' '		Accu			(d) Book	value	
		basis (investi	ment) bas	sis (other)	depred	ciation			_	
	Land			12.0						
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X, line 10c, colur	nn (B))						0.

Schedule D (Form 990) 2023

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(9)

Sche	edule D (Form 990) 2023 WAKE COUNTY SMART START, II	NC.	56-	1949415 Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per R	eturn	
	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	25,102,327.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	100	
b	Donated services and use of facilities	2b	100	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	25,102,327.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	F 9	-	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	183	
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5			5	25,102,327.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	25,028,627.

Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities Prior year adjustments 2b 2c d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 25,028,627 Subtract line 2e from line 1 3 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 b Other (Describe in Part XIII.) 25,028,627 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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:

WAKE COUNTY SMART START IS EXEMPT FROM PAYMENT OF INCOME TAXES UNDER THE PROVISION OF SECTION 501(C)3 OF THE IRC EXCEPT TO THE EXTENT OF TAXES ON ANY UNRELATED BUSINESS INCOME. FASB ASC 740 PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, PRESENTED AND DISCLOSED IN THE FINANCIAL STATEMENTS. 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. WAKE COUNTY SMART START DOES NOT BELIEVE THERE ARE ANY UNRECOGNIZED TAX BENEFITS OR COSTS AS OF JUNE 30, 2024.

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.

Go to www.irs.gov/Form990 for the latest information. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization WAKE COUNTY	SMART	START, INC.					Employer identification number 56-1949415
		1					
1 Does the organization maintain records to substantiate the amount of	o substantiate the	-	or assistance, the o	grantees' eligibility	for the grants or assis	he grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	Ì
criteria used to award the grants or assistance?	tance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monito	oring the use of grant f	unds in the United	States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Cor recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Jomestic Organiz 55,000. Part II can I	ations and Domestic be duplicated if additio		omplete if the orga	Complete if the organization answered "Yes" ded.	es" on Form 990, Part IV, line 21, for any	IV, line 21, for any
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A SAFE PLACE CHILD ENRICHMENT CENTER, INC 201 CLARENDON CRESCENT - RALEIGH, NC 27610	20-1187875		447,886.	2,127.	COST	EDUCATIONAL EQUIPMENT	NC PREK, WAKE THREESCHOOL, QUALITY ENHANCEMENT
ABC LAND, INC. II 55 LILES DEAN ROAD WENDELL, NC 27591	56-1239648		944,863.	12,023.	COST	EDUCATIONAL RQUIPMENT	NC PREK, WAKE THREESCHOOL
ACADEMICALLY BASED CHILD 916-107 ROCK QUARRY ROAD RALEIGH, NC 27610	56-2056643		765,692.	5,997.	COST	EDUCATIONAL BQUIPMENT	NC PREK, WAKE THREESCHOOL
BOOK HARVEST 2501 UNIVERSITY DR. DURHAM, NC 27707	45-2610533	501(C)3	132,341.	0.			FINANCIAL ASSISTANCE CONTRACT
BRIGHT BEGINNINGS OF CARY, INC. 123 BRIGHT BEGINNINGS WAY CARY, NC 27519	56-2134126		1,217,951.	13,820.	СОЅТ	EDUCATIONAL EQUIPMENT	NC PREK, WAKE THREESCHOOL, QUALITY ENHANCEMENT
CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH, INC 715 NAZARETH STREET - RALEIGH, NC 27606	56-0529943 501(C)3	501(C)3	174,439.	0			FINANCIAL ASSISTANCE CONTRACT
 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations listed in the line 1 table 	nd government org s listed in the line 1		isted in the line 1 table				15.

