

**CRITICAL MESSAGES**

NONE

**ELECTRONIC FILING**

NONE

**INFORMATIONAL MESSAGES**

- PART IV, LINE 67 END OF YEAR UNRESTRICTED FUND BALANCE CALCULATED.
- IF SCHEDULE B REQUIRED, ENTER DATA ON SCREEN SCHB INSTEAD OF INC.
- FORM 8879-EO RETURN ID FIELD MUST BE MANUALLY COMPLETED. THE RETURN ID CAN BE FOUND IN THE IRS ACKNOWLEDGEMENT. MULTIPLE RETRANSMISSIONS RESULT IN MULTIPLE RETURN IDS GENERATED PER RETURN.
- FORM 8868 FOR FORM 990/990-EZ EXTENSION PREVIOUSLY PRINTED; VERIFY EXTENDED DUE DATE IN SCREEN EXT.
- PREPARER 'JAMES C. FAW'

**MISSING DATA**

PRIOR YEAR DATA

**GENERAL INFORMATION**

TAX YEAR BEGINNING 7/01/05

**FUNCTIONAL EXPENSES/ACCOMP**

GRANTS AND ALLOCATIONS (FORCE) 26,270

PROGRAM SERVICE EXP (FORCE) 647,922

**INCOME / DIRECT EXP, CONT (CHICKEN FEST)**

OTHER COSTS 1,666

**BALANCE SHEET INFORMATION 990**

OTHER INCREASES IN NET ASSETS 1

## Forms 990 / 990-EZ Return Summary

For calendar year 2006, or tax year beginning **7/01/06** , and ending **6/30/07**

**WILKES COMM. PARTNERSHIP FOR  
CHILDREN**

**56-1875083**

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u><b>25,713</b></u>
<b>Revenue</b>		
Contributions	<u>879,506</u>	
Program service revenue	<u>                    </u>	
Investment income	<u>563</u>	
Capital gain / loss	<u>                    </u>	
Special events:		
Gross revenue	<u>394</u>	
Direct expenses	<u>                    </u>	
Net income	<u>394</u>	
Other income	<u>7,787</u>	
<b>Total revenue</b>		<u><b>888,250</b></u>
<b>Expenses</b>		
Program services	<u>727,184</u>	
Management and general	<u>163,874</u>	
Fundraising	<u>                    </u>	
Payments to affiliates	<u>                    </u>	
<b>Total expenses</b>		<u><b>891,058</b></u>
<b>Excess / (deficit)</b>		<u><b>-2,808</b></u>
Other changes		<u><b>-5,058</b></u>
<b>Net Asset / Fund Balance at End of Year</b>		<u><u><b>17,847</b></u></u>

### Reconciliation of Revenue

Total revenue per financial statements	<u>                    </u>
Less:	
Unrealized gains	<u>                    </u>
Donated services	<u>                    </u>
Recoveries	<u>                    </u>
Other	<u>                    </u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>                    </u>
<b>Total revenue per return</b>	<u><u><b>888,250</b></u></u>

### Reconciliation of Expenses

Total expenses per financial statements	<u>                    </u>
Less:	
Donated services	<u>                    </u>
Prior year adjustments	<u>                    </u>
Losses	<u>                    </u>
Other	<u>                    </u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>                    </u>
<b>Total expenses per return</b>	<u><u><b>891,058</b></u></u>

	Beginning	Balance Sheet Ending	Differences
Assets	<u>27,236</u>	<u>18,407</u>	
Liabilities	<u>1,523</u>	<u>560</u>	
<b>Net assets</b>	<u><u>25,713</u></u>	<u><u>17,847</u></u>	<u><u><b>-7,866</b></u></u>

**Miscellaneous Information**  
Return / extended due date 2/15/08  
Failure to file penalty

**BENSON, BLEVINS & ASSOCIATES, P.L.L.C.**  
**CERTIFIED PUBLIC ACCOUNTANTS**  
**PO BOX 1026**  
**NORTH WILKESBORO, NC 28659-4106**  
**Telephone (336) 838-3175 Fax (336) 667-0989**  
**info@bensonblevins.com**  
**www.bensonblevins.com**

