Form **990**

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization
SOUTH CAROLINA FIRST STEPS TO SCHOOL READINESS BOARD OF TRUSTEES

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 1300 SUMTER STREET — Room/suite: 100

City or town, state or province, country, and ZIP or foreign postal code: COLUMBIA, SC 29201

D Employer identification number

E Telephone number: (803)734-0479

G Gross receipts $ 35,402,628.

F Name and address of principal officer: SUSAN DEVENNY
SAME AS C ABOVE

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

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

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

J Website: ▶ HTTP://WWW.SCFIRSTSTEPS.ORG/

H(c) Group exemption number ▶ 3590

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1999 **M** State of legal domicile: SC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: PER SOUTH CAROLINA CODE SECTION 59-152-10: "THERE IS ESTABLISHED SOUTH CAROLINA FIRST STEPS TO

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	71
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	25,924,426.	35,225,701.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	92,779.	176,927.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,017,205.	35,402,628.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,208,227.	20,152,537.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,872,907.	4,080,997.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,816,681.	8,057,349.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,897,815.	32,290,883.
	19	Revenue less expenses. Subtract line 18 from line 12	119,390.	3,111,745.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,300,782.	6,324,554.
	21	Total liabilities (Part X, line 26)	1,069,439.	981,466.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,231,343.	5,343,088.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 3-10-15

▶ SUSAN DEVENNY, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
JAMES M. MANLEY, JR., CPA				

Firm's name ▶ ELLIOTT DAVIS DECOSIMO , LLC/PLLC — Firm's EIN ▶

Firm's address ▶ P. O. BOX 429
GREENWOOD, SC 29648-0429 — Phone no. (864)229-4951

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
PER SOUTH CAROLINA CODE SECTION 59-152-30: "THE GOALS FOR SOUTH CAROLINA FIRST STEPS TO SCHOOL READINESS ARE TO: (1) PROVIDE PARENTS WITH ACCESS TO THE SUPPORT THEY MIGHT SEEK AND WANT TO STRENGTHEN THEIR FAMILIES AND TO PROMOTE THE OPTIMAL DEVELOPMENT OF THEIR

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
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] No
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 $ 13,229,037. including grants of $ 13,229,037.) (Revenue $)
SOUTH CAROLINA FIRST STEPS PROVIDES BOTH FUNDING AND TECHNICAL ASSISTANCE TO THE STATE'S NETWORK OF INDEPENDENT, NON-PROFIT FIRST STEPS COUNTY PARTNERSHIPS SO THAT SERVICES ARE AVAILABLE TO THE CHILDREN WHO NEED THEM. IN EACH OF SOUTH CAROLINA'S 46 COUNTIES, FIRST STEPS PROVIDES OR EXPANDS COMMUNITY EARLY LEARNING SERVICES AVAILABLE FOR YOUNG CHILDREN, THEIR FAMILIES, AND CAREGIVERS. THESE SERVICES FALL INTO FIVE IMPORTANT AREAS:
1. FAMILY STRENGTHENING
2. HEALTHY START
3. QUALITY CHILD CARE
4. EARLY EDUCATION
5. SCHOOL TRANSITION (INCLUDING COUNTDOWN TO KINDERGARTEN)

4b (Code:) (Expenses $ 9,847,065. including grants of $) (Revenue $)
SOUTH CAROLINA FIRST STEPS WORKS WITH OTHER AGENCY AND COMMUNITY PARTNERS TO OFFER BABYNET, SOUTH CAROLINA'S EARLY INTERVENTION PROGRAM UNDER PART C OF THE FEDERAL INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA). BABYNET PROVIDES EARLY INTERVENTION SERVICES TO INFANTS AND TODDLERS (BIRTH-36 MONTHS) WITH IDENTIFIED DEVELOPMENTAL DELAYS.

4c (Code:) (Expenses $ 7,838,862. including grants of $ 6,923,500.) (Revenue $)
TOGETHER WITH THE SOUTH CAROLINA DEPARTMENT OF EDUCATION, SOUTH CAROLINA FIRST STEPS ADMINISTERS THE SOUTH CAROLINA CHILD DEVELOPMENT EDUCATION PILOT PROGRAM (CDEPP). CDEPP UTILIZES A PUBLIC-PRIVATE SERVICE DELIVERY MODEL SO THAT PARENTS MAY ENROLL THEIR CHILD IN EITHER A PUBLIC SCHOOL 4K OR AN APPROVED PRIVATE CDEPP CENTER.