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

Schedule i (Form 990) 2023

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ڙي	ons and Domestic Governments (Schedule I (Form 990), Part II.)
FART, INC	stic Organizati
WAKE COUNTY SMART START	istance to Dom€
COUNTY	d Other Assi
WAKE	of Grants an
l (Form 990)	Continuation
Scheduk	Part II

Cartin Commission of Grants and Care Assistance of		College Congalitzations	inzations and Comestic Governments		(Scriedale (Form 330), Falcin,	f.11.7	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDCARE NETWORK, INC. 6053 VETERANS PARKWAY BLDG 300 COLUMBUS, GA 31909	63-0986576		2,968,102.	32,638.	COST	EDUCATIONAL BQUIPMENT	NC PREK, WAKE THREESCHOOL
CREATIVE LEARNING ENTERPRISE 4309 TEN TEN ROAD APEX, NC 27539	46-5078995		339,657.	4,327,	COST	EDUCATIONAL EQUIPMENT	NC PREK
CREATIVE SCHOOLS, INC. 4915 WATERS EDGE DR. RALEIGH, NC 27606	56-1469260		1,019,739.	13,521.	COST	EDUCATIONAL EQUIPMENT	NC PREK, WAKE THREESCHOOL
EARLY PRESCHOOL & LEARNING CENTER LLC - 2614 FAIRWAY DRIVE - RALEIGH, NC 27603	56-2222511		545,373.	4,649,	COST	EDUCATIONAL EQUIPMENT	NC PREK, WAKE THREESCHOOL
FAMILY RESOURCE CENTER - SOUTH ATLANTIC - 3825 BARRETT DR., STE 104 - RALEIGH, NC 27609	20-1257901	501(C)3	384,763.	0.			FINANCIAL ASSISTANCE CONTRACT
FRANKIE LEMMON SCHOOL & DEVELOPMENT CENTER - 3311 CARL SANDBURG CT RALEIGH, NC 27610	56-0931467	501(C)3	257,793.	13,951.	COST	EDUCATIONAL EQUIPMENT	NC PREK, WAKE THREESCHOOL
GODDARD (AAN ENTERPRISES) HOLLY SPRINGS - 801 EARP ST, - HOLLY SPRINGS, NC 27540	20-5349088		.0	20,592.	TSOO	EDUCATIONAL EQUIPMENT	QUALITY ENHANCEMENT
HAPPY PLACE TO BEE 801 W GARNER ROAD GARNER, NC 27529	87-1970077		.0	14,263.	COST	EDUCATIONAL EQUIPMENT	QUALITY ENHANCEMENT
IGLESIA FIESTA CRISTIANA 100 S. HUGHES ST. APEX, NC 27502	56-1158859	501(C)3	101,651.	0			FINANCIAL ASSISTANCE
							Sobodulo I (Eorm 000)

Page 1

	(Schedule I (Form 990), Part II.)
INC.	inizations and Domestic Governments
START,	mestic Orga
SMART	tance to Do
WAKE COUNTY SMART START	Other Assis
WAKE	of Grants and
e I (Form 990)	Continuation o
Schedule	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS FIRST ACADEMY, INC. 3308 POOLE RD. RALEIGH, NC 27610	27-1294274		565,313.	6,655.	COST	EDUCATIONAL EQUIPMENT	NC PREK, WAKE THREESCHOOL
KINDERCARE LEARNING CENTER 650 NE HOLLADAY ST., SUITE 1400 PORTLAND, OR 97232	47-4478313		454,166.	23,158.	соят	EDUCATIONAL EQUIPMENT	NC PREK, QUALITY ENHANCEMENT
LITTLE BELIEVERS ACADEMY II 309 HOLMAN ST. GARNER, NC 27529	47-1308220		260,637.	4,291.	COST	EDUCATIONAL EQUIPMENT	NC PREK, WAKE THREESCHOOL
LITTLE DESTINY LITERACY & DISCOVERY CHILD DEVELOPMENT CENTER - 3329 FORESTVILLE RD, - RALEIGH, NC 27616-8700	46-3319443		274,006.	475.	COST	EDUCATIONAL EQUIPMENT	NC PREK
LITTLE HANDS 'N' FEET CHILD CARE CENTER, INC 2906 BRENTWOOD RD. - RALEIGH, NC 27604	20-8612696		250,852.	8,184.	COST	EDUCATIONAL EQUIPMENT	NC PREK
LITTLE MAKERS ACADEMY 2801 S. WILMINGTON #103 RALEIGH, NC 27603	81-3139046		0	10,000.	COST	EDUCATIONAL EQUIPMENT	QUALITY ENHANCEMENT
LITTLE SPROUTS ACADEMY 535 W. GANNON AVE. ZEBULON, NC 27597	92-3116567		0	.866,6	COST	EDUCATIONAL EQUIPMENT	QUALITY ENHANCEMENT
LUCY DANIELS CENTER FOR EARLY CHILDHOOD - 9003 WESTON PARKWAY - CARY, NC 27513	58-1863104	501(C)3	633,163.	0			FINANCIAL ASSISTANCE CONTRACT
METHOD CHILD DEVELOPMENT CENTER 900 TRAILWOOD DRIVE RALEIGH, NC 27606	56-0939512 501(C)3	\$01(C)3	219,731.	710.	COST	EDUCATIONAL EQUIPMENT	NC PREK

