

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2020**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>SMART START OF TRANSYLVANIA COUNTY</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>P.O. BOX 1676</p> City or town, state or province, country, and ZIP or foreign postal code <p>BREVARD NC 28712-1676</p>	<b>D</b> Employer identification number <p><b>31-1489864</b></p> <b>E</b> Telephone number <p><b>828-877-3025</b></p> <b>G</b> Gross receipts\$ <b>1,546,459</b>
<b>F</b> Name and address of principal officer: <p><b>DEBORAH TIBBETTS</b>  <b>P.O. BOX 1676</b>  <b>BREVARD NC 28712-1676</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>SMARTSTARTTRANSYLVANIA.ORG</b>		<b>L</b> Year of formation: <b>1996</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>M</b> State of legal domicile: <b>NC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>SEE SCHEDULE O</b></p>																																		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) <b>6</b> Total number of volunteers (estimate if necessary) <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;"></td><td style="width:15%;"></td><td style="width:15%;"></td><td style="width:15%;"></td></tr> <tr><td style="text-align: center;"><b>3</b></td><td style="text-align: center;"><b>11</b></td><td></td><td></td></tr> <tr><td style="text-align: center;"><b>4</b></td><td style="text-align: center;"><b>11</b></td><td></td><td></td></tr> <tr><td style="text-align: center;"><b>5</b></td><td style="text-align: center;"><b>5</b></td><td></td><td></td></tr> <tr><td style="text-align: center;"><b>6</b></td><td style="text-align: center;"><b>0</b></td><td></td><td></td></tr> <tr><td style="text-align: center;"><b>7a</b></td><td style="text-align: center;"><b>0</b></td><td></td><td></td></tr> <tr><td style="text-align: center;"><b>7b</b></td><td style="text-align: center;"><b>0</b></td><td></td><td></td></tr> </table>					<b>3</b>	<b>11</b>			<b>4</b>	<b>11</b>			<b>5</b>	<b>5</b>			<b>6</b>	<b>0</b>			<b>7a</b>	<b>0</b>			<b>7b</b>	<b>0</b>							
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<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>9</b> Program service revenue (Part VIII, line 2g) <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="2"></th><th style="text-align: center;">Prior Year</th><th style="text-align: center;">Current Year</th></tr> <tr><td style="width:5%;"></td><td style="width:15%;"></td><td style="text-align: right;"><b>1,243,348</b></td><td style="text-align: right;"><b>1,543,808</b></td></tr> <tr><td></td><td></td><td></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td></td><td></td><td style="text-align: right;"><b>450</b></td><td style="text-align: right;"><b>413</b></td></tr> <tr><td></td><td></td><td style="text-align: right;"><b>1,175</b></td><td style="text-align: right;"><b>2,238</b></td></tr> <tr><td></td><td></td><td style="text-align: right;"><b>1,244,973</b></td><td style="text-align: right;"><b>1,546,459</b></td></tr> </table>			Prior Year	Current Year			<b>1,243,348</b>	<b>1,543,808</b>				<b>0</b>			<b>450</b>	<b>413</b>			<b>1,175</b>	<b>2,238</b>			<b>1,244,973</b>	<b>1,546,459</b>									
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<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <b>19</b> Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="2"></th><th style="text-align: center;">Prior Year</th><th style="text-align: center;">Current Year</th></tr> <tr><td style="width:5%;"></td><td style="width:15%;"></td><td style="text-align: right;"><b>835,448</b></td><td style="text-align: right;"><b>1,013,791</b></td></tr> <tr><td></td><td></td><td></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td></td><td></td><td style="text-align: right;"><b>158,645</b></td><td style="text-align: right;"><b>197,154</b></td></tr> <tr><td></td><td></td><td></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td></td><td></td><td style="text-align: right;"><b>132,735</b></td><td style="text-align: right;"><b>166,767</b></td></tr> <tr><td></td><td></td><td style="text-align: right;"><b>1,126,828</b></td><td style="text-align: right;"><b>1,377,712</b></td></tr> <tr><td></td><td></td><td style="text-align: right;"><b>118,145</b></td><td style="text-align: right;"><b>168,747</b></td></tr> </table>			Prior Year	Current Year			<b>835,448</b>	<b>1,013,791</b>				<b>0</b>			<b>158,645</b>	<b>197,154</b>				<b>0</b>			<b>132,735</b>	<b>166,767</b>			<b>1,126,828</b>	<b>1,377,712</b>			<b>118,145</b>	<b>168,747</b>	
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<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>21</b> Total liabilities (Part X, line 26) <b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="2"></th><th style="text-align: center;">Beginning of Current Year</th><th style="text-align: center;">End of Year</th></tr> <tr><td style="width:5%;"></td><td style="width:15%;"></td><td style="text-align: right;"><b>183,206</b></td><td style="text-align: right;"><b>340,111</b></td></tr> <tr><td></td><td></td><td style="text-align: right;"><b>19,668</b></td><td style="text-align: right;"><b>7,826</b></td></tr> <tr><td></td><td></td><td style="text-align: right;"><b>163,538</b></td><td style="text-align: right;"><b>332,285</b></td></tr> </table>			Beginning of Current Year	End of Year			<b>183,206</b>	<b>340,111</b>			<b>19,668</b>	<b>7,826</b>			<b>163,538</b>	<b>332,285</b>																	
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**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.

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>DEBORAH TIBBETTS</b></p> Type or print name and title	Date <p style="text-align: center;"><b>EXECUTIVE DIRECTOR</b></p>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <p><b>TERRY B ANDERSEN CPA</b></p> Preparer's signature <p><i>Terry B. Andersen, CPA</i></p> Date <p>05/03/22</p> Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN PTIN <p>P00932175</p> Firm's name ▶ <b>CARLAND &amp; ANDERSEN, INC.</b> Firm's address ▶ <b>89 N. CALDWELL ST. BREVARD, NC 28712</b> Firm's EIN ▶ <b>04-3729830</b> Phone no. <b>828-884-2021</b>	

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

For Paperwork Reduction Act Notice, see the separate instructions.

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:

SEE SCHEDULE O

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

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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.

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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 \$ 1,292,030 including grants of \$ 1,013,791 ) (Revenue \$ )

DEVELOP AND PROVIDE EARLY CHILDHOOD EDUCATION AND DEVELOPMENT SERVICES FOR CHILDREN AND FAMILIES IN ADDITION TO QUALITY CHILD CARE IN TRANSYLVANIA, NORTH CAROLINA.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

N/A

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,292,030



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:

SEE SCHEDULE O

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 \$ 1,292,030 including grants of \$ 1,013,791 ) (Revenue \$ )

DEVELOP AND PROVIDE EARLY CHILDHOOD EDUCATION AND DEVELOPMENT SERVICES FOR CHILDREN AND FAMILIES IN ADDITION TO QUALITY CHILD CARE IN TRANSYLVANIA, NORTH CAROLINA.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

N/A

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,292,030