**Filing Instructions**

**Wilkes Comm.Partnership for  
CHILDREN**

**Exempt Organization / Private Foundation Tax Return(s)**

**Taxable Year Ended June 30, 2007**

**Federal Filing Instructions**

Your Form 990 for the year ended 6/30/07 shows no balance due. You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

BENSON, BLEVINS & ASSOCIATES, P.L.L.C.  
302 9TH ST, PO BOX 1026  
NORTH WILKESBORO, NC 28659-4106

Enclosed is a copy of the IRS e-file Signature Authorization and Form 990 for your records.

Your return is being filed electronically with the IRS and it is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay processing of your return.

Wilkes Comm.Partnership for  
CHILDREN  
PO Box 788  
North Wilkesboro , NC 28659

Internal Revenue Service Center  
Ogden, UT 84201-0027



Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2006, or fiscal year beginning 7/01, 2006, and ending 6/30, 2007▶ **Do not send to the IRS. Keep for your records.****2006**Department of the Treasury  
Internal Revenue Service▶ **See instructions.****Return ID (20-digit number)** ▶Name of exempt organization **WILKES COMM. PARTNERSHIP FOR  
CHILDREN**Employer identification number  
**56-1875083**Name and title of officer  
**LAURA WELBORN  
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a**, **2a**, **3a**, **4a**, or below, and the amount on that line for the return for which you are **5a**, filing this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, line 12) .....	<b>1b</b> <u>888,250</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax Based on Investment Income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS an acknowledgement of receipt or reason for rejection of the (a) transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and the date (d) of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **BENSON, BLEVINS & ASSOCIATES, P.L.L.** to enter my PIN **10894** as my signature  
ERO firm name do not enter all zeros  
on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ 1/25/08**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

**56601410894**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2006 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4206**, Information for Authorized IRS e-file Providers of Exempt Organization Filings.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2006)

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

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

**A For the 2006 calendar year, or tax year beginning 7/01/06, and ending 6/30/07**

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

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

**C Name of organization**  
**WILKES COMM. PARTNERSHIP FOR CHILDREN**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO BOX 788**

City or town, state or country, and ZIP + 4  
**NORTH WILKESBORO NC 28659**

**D Employer identification number**  
**56-1875083**

**E Telephone number**

**F Accounting method:**  Cash  Accrual  Other (specify)  
**SEE STMT 8**

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

**H** and are not applicable to section 527 organizations. **I**

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

**H(b)** If "Yes," enter number of affiliates **▶**  Yes  No

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I Group Exemption Number** **▶**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G Website:** **▶ WWW.WILKESSMARTSTART.COM**

**J Organization type**  
(check only one)  501(c) ( **3** )  4947(a)(1) or  527

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

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 888,250**

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

		1a	1b	1c	1d	1e
<b>1</b> Contributions, gifts, grants, and similar amounts received:						
<b>a</b> Contributions to donor advised funds						
<b>b</b> Direct public support (not included on line 1a)			<b>12,281</b>			
<b>c</b> Indirect public support (not included on line 1a)						
<b>d</b> Government contributions (grants) (not included on line 1a)					<b>867,225</b>	
<b>e Total</b> (add lines 1a through 1d) (cash \$ <b>879,506</b> noncash \$ )						<b>879,506</b>
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)						
<b>3</b> Membership dues and assessments						
<b>4</b> Interest on savings and temporary cash investments						
<b>5</b> Dividends and interest from securities						
<b>6a</b> Gross rents		<b>6a</b>				
<b>b</b> Less: rental expenses		<b>6b</b>				
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a						<b>6c</b>
<b>7</b> Other investment income (describe <b>▶</b> )						
<b>8a</b> Gross amount from sales of assets other than inventory		<b>(A) Securities</b>		<b>(B) Other</b>		
<b>b</b> Less: cost or other basis and sales expenses		<b>8a</b>				
<b>c</b> Gain or (loss) (attach schedule)		<b>8b</b>				
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)		<b>8c</b>				<b>8d</b>
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)		<b>9a</b>	<b>394</b>			
<b>b</b> Less: direct expenses other than fundraising expenses		<b>9b</b>				
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a						<b>9c</b>
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>				
<b>b</b> Less: cost of goods sold		<b>10b</b>				
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a						<b>10c</b>
<b>11</b> Other revenue (from Part VII, line 103)						
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11						
<b>13</b> Program services (from line 44, column (B))						
<b>14</b> Management and general (from line 44, column (C))						
<b>15</b> Fundraising (from line 44, column (D))						
<b>16</b> Payments to affiliates (attach schedule)						
<b>17 Total expenses.</b> Add lines 16 and 44, column (A)						
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12						
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))						
<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 1</b>						
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20						