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Schedule Form 990) WAKE COUNTY SMART START, INC.	TY SMART S	START, INC.	and Domestic Go		(Schedule (Form 990) Part)		56-1949415 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 = 7 0	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PASSAGE HOME PO BOX 28165 RALEIGH, NC 27611	56-1765360	501(C)3	55,930.	.0			FINANCIAL ASSISTANCE CONTRACT
PRESTON CHILDREN'S ACADEMY 551 JAMES JACKSON AVENUE CARY, NC 27513	20-3690113		230,555.	0.			NC PREK
PRIMARY BEGINNINGS CHILD DEVELOPMENT - 2100 NORTH HILLS DRIVE - RALEIGH, NC 27612	56-2133291		793,311.	14,088.COST	TSO	EDUCATIONAL EQUIPMENT	NC PREK
SAFECHILD, INC. 864 W. MORGAN STREET RALEIGH, NC 27603	56-1817816	501(C)3	119,360.	0			FINANCIAL ASSISTANCE
SHAW UNIVERSITY CENTER FOR EARLY CHILDHOOD EDUCATION - 317 E, LENOIR STREET - RALEIGH, NC 27601	56-0530235	501(C)3	252,895.	28,835,COST	TSC	EDUCATIONAL EQUIPMENT	NC PREK
SMART START ADVOCATES PO BOX 10714 RALEIGH, NC 27605	27-4873512	501(C)3	5,000.	0.			DONATION FOR PROGRAM SUPPORT
STEP UP MINISTRY 1701 OBERLIN RD. RALEIGH, NC 27608	. 56-1655255		.000,05	,0			FINANCIAL ASSISTANCE
TELAMON CORPORATION 5560 MUNFORD ROAD, SUITE 201 RALEIGH, NC 27612	56-1022483 501(C)3	501(C)3	917,427.	0.			NC PREK, WAKE THREESCHOOL
THE HAPPY FACE PRESCHOOL 5010 FORT SUMTER ROAD RALEIGH, NC 27606	56-1836772		637,221.	6,569.	COST	EDUCATIONAL RQUIPMENT	NC PREK, WAKE THREESCHOOL
							Schedule I (Form 990)