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 30,914,964.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	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 Revenue Procedure 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *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 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 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 temporarily restricted endowments, permanent endowments, or 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 as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *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 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 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 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*	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? *If "Yes," complete Schedule G, Part III*	19		X
20a	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		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash 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 M*	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 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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
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*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 71			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
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 transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit 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 contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
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 was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	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			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
	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 in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

RUSSELL BROWN - (803)734-0479
1300 SUMTER STREET, NO. 100, COLUMBIA, SC 29201

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) NIKKI HALEY GOVERNOR	1.00	X						0.	0.	0.
(2) MICK ZAIS SUPERINTENDENT OF EDUCATION	1.00	X						0.	0.	0.
(3) MICHAEL FAIR SENATOR	1.00	X						0.	0.	0.
(4) RITA ALLISON MEMBER-HOUSE OF REPRESENTA	1.00	X						0.	0.	0.
(5) JOEL LOURIE SENATOR	1.00	X						0.	0.	0.
(6) JERRY GOVAN MEMBER-HOUSE OF REPRESENTA	1.00	X						0.	0.	0.
(7) REECE YANDLE EARLY CHILDHOOD EDUCATOR	1.00	X						0.	0.	0.
(8) EVELYN PATTERSON EARLY CHILDHOOD EDUCATOR	1.00	X						0.	0.	0.
(9) LISA VAN RIPER PARENT OF YOUNG CHILD	1.00	X						0.	0.	0.
(10) WALTER FLEMING, JR. BUSINESS COMMUNITY	1.00	X						0.	0.	0.
(11) JULIE HUSSEY PARENT OF YOUNG CHILD	1.00	X						0.	0.	0.
(12) RICK NOBLE EARLY CHILDHOOD EDUCATOR	1.00	X						0.	0.	0.
(13) JENNIFER MCCONNELL CHILD CARE PROVIDER	1.00	X						0.	0.	0.
(14) JUDITH AUGHTRY PARENT OF YOUNG CHILD	1.00	X						0.	0.	0.
(15) JULIA-ELLEN DAVIS EARLY CHILDHOOD EDUCATOR	1.00	X						0.	0.	0.
(16) LEWIS SMOAK BUSINESS COMMUNITY	1.00	X						0.	0.	0.
(17) LINDA O'QUINN CHILD CARE PROVIDER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) SUSAN DEVENNY EXECUTIVE DIRECTOR	37.50			X				117,441.	0.	4,099.
1b Sub-total ▶								117,441.	0.	4,099.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								117,441.	0.	4,099.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SC SCHOOL FOR THE DEAF AND BLIND, 355 CEDAR SPRINGS ROAD, SPARTANBURG, SC 29302	BABYNET PROGRAM DIRECT SERVICES TO C	799,700.
UNIVERSITY OF SOUTH CAROLINA-GLOBAL SPECTRU 801 LINCOLN STREET, COLUMBIA, SC 29208	INFORMATION TECHNOLOGY SUPPORT	484,119.
FAMILY CONNECTIONS OF SOUTH CAROLINA, 2712 MIDDLEBURG DRIVE, SUITE 103B, COLUMBIA, SC	IMPLEMENT BABYNET PROGRAM	283,886.
SC BUDGET AND CONTROL BOARD 4430 BROAD RIVER ROAD, COLUMBIA, SC 29210	INFORMATION TECHNOLOGY SUPPORT	283,601.
JASPER COUNTY BOARD OF DISABILITIES & SPECI POST OFFICE BOX 747, RIDGELAND, SC 29936	FINANCIAL AND ACCOUNTING SERVICES	264,673.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 8

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	34,995,462.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	230,239.				
	g Noncash contributions included in lines 1a-1f: $						
	h Total. Add lines 1a-1f ▶			35,225,701.			
Program Service Revenue		Business Code					
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			176,927.			176,927.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6 a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶						
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory						
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶						
	8 a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events ▶						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities ▶						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Business Code					
	11 a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d ▶						
	12 Total revenue. See instructions. ▶			35,402,628.	0.	0.	176,927.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	20,152,537.	20,152,537.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	318,651.	197,111.	121,540.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,789,696.	2,245,753.	543,943.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	435,964.	333,830.	102,134.	
9 Other employee benefits	324,910.	271,808.	53,102.	
10 Payroll taxes	211,776.	162,848.	48,928.	
11 Fees for services (non-employees):				
a Management				
b Legal	12,955.		12,955.	
c Accounting	881,014.	850,767.	30,247.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	5,558,709.	5,336,180.	222,529.	
12 Advertising and promotion	43,975.	1,980.	41,995.	
13 Office expenses	244,850.	192,937.	51,913.	
14 Information technology	996,015.	948,802.	47,213.	
15 Royalties				
16 Occupancy	181,865.	122,322.	59,543.	
17 Travel	121,381.	98,089.	23,292.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	250.		250.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	16,335.		16,335.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	32,290,883.	30,914,964.	1,375,919.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		2,711,080.	1	5,236,728.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		420,702.	3	340,131.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 807,111.			
	b	Less: accumulated depreciation	10b 59,416.	169,000.	10c	747,695.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,300,782.	16	6,324,554.
Liabilities	17	Accounts payable and accrued expenses		654,813.	17	981,466.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		414,626.	25	0.
	26	**Total liabilities.** Add lines 17 through 25		1,069,439.	26	981,466.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,062,343.	27	591,362.
	28	Temporarily restricted net assets		169,000.	28	4,751,726.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,231,343.	33	5,343,088.
	34	Total liabilities and net assets/fund balances		3,300,782.	34	6,324,554.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,402,628.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,290,883.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,111,745.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,231,343.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,343,088.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization SOUTH CAROLINA FIRST STEPS TO SCHOOL READINESS BOARD OF TRUSTEES