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b>	Other grants and allocations (attach schedule) <b>STMT 2</b> (cash \$ <b>1,962</b> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>1,962</b>	<b>1,962</b>		
<b>23</b>	Specific assistance to individuals (attach schedule)				
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)				
<b>25b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)				
<b>25c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	<b>532,273</b>	<b>431,586</b>	<b>100,687</b>	
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	<b>30,660</b>	<b>22,806</b>	<b>7,854</b>	
<b>28</b>	Employee benefits not included on lines 25a - 27				
<b>29</b>	Payroll taxes				
<b>30</b>	Professional fundraising fees				
<b>31</b>	Accounting fees				
<b>32</b>	Legal fees				
<b>33</b>	Supplies	<b>61,812</b>	<b>50,881</b>	<b>10,931</b>	
<b>34</b>	Telephone	<b>12,926</b>	<b>10,931</b>	<b>1,995</b>	
<b>35</b>	Postage and shipping	<b>2,986</b>	<b>2,124</b>	<b>862</b>	
<b>36</b>	Occupancy				
<b>37</b>	Equipment rental and maintenance	<b>4,434</b>	<b>4,434</b>		
<b>38</b>	Printing and publications	<b>1,058</b>	<b>710</b>	<b>348</b>	
<b>39</b>	Travel	<b>11,607</b>	<b>9,341</b>	<b>2,266</b>	
<b>40</b>	Conferences, conventions, and meetings	<b>6,117</b>	<b>2,691</b>	<b>3,426</b>	
<b>41</b>	Interest				
<b>42</b>	Depreciation, depletion, etc. (attach schedule)				
<b>43</b>	Other expenses not covered above (itemize):				
<b>a</b>	<b>SEE STATEMENT 3</b>	<b>225,223</b>	<b>189,718</b>	<b>35,505</b>	
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>					
<b>g</b>					
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>891,058</b>	<b>727,184</b>	<b>163,874</b>	<b>0</b>

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ ; (ii) the amount allocated to Program services \$ \_\_\_\_\_ ;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

► **EDUCATION AND DEVELOPMENT OF CHILDREN**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

**a CHILDCARE RESOURCES AND REFERRAL  
HEALTH AND FAMILY SERVICES  
REIMBURSEMENT FOR CHILDCARE EXPENSES**

(Grants and allocations \$ **1,962** ) If this amount includes foreign grants, check here ►