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Schedule (Form 990) WAKE COUNTY SMART START, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	TY SMART Assistance to Do	START, INC.	and Domestic Go	vernments (Sche	edule I (Form 990), Pa		56-1949415 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRIANGLE AREA PARENTING SUPPORT PO BOX 1454 APEX, NC 27502	81-3973425	501(C)3	141,805.	0.0			FINANCIAL ASSISTANCE
WAKE COUNTY HUMAN SERVICES PO BOX 46833 RALEIGH, NC 27620	56-6000347	GOVT	690,111.	.0			FINANCIAL ASSISTANCE CONTRACT
WAKE COUNTY PUBLIC SCHOOLS 3600 WAKE FOREST ROAD RALEIGH, NC 27609	56-1137759 GOVT	GOVT	2,831,115.	•0			NC PREK/FINANCIAL ASSISTANCE CONTRACT
WANDA'S LITTLE HANDS EDUCATIONAL CENTER - 3400 POOLE ROAD - RALEIGH, NC 27610	56-1999520		502,629.	7,650.008T	COST	EDUCATIONAL EQUIPMENT	NC PREK, WAKE THREESCHOOL
VARIOUS CHILD CARE CENTERS AND SERVICE PROVIDERS			30,515.	89,426.	LSOO	EDUCATIONAL EQUIPMENT	VARIOUS PROGRAMS
							Schedule I (Form 990)

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. Schedule | (Form 990) 2023 Part III

(c) Amount of (d) Amount of non- (e) Method of valuation (f) Description of noncash assistance cash grant (f) Description of noncash assistance			III, column (b); and any other additional information.		COMPLIANCE WITH PROPOSAL AND	FINANCIAL REQUIREMENTS.	CTIVITY AND COMPLIANCE,	TECHNICAL SUPPORT IS PROVIDED	
(b) Number of cas			ed in Part I, line 2; Par		TO ASSURE C	PROGRAM AND	T PROGRAM ACTIVITY	AND OUTCOMES. TE	
(a) Type of grant or assistance			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:	ALL FUNDED ACTIVITIES ARE MONITORED	RACT REQUIREMENTS WHICH INCLUDE	PROGRAM SITES ARE VISITED TO DOCUMENT	RVICE, OUTPUTS,	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

WAKE COUNTY SMART START, INC.

Employer identification number 56-1949415

Schedule J (Form 990) 2023

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		411	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			5 40
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			7.5
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		U	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	E 1		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	100	41.0	
	Regulations section 53.4958-6(c)?	9		

LHA 332111 11-06-23

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	Sumno
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			
(1) GAYLE HEADON	9	172,44	0	0	8,600.	567.		181,616.
EXECUTIVE DIRECTOR	€		0	0	0.	0		0
(2) GARY CARR	Ξ	149,29	0.	.0	7,512.	9,040.	165	5,843.
DIRECTOR OF FINANCE	(E)	0.0	0.	0.	0.	.0		0
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	8							

Schedule J (Form 990) 2023	

SCHEDULE L

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

WAKE COUNTY SMART START, INC. 56-1949415 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No _(1) (2) (3)(4) (5)(6)2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (d) Loan to or (h) Approved (a) Name of (b) Relationship (i) Written (c) Purpose (e) Original (f) Balance due (a) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes Yes No No Yes No (1) (2)(3)(4) (5)(6)(7)(8) (9) (10)\$ Total **Grants or Assistance Benefiting Interested Persons** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (d) Type of (e) Purpose of (b) Relationship between assistance assistance assistance interested person and the organization (1) (2)(3)(4)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2023

(5)(6)(7) (8)(9) (10) Schedule L (Form 990) 2023 WAKE COUNTY SMART STA
Part IV Business Transactions Involving Interested Persons