Employer identification number

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 11, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 [ ] 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 that describes the type of supporting organization and complete lines 11e through 11h.
a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Non-functionally integrated
e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ..... [ ]
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2013

332021
09-25-13

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19526350.	33755673.	27877567.	25924426.	35225701.	142309717
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	19526350.	33755673.	27877567.	25924426.	35225701.	142309717
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						142309717

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	19526350.	33755673.	27877567.	25924426.	35225701.	142309717
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	436,681.	225,361.	113,640.	92,779.	176,927.	1045388.
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 IV.)						
11 **Total support.** Add lines 7 through 10						143355105

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) ..... 14 99.27 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 ..... 15 98.89 %

16a **33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ [X]

b **33 1/3% support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at** *www.irs.gov/form990* .

OMB No. 1545-0047

2013

Name of the organization
SOUTH CAROLINA FIRST STEPS TO SCHOOL READINESS BOARD OF TRUSTEES

Employer identification number

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 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, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of $5,000 or more during the year ..... ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

323451
10-24-13

Name of organization
SOUTH CAROLINA FIRST STEPS TO SCHOOL READINESS BOARD OF TRUSTEES

Employer identification number

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	STATE OF SOUTH CAROLINA 1200 SUMTER STREET, ROOM 305 COLUMBIA, SC 29201	$ 27,225,789.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	US DEPARTMENT OF EDUCATION-OFFICE OF SPECIAL EDUCATION 550 12TH STREET SW WASHINGTON, DC 20202	$ 5,978,733.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES POST OFFICE BOX 8206 COLUMBIA, SC 29202	$ 863,404.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

SOUTH CAROLINA FIRST STEPS TO SCHOOL READINESS BOARD OF TRUSTEES

Employer identification number

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if 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
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization

SOUTH CAROLINA FIRST STEPS TO SCHOOL READINESS BOARD OF TRUSTEES

Employer identification number

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year. Complete columns **(a)** through **(e)** and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: SOUTH CAROLINA FIRST STEPS TO SCHOOL READINESS BOARD OF TRUSTEES

Employer identification number

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		807,111.	59,416.	747,695.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				747,695.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	35,402,628.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	35,402,628.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	35,402,628.

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

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

1	Total expenses and losses per audited financial statements			1	32,290,883.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	32,290,883.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	32,290,883.

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.

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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization SOUTH CAROLINA FIRST STEPS TO SCHOOL READINESS BOARD OF TRUSTEES

Employer identification number

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABBEVILLE COUNTY FIRST STEPS PARTNERSHIP - 1801 BYPASS 72 NE - GREENWOOD, SC 29649	57-1097774	501(C)(3)	149,500.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
AIKEN COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 2091 - GRANITEVILLE, SC 29829	57-1097775	501(C)(3)	380,447.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
ALLENDALE COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 236 - ALLENDALE, SC 29810	57-1097999	501(C)(3)	156,312.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
ANDERSON COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 41 - ANDERSON, SC 29622	57-1097776	501(C)(3)	432,617.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
BAMBERG COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 1129 - BAMBERG, SC 29003	57-1097777	501(C)(3)	154,370.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
BARNWELL COUNTY FIRST STEPS PARTNERSHIP - 5961 LARTIGUE STREET - BLACKVILLE, SC 29817	57-1097778	501(C)(3)	149,500.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP

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

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

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

332101
10-29-13

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEAUFORT COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 6421 - BEAUFORT, SC 29903	57-1097779	501(C)(3)	357,253.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
BERKELEY COUNTY FIRST STEPS PARTNERSHIP - 6215 MURRAY DRIVE - HANAHAN, SC 29410	57-1097780	501(C)(3)	470,444.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
CALHOUN COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 195 - ST. MATTHEWS, SC 29135	57-1097781	501(C)(3)	168,628.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
CHARLESTON COUNTY FIRST STEPS PARTNERSHIP - 6296 RIVERS AVENUE, SUITE 308 - CHARLESTON, SC 29406	57-1097784	501(C)(3)	706,028.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
CHEROKEE COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 23 - GAFFNEY, SC 29342	57-1097785	501(C)(3)	203,489.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
CHESTER COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 1728 - CHESTER, SC 29706	57-1097786	501(C)(3)	152,835.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
CHESTERFIELD COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 553 - CHESTERFIELD, SC 29709	57-1097787	501(C)(3)	173,656.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
CLARENDON COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 426 - MANNING, SC 29102	57-1097789	501(C)(3)	154,770.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
COLLETON COUNTY FIRST STEPS PARTNERSHIP - 609 COLLETON LOOP - WALTERBORO, SC 29488	57-1097790	501(C)(3)	175,299.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DARLINGTON COUNTY FIRST STEPS PARTNERSHIP - 437 WEST CAROLINA AVENUE - HARTSVILLE, SC 29550	57-1097791	501(C)(3)	183,788.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
DILLON COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 295 - DILLON, SC 29536	57-1098006	501(C)(3)	177,709.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
DORCHESTER COUNTY FIRST STEPS PARTNERSHIP - 810 TRAVELERS BLVD, SUITE D-1 - SUMMERVILLE, SC 29485	57-1097806	501(C)(3)	359,700.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
EDGEFIELD COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 295 - EDGEFIELD, SC 29824	57-1097809	501(C)(3)	149,604.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
FAIRFIELD COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 215 - WINNSBORO, SC 29180	57-1097810	501(C)(3)	151,047.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
FLORENCE COUNTY FIRST STEPS PARTNERSHIP - 658 SOUTH COIT STREET - FLORENCE, SC 29501	57-1097811	501(C)(3)	370,375.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
GEORGETOWN COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 531 - GEORGETOWN, SC 29442	57-1097813	501(C)(3)	179,114.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
GREENVILLE COUNTY FIRST STEPS PARTNERSHIP - 24 CLEVELAND STREET - GREENVILLE, SC 29601	57-1097814	501(C)(3)	999,277.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
GREENWOOD COUNTY FIRST STEPS PARTNERSHIP - 1801 BYPASS 72 NE - GREENWOOD, SC 29649	57-1097815	501(C)(3)	221,291.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMPTON COUNTY FIRST STEPS PARTNERSHIP - 308 FIRST STREET WEST - HAMPTON, SC 29924	57-1097816	501(C)(3)	134,550.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
HORRY COUNTY FIRST STEPS PARTNERSHIP - 3926 WESLEY STREET, SUITE 303 - MYRTLE BEACH, SC 29579	57-1098007	501(C)(3)	598,127.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
JASPER COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 776 - RIDGELAND, SC 29936	57-1097817	501(C)(3)	160,114.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
KERSHAW COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 669 - CAMDEN, SC 29020	57-1097818	501(C)(3)	189,838.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
LANCASTER COUNTY FIRST STEPS PARTNERSHIP - 129 SOUTH WYLIE STREET - LANCASTER, SC 29720	57-1097819	501(C)(3)	237,448.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
LAURENS COUNTY FIRST STEPS PARTNERSHIP - 1029 WEST MAIN STREET - LAURENS, SC 29360	57-1098008	501(C)(3)	212,625.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
LEE COUNTY FIRST STEPS PARTNERSHIP POST OFFICE BOX 344 BISHOPVILLE, SC 29010	57-1097820	501(C)(3)	107,946.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
LEXINGTON COUNTY FIRST STEPS PARTNERSHIP - 101 W. COLUMBIA AVENUE - BATESBURG, SC 29006	57-1097821	501(C)(3)	639,421.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
MARION COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 56 - MARION, SC 29571	57-1097822	501(C)(3)	154,709.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARLBORO COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 249 - BENNETTSVILLE, SC 29512	57-1097823	501(C)(3)	160,482.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
MCCORMICK COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 1060 - MCCORMICK, SC 29835	57-1097862	501(C)(3)	151,655.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
NEWBERRY COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 25 - NEWBERRY, SC 29108	57-1067864	501(C)(3)	153,286.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
OCONEE COUNTY FIRST STEPS PARTNERSHIP - 409 EAST NORTH FIRST STREET, SUITE C - SENECA, SC 29678	57-1097866	501(C)(3)	190,227.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
ORANGEBURG COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 451 - ORANGEBURG, SC 29116	57-1097868	501(C)(3)	324,058.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
PICKENS COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 1113 - CENTRAL, SC 29630	57-1097863	501(C)(3)	258,231.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
RICHLAND COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 29250 - COLUMBIA, SC 29250	57-1097865	501(C)(3)	754,585.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
SALUDA COUNTY FIRST STEPS PARTNERSHIP - 103 SOUTH RUDOLPH STREET - SALUDA, SC 29138	57-1097867	501(C)(3)	154,044.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
SPARTANBURG COUNTY FIRST STEPS PARTNERSHIP - 900 SOUTH PINE STREET - SPARTANBURG, SC 29302	57-1097869	501(C)(3)	656,972.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUMTER COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 2331 - SUMTER, SC 29151	57-1098010	501(C)(3)	361,195.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
UNION COUNTY FIRST STEPS PARTNERSHIP - 120 LAKESIDE DRIVE - UNION, SC 29379	57-1097870	501(C)(3)	160,723.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
WILLIAMSBURG COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 825 - KINGSTREE, SC 29556	57-1097861	501(C)(3)	173,397.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP
YORK COUNTY FIRST STEPS PARTNERSHIP - POST OFFICE BOX 969 - ROCK HILL, SC 29731	57-1097951	501(C)(3)	518,351.	0.			GENERAL SUPPORT OF FIRST STEPS COUNTY PARTNERSHIP