**727,184**

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►

**727,184**

**Part IV Balance Sheets** (See the instructions.)

		(A)		(B)
		Beginning of year		End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
<b>Assets</b>	45 Cash-non-interest-bearing .....	500	45	500
	46 Savings and temporary cash investments .....	21,678	46	17,907
	47a Accounts receivable .....		47a	
	b Less: allowance for doubtful accounts .....		47b	47c
	48a Pledges receivable .....		48a	
	b Less: allowance for doubtful accounts .....		48b	48c
	49 Grants receivable .....		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule) .....		50b	
	51a Other notes and loans receivable (attach schedule) .....		51a	
	b Less: allowance for doubtful accounts .....		51b	51c
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....		53	
	54a Investments—publicly-traded securities .....	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments—other securities (attach schedule) .....	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55a Investments-land, buildings, and equipment: basis .....		55a	
	b Less: accumulated depreciation (attach schedule) .....		55b	55c
	56 Investments-other (attach schedule) .....		56	
	57a Land, buildings, and equipment: basis .....		57a	
	b Less: accumulated depreciation (attach schedule) .....		57b	57c
58 Other assets, including program-related investments (describe ▶ <b>SEE STATEMENT 4</b> ) .....		5,058	58	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....		27,236	59	18,407
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....		60	
	61 Grants payable .....		61	
	62 Deferred revenue .....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) .....		63	
	64a Tax-exempt bond liabilities (attach schedule) .....		64a	
	b Mortgages and other notes payable (attach schedule) .....		64b	
	65 Other liabilities (describe ▶ <b>SEE STATEMENT 5</b> ) .....		1,523	65
66 <b>Total liabilities.</b> Add lines 60 through 65 .....		1,523	66	560
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	25,713	67	17,847
	68 Temporarily restricted .....		68	
	69 Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	25,713	73	17,847
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	27,236	74	18,407

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.) N/A

Table with 5 main rows (a-e) and sub-rows for adjustments. Includes columns for descriptions, sub-rows (b1-b4, d1-d2), and a final column for totals. Row 'e' is marked with a triangle and 'Total revenue'.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

Table with 5 main rows (a-e) and sub-rows for adjustments. Includes columns for descriptions, sub-rows (b1-b4, d1-d2), and a final column for totals. Row 'e' is marked with a triangle and 'Total expenses'.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'SEE STATEMENT 6'.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (total number of officers), 75b (relationships), 75c (compensation), and 75d (conflict of interest policy).

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76 (change in activities), 77 (changes in governing documents), 78a (unrelated business income), 78b (tax return), 79 (liquidation), 80a (related organization), 80b (name of organization), 81a (political expenditures), 81b (Form 1120-POL).

Part VI Other Information (continued)		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
<b>85</b>	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
<b>c</b>	Dues, assessments, and similar amounts from members		
	85c		
<b>d</b>	Section 162(e) lobbying and political expenditures		
	85d		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12		
	86a		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
	86b		
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders		
	87a		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/>		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	<input type="text" value="0"/>		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	<input type="text" value="0"/>		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	89g		
<b>90a</b>	List the states with which a copy of this return is filed <input type="text" value="NONE"/>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	20
<b>91a</b>	The books are in care of <input type="text" value="ROBIN DAVIS"/> Telephone no. <input type="text" value="336-838-0977"/> <input type="text" value="PO BOX 788"/>		
	Located at <input type="text" value="NORTH WILKESBORO, NC"/> ZIP + 4 <input type="text" value="28659"/>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	563	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			12	394	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b <b>SALES TAX REFUND</b>					5,004
c <b>OTHER REVENUE</b>					2,783
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		957	7,787
105 <b>Total</b> (add line 104, columns (B), (D), and (E))					8,744

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
9	
103B	<b>REFUNDS RECEIVED FROM THE OPERATION OF EXEMPT FUNCTION</b>
103C	<b>OTHER INCOME IN RELATION TO THE CONDUCT OF EXEMPT FUNCTION</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

<p><b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.</p>	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				

<p><b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.</p>	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				

<p><b>108</b> Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?</p>	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

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>Please Sign Here</b>	<p>Signature of officer  <b>LAURA WELBORN</b></p>	<p>Date  <b>EXECUTIVE DIRECTOR</b></p>
	<p>Type or print name and title</p>	

<b>Paid Preparer's Use Only</b>	<p>Preparer's signature</p>	<p>Date  <b>1/19/08</b></p>	<p>Check if self-employed <input type="checkbox"/></p>	<p>Preparer's SSN or PTIN (See Gen. Instr. X)  <b>P00010894</b></p>
	<p>Firm's name (or yours if self-employed), address, and ZIP + 4  <b>BENSON, BLEVINS &amp; ASSOCIATES, P.L.L.C.</b>  <b>302 9TH ST, PO BOX 1026</b>  <b>NORTH WILKESBORO, NC 28659-4106</b></p>	<p>EIN <b>56-0656546</b></p>	<p>Phone no. <b>336-838-3175</b></p>	