	(a) Name of interested p	erson		ship betwee	en interested anization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	ation's
			'	Ü				Yes	No
	SAFE PLACE CH	ILD ENRIC	FORMER	BOARD	MEMBER		KIM SHAW, F		Х
(2)L	ITTLE HANDS 'N	' FEET	BOARD M	1EMBER		259,036.	RONETTA PEA		X
(3)									
(4)									
(5) (6)									
(7)									
(8)									
(9)									
(10)	t V Cumplemental In	formation							
Par	t V Supplemental In Provide additional inf		nese to allos	tions on Sal	hadula I. Saa ii	netruotione			
	Flovide additional ini	offiation for respo	nises to ques	LIONS ON SCI	riedule L. See ii	istructions.			
SCH	L, PART IV, B	JSINESS T	RANSACT	IONS I	NVOLVIN	G INTERESTE	D PERSONS:		
(A)	NAME OF PERSO	N: A SAFE	PLACE	CHILD	ENRICHM	ENT CENTER			
(D)		DEGMENT T	NIMED II CIM	ממת תם	מוא א אורים	ODCANTTANT	ON.		
(B)	RELATIONSHIP	PETMEEN II	NTEREST	ED PER	COM AND	ORGANIZATI	.OIN:		
FOR	MER BOARD MEMB	ER							
(C)	AMOUNT OF TRAI	NSACTION	\$ 447,1	86.					
(D)	DECORTON O	E	MTAN. 12	TM CITA	ta noda	ED DOADD ME	WDED OWNC	7	
(D)	DESCRIPTION O	TRANSAC	TION: K	IM SHA	W, FORM	ER BUARD ME	MBER, OWNS	A	
SAF	E PLACE CHILD	ENRICHMEN	T CENTE	R WHIC	H CONTR	ACTS WITH W	AKE COUNTY	SMAR	Г
STA	RT AS A NC PRE	K PROVIDE	R.						
<i>(</i> –)		~~~~~			170				
<u>(E)</u>	SHARING OF OR	GANTZATTO	N REVEN	UES? =	= NO				
(A)	NAME OF PERSO	N: LITTLE	HANDS	'N' FE	EET				
<u>(B)</u>	RELATIONSHIP	BETWEEN I	NTEREST	ED PER	RSON AND	ORGANIZATI	ON:		
BOZ	RD MEMBER								
	RD MEMBER								
	AMOUNT OF TRA	MC A CITT C NT	\$ 259,0	36.					
		NSACTION							
(C)									
(C)	DESCRIPTION O								
(C)	DESCRIPTION O	F TRANSAC	TION: R	ONETTA	A PEARSA	LL , BOARD	MEMBER, OWN	S	
(C)		F TRANSAC	TION: R	ONETTA	A PEARSA	LL , BOARD	MEMBER, OWN	S	
(C) (D) LIT	DESCRIPTION O	F TRANSAC	TION: R	ONETTA	A PEARSA	LL , BOARD	MEMBER, OWN	S	
(C) (D) LIT	DESCRIPTION O	F TRANSAC	TION: R	ONETTA	A PEARSA	LL , BOARD	MEMBER, OWN	S	

SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization

WAKE COUNTY SMART START, INC.

Employer identification number 56-1949415

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
YOUNG CHILDREN AND THEIR FAMILIES.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
LOCAL GOVERNMENT GRANT.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAM SERVICES:
CHILD CARE EDUCATION AND QUALITY
IN WAKE COUNTY, 32 PERCENT OF THE BIRTH TO FIVE POPULATION ATTENDED
REGULATED CHILD CARE. BECAUSE A CHILD'S EXPERIENCES IN THE FIRST FIVE
YEARS ARE OF SUCH A CRITICAL NATURE, WAKE COUNTY SMART START WORKS TO
ENSURE THAT QUALITY CHILD CARE IS BOTH ACCESSIBLE AND AVAILABLE TO
FAMILIES WHO NEED IT. WAKE COUNTY SMART START INVESTS IN COMMUNITY
PARTNERS WHO PROVIDE SUBSIDY PAYMENTS IN REGULATED CHILDCARE, WORK WITH
LICENSED CHILD CARE FACILITIES TO MAINTAIN OR IMPROVE QUALITY, AND
PROVIDE OPPORTUNITIES FOR CHILD CARE PROFESSIONALS TO INCREASE THEIR
SKILLS. ADDITIONAL AREAS OF SUPPORT INCLUDE TRAINING, CURRICULUM
ENHANCEMENTS AND MENTORING PROGRAMS. FOR FISCAL YEAR 2023 - 2024
APPROXIMATELY 32 CHILD CARE FACILITIES WERE SERVED. PROGRAMS ARE
SUPPORTED BY A STATE GRANT AND PROGRAM SERVICE FEES.
PROGRAM COORDINATION AND EVALUATION
WORK WITH COMMUNITY STAKEHOLDERS TO ACHIEVE GOALS ARTICULATED IN THE

STRATEGIC PLAN; WORK WITH PARTNERS TO DEVELOP EVALUATION PLANS AND

WAKE COUNTY SMART START, INC.