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2013
Open To Public Inspection

Name of the organization SOUTH CAROLINA FIRST STEPS TO SCHOOL READINESS BOARD OF TRUSTEES

Employer identification number

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II 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.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) No
Total ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

332131
09-25-13

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
RICK NOBLE	BOARD MEMBER	754,585.	BOARD MEMBE		X

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: RICK NOBLE

(D) DESCRIPTION OF TRANSACTION: BOARD MEMBER RICK NOBLE SERVES AS THE EXECUTIVE DIRECTOR OF RICHLAND COUNTY FIRST STEPS, ONE OF THE COUNTY PARTNERSHIPS THAT RECEIVES FUNDING FROM THIS ORGANIZATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: SOUTH CAROLINA FIRST STEPS TO SCHOOL READINESS BOARD OF TRUSTEES

Employer identification number

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SCHOOL READINESS, A COMPREHENSIVE, RESULTS-ORIENTED INITIATIVE FOR IMPROVING EARLY CHILDHOOD DEVLOPMENT BY PROVIDING, THROUGH COUNTY PARTNERSHIPS, PUBLIC AND PRIVATE FUNDS AND SUPPORT FOR HIGH-QUALITY EARLY CHILDHOOD DEVELOPMENT AND EDUCATION SERVICES FOR CHILDREN BY PROVIDING SUPPORT FOR THEIR FAMILIES' EFFORTS TOWARD ENABLING THEIR CHILDREN TO REACH SCHOOL READY TO LEARN."

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PRESCHOOL CHILDREN; (2) INCREASE COMPREHENSIVE SERVICES SO CHILDREN HAVE REDUCED RISK FOR MAJOR PHYSICAL, DEVELOPMENTAL, AND LEARNING PROBLEMS; (3) PROMOTE HIGH QUALITY PRESCHOOL PROGRAMS THAT PROVIDE A HEALTHY ENVIRONMENT THAT WILL PROMOTE NORMAL GROWTH AND DEVELOPMENT; (4) PROVIDE SERVICES SO ALL CHILDREN RECEIVE THE PROTECTION, NUTRITION, AND HEALTH CARE NEEDED TO THRIVE IN THE EARLY YEARS OF LIFE SO THEY ARRIVE AT SCHOOL READY TO LEARN; AND (5) MOBILIZE COMMUNIITES TO FOCUS EFFORTS ON PROVIDING ENHANCED SERVICES TO SUPPORT FAMILIES AND THEIR YOUNG CHILDREN SO AS TO ENABLE EVERY CHILD TO REACH SCHOOL HEALTHY AND READY TO LEARN."

FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: FORM 990 FIRST UNDERGOES AN INTERNAL REVIEW BY THE AGENCY DIRECTOR AND SENIOR PROGRAM AND FINANCE STAFF WITH THE CONTRACTED ACCOUNTANT. THE FINANCE AND ADMINISTRATION COMMITTEE OF THE SOUTH CAROLINA FIRST STEPS TO SCHOOL READINESS BOARD OF TRUSTEES WILL THEN RECEIVE FORM 990 FOR APPROVAL. THE CHAIR OF THE FINANCE AND ADMINISTRATION COMMITTEE

Name of the organization SOUTH CAROLINA FIRST STEPS TO SCHOOL READINESS BOARD OF TRUSTEES

Employer identification number

WILL REPORT THE COMMITTEE'S APPROVAL AND SUBMIT IT TO THE FULL BOARD OF TRUSTEES FOR THEIR INFORMATION.

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

EXPLANATION: THERE IS AN ANNUAL REQUIREMENT FOR OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES TO REPORT ANY POTENTIAL CONFLICTS OF INTEREST.

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

EXPLANATION: THE FINANCE AND ADMINISTRATIVE COMMITTEE SHALL WORK WITH THE OFFICE OF FIRST STEPS ON BUDGETARY, FISCAL, STAFFING, AND COMPENSATION MATTERS, TO INCLUDE THE DEVELOPMENT OF THE ANNUAL OFFICE OF FIRST STEPS ADMINISTRATIVE AND PROGRAM BUDGETS, AND AN ANNUAL PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR-ALL SUBJECT TO APPROVAL BY THE BOARD. OFFICERS AND EMPLOYEES WILL BE PAID REASONABLE COMPENSATION, WHICH COMPENSATION SHALL BE DETERMINED BY THE COMMITTEE AS FOLLOWS: (I) THE COMMITTEE DETERMINING COMPENSATION SHALL BE COMPOSED OF PERSONS WHO ARE UNRELATED TO AND NOT SUBJECT TO THE CONTROL OF THE PERSON WHOSE COMPENSATION IS BEING DETERMINED; (II) THE COMMITTEE DETERMINING COMPENSATION SHALL CONTEMPORANEOUSLY OBTAIN AND RELY UPON APPROPRIATE DATA AS TO THE COMPARABILITY OF THE COMPENSATION PACKAGE; AND (III) THERE SHALL BE ADEQUATE DOCUMENTATION FOR THE BASIS OF THIS DETERMINATION.