**Part III Statements About Activities** (See page 2 of the instructions.)

Yes No

<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>	1		<b>X</b>
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p>			
<p><b>a</b> Sale, exchange, or leasing of property?</p>	2a		<b>X</b>
<p><b>b</b> Lending of money or other extension of credit?</p>	2b		<b>X</b>
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	2c		<b>X</b>
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		<b>X</b>
<p><b>e</b> Transfer of any part of its income or assets?</p>	2e		<b>X</b>
<p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)</p>	3a		<b>X</b>
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	<b>X</b>	
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	3c		<b>X</b>
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		<b>X</b>
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a		<b>X</b>
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	4b		
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year</p>		<b>u</b>	_____
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p>		<b>u</b>	_____
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts</p>		<b>u</b>	<b>0</b>
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year</p>		<b>u</b>	<b>0</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I     Type II     Type III-Functionally Intergrated     Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					<b>u</b>

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	<b>836,417</b>	<b>911,534</b>	<b>965,164</b>	<b>987,733</b>	<b>3,700,848</b>
<b>16</b> Membership fees received					<b>0</b>
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					<b>0</b>
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	<b>486</b>	<b>824</b>	<b>946</b>	<b>1,655</b>	<b>3,911</b>
<b>19</b> Net income from unrelated business activities not included in line 18					<b>0</b>
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					<b>0</b>
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					<b>0</b>
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets <b>STMT 7</b>	<b>6,233</b>	<b>9,890</b>	<b>8,716</b>	<b>12,490</b>	<b>37,329</b>
<b>23</b> Total of lines 15 through 22	<b>843,136</b>	<b>922,248</b>	<b>974,826</b>	<b>1,001,878</b>	<b>3,742,088</b>
<b>24</b> Line 23 minus line 17	<b>843,136</b>	<b>922,248</b>	<b>974,826</b>	<b>1,001,878</b>	<b>3,742,088</b>
<b>25</b> Enter 1% of line 23	<b>8,431</b>	<b>9,222</b>	<b>9,748</b>	<b>10,019</b>	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a 74,842</b>
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c 3,742,088</b>
<b>d</b> Add: Amounts from column (e) for lines: 18 <u>3,911</u> 19 _____ 22 <u>37,329</u> 26b _____					<b>26d 41,240</b>
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e 3,700,848</b>
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f 98.8979%</b>
<b>27 Organizations described on line 12:</b>					
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					<b>N/A</b>
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					<b>N/A</b>
<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b>
<b>d</b> Add: Line 27a total _____ and line 27b total _____					<b>27d</b>
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b>
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					<b>27f</b>
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g %</b>
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h %</b>

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 9 of the instructions.)

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....	31		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... ..... .....				
32	Does the organization maintain the following:	32a		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....				
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges? .....	33a		
b	Admissions policies? .....	33b		
c	Employment of faculty or administrative staff? .....	33c		
d	Scholarships or other financial assistance? .....	33d		
e	Educational policies? .....	33e		
f	Use of facilities? .....	33f		
g	Athletic programs? .....	33g		
h	Other extracurricular activities? .....	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....				
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a		
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b		
If you answered "Yes" to either 34a or b, please explain using an attached statement.				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>	
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-		
<b>If the amount on line 40 is-</b> <b>The lobbying nontaxable amount is-</b>		
Not over \$500,000 .....	20% of the amount on line 40 .....	
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	
Over \$17,000,000 .....	\$1,000,000 .....	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots nontaxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) .....			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



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

**Schedule of Contributors**  
Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2006**

Name of organization

**WILKES COMM. PARTNERSHIP FOR  
CHILDREN**

Employer identification number

**56-1875083**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 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 organizations 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-**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate 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:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization

**WILKES COMM.PARTNERSHIP FOR**

Employer identification number

**56-1875083**

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>NC DEPT. OF HEALTH &amp; HUMAN SERVICES</u> <u>2001 MAIL SERVICE CENTER</u>  <u>RALEIGH, NC 27699</u>	\$ <u>812,854</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>US DEPT. OF HEALTH &amp; HUMAN SERVICES</u> <u>200 INDEPENDENCE AVE., SW</u>  <u>WASHINGTON, DC 20201</u>	\$ <u>36,422</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



## Federal Statements

### Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
PRIOR PERIOD ADJUSTMENT FOR REVERSION	\$ -5,058
TOTAL	<u>\$ -5,058</u>

## Federal Statements

### Statement 2 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
CHILD CARE SCHOLARSHIP					\$ 1,962	\$	\$		
TOTAL					<u>\$ 1,962</u>	<u>\$ 0</u>	<u>\$ 0</u>		

## Federal Statements

### Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
<b>EXPENSES</b>				
CONTRACT SERVICES	27,544	13,531	14,013	
FOOD	9,929	9,929		
UTILITIES	13,874	12,970	904	
REPAIRS & MAINTENANCE	20,853	15,539	5,314	
EMPLOYEE TRAINING	8,209	7,163	1,046	
CLASSIFIED ADVERTISING	4,112	3,982	130	
BUILDING/OFFICE RENT	25,875	21,994	3,881	
DUES & SUBSCRIPTIONS	2,067	1,491	576	
INSURANCE	5,953		5,953	
PROPERTY & EQUIPMENT	10,022	6,411	3,611	
MODEL STANDARDS	4,749	4,749		
TRANSPORTATION SERVICES	2,868	2,868		
ON-LINE EVALUATION	7,731	7,731		
STIPENDS & BONUSES	3,850	3,850		
GRANTS & CASH AWARDS	15,094	15,094		
PARTICIPANT TRAINING	9,916	9,916		
WILKES COUNTY HEALTH DEPT	52,500	52,500		
OTHER EXPENSES	77		77	
<b>TOTAL</b>	<u>\$ 225,223</u>	<u>\$ 189,718</u>	<u>\$ 35,505</u>	<u>\$ 0</u>

### Statement 4 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
REVERSION	\$ 5,058	\$
<b>TOTAL</b>	<u>\$ 5,058</u>	<u>\$ 0</u>

### Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
EMPLOYEE WITHHOLDINGS-DISABILITY	\$ 19	\$
EMPLOYEE WITHHOLDINGS-SUPP HEALTH	94	
DUE TO THE STATE	1,410	560
<b>TOTAL</b>	<u>\$ 1,523</u>	<u>\$ 560</u>

## Federal Statements

### Statement 6 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
GARY PAGE 110 NORTH STREET WILKESBORO NC 28697	DIRECTOR	0	0	0	0
BETH LOVETTE 306 COLLEGE STREET WILKESBORO NC 28697	DIRECTOR	0	0	0	0
DONNIE BUMGARNER PO BOX 119 WILKESBORO NC 28697	DIRECTOR	0	0	0	0
KAYE LAMB 613 CHERRY STREET NORTH WILKESBORO NC 28659	DIRECTOR	0	0	0	0
AMBER DILLARD 1430 WILLOW LANE NORTH WILKESBORO NC 28659	DIRECTOR	0	0	0	0
GORDON BURNS PO BOX 120 COLLEGIATE DRIVE WILKESBORO NC 28697	DIRECTOR	0	0	0	0
BRENDA ROTEN 710 BEECH STREET NORTH WILKESBORO NC 28659	DIRECTOR	0	0	0	0
TIM VAN NOY 1923 WEST PARK DRIVE NORTH WILKESBORO NC 28659	DIRECTOR	0	0	0	0
MATTHEW MILLER 360 FOREST HILL DRIVE WILKESBORO NC 28697	DIRECTOR	0	0	0	0