Employer identification number 56-1949415

TRACK IMPLEMENTATION; ASSESS PROGRESS TOWARDS GOALS, PARTICIPATE IN STRATEGIC PLANNING; GATHER AND ANALYZE RELEVANT DATA; COMMUNITY NEEDS ASSESSMENTS: MANAGE REQUESTS FOR PROPOSALS PROCESS AND PARTICIPATE IN THE DEVELOPMENT OF FUNDING RECOMMENDATIONS. THE PROGRAM IS SUPPORTED BY A STATE GRANT.

EXPENSES \$ 1,411,419. INCLUDING GRANTS OF \$ 108,603. REVENUE \$ 0.

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

THE 990 IS COMPLETED BY A CPA FIRM. IT IS THEN REVIEWED BY THE BOARD FINANCE COMMITTEE, AFTER REVIEW IT IS DISTRIBUTED TO THE FULL BOARD AND OUESTIONS ARE DIRECTED TO THE BOARD FINANCE COMMITTEE. AFTER THIS PROCESS IS COMPLETED, THE RETURN IS SIGNED BY A BOARD OFFICER.

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

THE CONFLICT-OF-INTEREST POLICY REQUIRES BOARD MEMBERS TO ANNUALLY COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM. THESE FORMS ARE REVIEWED BY THE BOARD FINANCE COMMITTEE. A SCHEDULE OF BOARD MEMBERS WITH CONFLICTS IS TAKEN TO THE FULL BOARD FOR ACTION. BOARD MEMBERS ARE REQUIRED TO ABSTAIN FROM VOTING ON ITEMS WHICH THEY HAVE A CONFLICT. BOARD MEMBERS ARE REOUIRED TO UPDATE THEIR CONFLICT-OF-INTEREST DISCLOSURE FOR ANY CHANGES DURING THE YEAR.

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

THE COMPENSATION AND REVIEW PROCESS FOR THE EXECUTIVE DIRECTOR IS CONDUCTED BY BOARD EXECUTIVE COMMITTEE. COMPENSATION IS DETERMINED USING INDEPENDENT COMPARABLE DATA. THE ORGANIZATION HAS A WRITTEN CONTRACT WITH THE EXECUTIVE DIRECTOR. THE LAST COMPENSATION REVIEW PERFORMED BY AN INDEPENDENT CONSULTANT WAS DONE IN 2022. THE ORGANIZATION'S SALARY

Name of the organization WAKE COUNTY SMART START, INC.	Employer identification number 56-1949415
STRUCTURE IS REVIEWED BY THE BOARD OF DIRECTORS ANNUALLY A	ND ADJUSTED BASED
ON MARKET DATA. THE NORTH CAROLINA PARTNERSHIP FOR CHILDR	EN DEVELOPED A
MANDATORY SALARY SCHEDULE FOR SMART START EXECUTIVE DIRECT	ORS EFFECTIVE
JULY 1, 2023 AS REQUIRED BY STATE LEGISLATION. THE WAKE C	OUNTY SMART START
EXECUTIVE DIRECTOR COMPENSATION IS IN COMPLIANCE WITH THE	SALARY SCHEDULE.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST POLICY, AND
AUDITED FINANCIAL STATEMENTS ARE CONTAINED IN A PUBLIC FIL	E AT THE
ORGANIZATION'S OFFICE. DOCUMENTS ARE AVAILABLE UPON REQUE	ST AND ON THE
ORGANIZATION'S WEBSITE, WWW.WAKESMARTSTART.ORG.	