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

EXPLANATION: ALL RECORDS (POLICIES, GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND COPIES OF ANNUAL FORM 990) ARE MAINTAINED IN THE OFFICE OF FIRST STEPS AND IN COMPLIANCE WITH THE FREEDOM OF INFORMATION ACT. IN ADDITION, THE FIRST STEPS ENABLING LEGISLATION, OPERATIONS MANUAL, AND ANNUAL REPORTS ARE MAINTAINED ON THE AGENCY WEBSITE.

Name of the organization SOUTH CAROLINA FIRST STEPS TO SCHOOL READINESS BOARD OF TRUSTEES

Employer identification number

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	5,336,180.
MANAGEMENT AND GENERAL EXPENSES	222,529.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,558,709.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	5,558,709.

FORM 990, PART XII, LINE 2C:

EXPLANATION: THIS PROCESS IS UNCHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: SOUTH CAROLINA FIRST STEPS TO SCHOOL READINESS BOARD OF TRUSTEES

Employer identification number

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
ABBEVILLE COUNTY FIRST STEPS PARTNERSHIP - 57-1097774, 1801A BYPASS 72 NE, GREENWOOD, SC 29646	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
AIKEN COUNTY FIRST STEPS PARTNERSHIP - 57-1097775, 1 WILLIS CIRCLE, GRANITEVILLE, SC 29829	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
ALLENDALE COUNTY FIRST STEPS PARTNERSHIP - 57-1097999, 176 MAIN STREET N, ALLENDALE, SC 29810	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
ANDERSON COUNTY FIRST STEPS PARTNERSHIP - 57-1097776, 605 N MAIN STREET, ANDERSON, SC 29622	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X

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

332161
09-12-13 LHA

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	No
BAMBERG COUNTY FIRST STEPS PARTNERSHIP - 57-1097777, 3778 FAUST STREET, BAMBERG, SC 29003	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
BARNWELL COUNTY FIRST STEPS PARTNERSHIP - 57-1097778, 5961 LARTIGUE STREET, BLACKVILLE, SC 29817	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
BEAUFORT COUNTY FIRST STEPS PARTNERSHIP - 57-1097779, 2201 BOUNDARY STREET SUITE 111, BEAUFORT, SC 29903	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
BERKELEY COUNTY FIRST STEPS PARTNERSHIP - 57-1097780, 6215 MURRAY DRIVE, HANAHAN, SC 29410	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
CALHOUN COUNTY FIRST STEPS PARTNERSHIP - 57-1097781, 2831 OLD BELLEVILLE ROAD, ST MATTHEWS, SC 29135	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
CHARLESTON COUNTY FIRST STEPS PARTNERSHIP - 57-1097784, 6296 RIVERS AVENUE SUITE 308, N CHARLESTON, SC 29406	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
CHEROKEE COUNTY FIRST STEPS PARTNERSHIP - 57-1097785, 126 WILLIS PLAZA, GAFFNEY, SC 29342	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
CHESTER COUNTY FIRST STEPS PARTNERSHIP - 57-1097786, 109 ELLA STREET, CHESTER, SC 29706	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
CHESTERFIELD COUNTY FIRST STEPS PARTNERSHIP - 57-1097787, 100 W MAIN STREET, CHESTERFIELD, SC 29709	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
CLARENDON COUNTY FIRST STEPS PARTNERSHIP - 57-1097789, 16 S BROOKS STREET, MANNING, SC 29102	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
COLLETON COUNTY FIRST STEPS PARTNERSHIP - 57-1097790, 609 COLLETON LOOP, WALTERBORO, SC 29488	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
DARLINGTON COUNTY FIRST STEPS PARTNERSHIP - 57-1097791, 437 W CAROLINA AVENUE BLDG 1, HARTSVILLE, SC 29550	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X