## Federal Statements

### Statement 6 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
JEAN GRAF 272 FOREST GLEN DRIVE WILKESBORO NC 28697	SECRETARY	1	0	0	0
ROBIN HAMBY PO BOX 727 NORTH WILKESBORO NC 28659	DIRECTOR	0	0	0	0
JUDY WEST 110 NORTH STREET WILKESBORO NC 28697	DIRECTOR	0	0	0	0
LOUISE HUMPHREY 215 10TH STREET NORTH WILKESBORO NC 28659	DIRECTOR	0	0	0	0
DARLENE SHUMATE 613 CHERRY ST. NORTH WILKESBORO NC 28659	DIRECTOR	0	0	0	0
DEBBIE FERGUSON 321 COFFEY AVE. NORTH WILKESBORO NC 28659	DIRECTOR	0	0	0	0
WENDY HOFFMEISTER PO BOX 207 BOOMER NC 28606	VICE CHAIR	1	0	0	0
PATRICIA TURNER PO BOX 61 WILKESBORO NC 28697	DIRECTOR	0	0	0	0
TONY MARIN 1509 BEECH CIRCLE WILKESBORO NC 28697	DIRECTOR	0	0	0	0

## Federal Statements

### Statement 6 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
APRIL BUMGARNER 775 BREEZE HILL RD NORTH WILKESBORO NC 28659	DIRECTOR	0	0	0	0
WALTER BROYHILL 697 GREEN ACRES MILL RD MILLERS CREEK NC 28651	CHAIR	1	0	0	0
CARRIE PREVETTE 1922 HUNTING CREEK RD NORTH WILKESBORO NC 28659	DIRECTOR	0	0	0	0
JIM FAW PO BOX 673 WILKESBORO NC 28697	TREASURER	1	0	0	0
BILL WARDEN 172 SANDWEDGE RD WILKESBORO NC 28697	DIRECTOR	0	0	0	0
WENDY WARNER 1302 SECOND STREET NORTH WILKESBORO NC 28659	DIRECTOR	0	0	0	0
JEFF CASEY 222 LINDA CAROL AVE. WILKESBORO NC 28697	DIRECTOR	0	0	0	0

## Federal Statements

### Statement 7 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>		<u>2005</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>
MISCELLANEOUS	INCOME	\$ <u>6,233</u>	\$ <u>9,890</u>	\$ <u>8,716</u>	\$ <u>12,490</u>
TOTAL		\$ <u><u>6,233</u></u>	\$ <u><u>9,890</u></u>	\$ <u><u>8,716</u></u>	\$ <u><u>12,490</u></u>

7733 Wilkes Comm.Partnership for  
56-1875083  
FYE: 6/30/2007

## Federal Statements

### Form 990, Part I, Line 1b - Direct Public Support

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
ART COUNCIL GRANT(S)	\$ 1,447	\$	\$ 1,447
UNITED WAY REVENUE	6,825		6,825
WILKES PLAYMAKERS	2,778		2,778
BOARD MEMBER DONATIONS	1,231		1,231
TOTAL	<u>\$ 12,281</u>	<u>\$ 0</u>	<u>\$ 12,281</u>

### Form 990, Part I, Line 1d - Government Contributions

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
REVERSION OF SMART START GRANTS ACCR	\$ -560	\$	\$ -560
WORK FIRST	18,509		18,509
CONTRIBUTIONS FROM SCHEDULE B	849,276		849,276
TOTAL	<u>\$ 867,225</u>	<u>\$ 0</u>	<u>\$ 867,225</u>

## Federal Statements

### STMT 8

#### Description

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THE ACCOUNTING METHOD IS BASED ON THE REGULATORY BASIS OF ACCOUNTING AS PRESCRIBED BY THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC. THIS BASIS DIFFERS FROM GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PRIMARILY BECAUSE IT RECOGNIZES LONG-LIVED ASSETS AND OTHER COSTS WHICH BENEFITED MORE THAN ONE PERIOD AS EXPENDED IN THE YEAR PURCHASED; IT RECOGNIZES EXPENDITURES WHEN PAID RATHER THAN WHEN INCURRED.