Schedule R (Form 990) SOUTH CAROLINA FIRST STEPS TO SCHOOL READINESS BOARD OF TRUSTEES

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	No
DILLON COUNTY FIRST STEPS PARTNERSHIP - 57-1098006, 406 W CLEVELAND STREET, DILLON, SC 29536	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
DORCHESTER COUNTY FIRST STEPS PARTNERSHIP - 57-1097806, 810 TRAVELERS BLVD SUITE D1, SUMMERVILLE, SC 29485	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
EDGEFIELD COUNTY FIRST STEPS PARTNERSHIP - 57-1097809, POST OFFICE BOX 295, EDGEFIELD, SC 29824	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
FAIRFIELD COUNTY FIRST STEPS PARTNERSHIP - 57-1097810, POST OFFICE BOX 215, WINNSBORO, SC 29180	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
FLORENCE COUNTY FIRST STEPS PARTNERSHIP - 57-1097811, 658 S COIT STREET, FLORENCE, SC 29501	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
GEORGETOWN COUNTY FIRST STEPS PARTNERSHIP - 57-1097813, POST OFFICE BOX 531, GEORGETOWN, SC 29442	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
GREENVILLE COUNTY FIRST STEPS PARTNERSHIP - 57-1097814, 24 CLEVELAND STREET, GREENVILLE, SC 29601	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
GREENWOOD COUNTY FIRST STEPS PARTNERSHIP - 57-1097815, 1801A BYPASS 72 NE, GREENWOOD, SC 29646	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
HAMPTON COUNTY FIRST STEPS PARTNERSHIP - 57-1097816, 301 FIRST STREET E, HAMPTON, SC 29924	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
HORRY COUNTY FIRST STEPS PARTNERSHIP - 57-1098007, 3926 WESLEY STREET UNIT 303, MYRTLE BEACH, SC 29579	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
JASPER COUNTY FIRST STEPS PARTNERSHIP - 57-1097817, 913 GRAYS HIGHWAY, RIDGELAND, SC 29936	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
KERSHAW COUNTY FIRST STEPS PARTNERSHIP - 57-1097818, 110 E DEKALB STREET, CAMDEN, SC 29021	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	No
LANCASTER COUNTY FIRST STEPS PARTNERSHIP - 57-1097819, 121 S WYLIE STREET, LANCASTER, SC 29720	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
LAURENS COUNTY FIRST STEPS PARTNERSHIP - 57-1098008, 1029 W MAIN STREET, LAURENS, SC 29360	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
LEE COUNTY FIRST STEPS PARTNERSHIP - 57-1097820, 211 N MAIN STREET, RIDGELAND, SC 29010	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
LEXINGTON COUNTY FIRST STEPS PARTNERSHIP - 57-1097821, 101 W COLUMBIA AVENUE, BATESBURG, SC 29006	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
MARION COUNTY FIRST STEPS PARTNERSHIP - 57-1097822, 1001 E LIBERTY STREET, MARION, SC 29571	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
MARLBORO COUNTY FIRST STEPS PARTNERSHIP - 57-1097823, 701 CHERAW HIGHWAY, BENNETSVILLE, SC 29512	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
MCCORMICK COUNTY FIRST STEPS PARTNERSHIP - 57-1097862, 615C CLAYTON STREET, MCCORMICK, SC 29835	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
NEWBERRY COUNTY FIRST STEPS PARTNERSHIP - 57-1097864, 540 BRANTLEY STREET, NEWBERRY, SC 29108	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
OCONEE COUNTY FIRST STEPS PARTNERSHIP - 57-1097866, 409 E N FIRST STREET SUITE C, SENECA, SC 29678	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
ORANGEBURG COUNTY FIRST STEPS PARTNERSHIP - 57-1097868, 394 BROOKDALE DRIVE, ORANGEBURG, SC 29115	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
PICKENS COUNTY FIRST STEPS PARTNERSHIP - 57-1097863, POST OFFICE BOX 1113, CENTRAL, SC 29631	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
RICHLAND COUNTY FIRST STEPS PARTNERSHIP - 57-1097865, 2008 MARION STREET SUITE B, COLUMBIA, SC 29201	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X

Schedule R (Form 990) SOUTH CAROLINA FIRST STEPS TO SCHOOL READINESS BOARD OF TRUSTEES

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	No
SALUDA COUNTY FIRST STEPS PARTNERSHIP - 57-1097867, 103 S RUDOLPH STREET, SALUDA, SC 29138	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
SPARTANBURG COUNTY FIRST STEPS PARTNERSHIP - 57-1097869, 900 S PINE STREET, SPARTANBURG, SC 29302	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
SUMTER COUNTY FIRST STEPS PARTNERSHIP - 57-1098010, 112 BROAD STREET, SUMTER, SC 29151	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
UNION COUNTY FIRST STEPS PARTNERSHIP - 57-1097870, 130 W MAIN STREET, UNION, SC 29379	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
WILLIAMSBURG COUNTY FIRST STEPS PARTNERSHIP - 57-1097861, 500 N ACADEMY STREET BLDG I, KINGSTREE, SC 29556	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X
YORK COUNTY FIRST STEPS PARTNERSHIP - 57-1097951, 410 E BLACK STREET, ROCK HILL, SC 29731	COUNTY PARTNERSHIP	SOUTH CAROLINA	501(C)(3)	LINE 7			X

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ABBEVILLE COUNTY FIRST STEPS PARTNERSHIP	B	149,500.	CASH
(2) AIKEN COUNTY FIRST STEPS PARTNERSHIP	B	380,447.	CASH
(3) ALLENDALE COUNTY FIRST STEPS PARTNERSHIP	B	156,312.	CASH
(4) ANDERSON COUNTY FIRST STEPS PARTNERSHIP	B	432,617.	CASH
(5) BAMBERG COUNTY FIRST STEPS PARTNERSHIP	B	154,370.	CASH
(6) BARNWELL COUNTY FIRST STEPS PARTNERSHIP	B	149,500.	CASH

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)BEAUFORT COUNTY FIRST STEPS PARTNERSHIP	B	357,253.	CASH
(8)BERKELEY COUNTY FIRST STEPS PARTNERSHIP	B	470,444.	CASH
(9)CALHOUN COUNTY FIRST STEPS PARTNERSHIP	B	168,628.	CASH
(10)CHARLESTON COUNTY FIRST STEPS PARTNERSHIP	B	706,028.	CASH
(11)CHEROKEE COUNTY FIRST STEPS PARTNERSHIP	B	203,489.	CASH
(12)CHESTER COUNTY FIRST STEPS PARTNERSHIP	B	152,835.	CASH
(13)CHESTERFIELD COUNTY FIRST STEPS PARTNERSHIP	B	173,656.	CASH
(14)CLARENDON COUNTY FIRST STEPS PARTNERSHIP	B	154,770.	CASH
(15)COLLETON COUNTY FIRST STEPS PARTNERSHIP	B	175,299.	CASH
(16)DARLINGTON COUNTY FIRST STEPS PARTNERSHIP	B	183,788.	CASH
(17)DILLON COUNTY FIRST STEPS PARTNERSHIP	B	177,709.	CASH
(18)DORCHESTER COUNTY FIRST STEPS PARTNERSHIP	B	359,700.	CASH
(19)EDGEFIELD COUNTY FIRST STEPS PARTNERSHIP	B	149,604.	CASH
(20)FAIRFIELD COUNTY FIRST STEPS PARTNERSHIP	B	151,047.	CASH
(21)FLORENCE COUNTY FIRST STEPS PARTNERSHIP	B	370,375.	CASH
(22)GEORGETOWN COUNTY FIRST STEPS PARTNERSHIP	B	179,114.	CASH
(23)GREENVILLE COUNTY FIRST STEPS PARTNERSHIP	B	999,277.	CASH
(24)GREENWOOD COUNTY FIRST STEPS PARTNERSHIP	B	221,291.	CASH

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)HAMPTON COUNTY FIRST STEPS PARTNERSHIP	B	134,550.	CASH
(8)HORRY COUNTY FIRST STEPS PARTNERSHIP	B	598,127.	CASH
(9)JASPER COUNTY FIRST STEPS PARTNERSHIP	B	160,114.	CASH
(10)KERSHAW COUNTY FIRST STEPS PARTNERSHIP	B	189,838.	CASH
(11)LANCASTER COUNTY FIRST STEPS PARTNERSHIP	B	237,448.	CASH
(12)LAURENS COUNTY FIRST STEPS PARTNERSHIP	B	212,625.	CASH
(13)LEE COUNTY FIRST STEPS PARTNERSHIP	B	107,946.	CASH
(14)LEXINGTON COUNTY FIRST STEPS PARTNERSHIP	B	639,421.	CASH
(15)MARION COUNTY FIRST STEPS PARTNERSHIP	B	154,709.	CASH
(16)MARLBORO COUNTY FIRST STEPS PARTNERSHIP	B	160,482.	CASH
(17)MCCORMICK COUNTY FIRST STEPS PARTNERSHIP	B	151,655.	CASH
(18)NEWBERRY COUNTY FIRST STEPS PARTNERSHIP	B	153,286.	CASH
(19)OCONEE COUNTY FIRST STEPS PARTNERSHIP	B	190,227.	CASH
(20)ORANGEBURG COUNTY FIRST STEPS PARTNERSHIP	B	324,058.	CASH
(21)PICKENS COUNTY FIRST STEPS PARTNERSHIP	B	258,231.	CASH
(22)RICHLAND COUNTY FIRST STEPS PARTNERSHIP	B	754,585.	CASH
(23)SALUDA COUNTY FIRST STEPS PARTNERSHIP	B	154,044.	CASH
(24)SPARTANBURG COUNTY FIRST STEPS PARTNERSHIP	B	656,972.	CASH

Schedule R (Form 990) SOUTH CAROLINA FIRST STEPS TO SCHOOL READINESS BOARD OF TRUSTEES

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) SUMTER COUNTY FIRST STEPS PARTNERSHIP	B	361,195.	CASH
(8) UNION COUNTY FIRST STEPS PARTNERSHIP	B	160,723.	CASH
(9) WILLIAMSBURG COUNTY FIRST STEPS PARTNERSHIP	B	173,397.	CASH
(10) YORK COUNTY FIRST STEPS PARTNERSHIP	B	518,351.	CASH
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

332164
09-12-13