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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
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)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150 2008

Open to Public Inspection

Α	For the	e 2008 calend	lar year	or tax year beginning $7/01/08$, and ending $6/30/$	09		
В	Check if	f applicable	Please use IRS	C Name of organization Florida Association of Healthy	1	D Em	ployer identification number
Ц	Address	s change					
	Name c	hange	label or print or	Start Coalitions Inc		59	<u>-3306893</u>
Ц	initial re	turn	type.	Number and street (or P O box, if mail is not delivered to street address)	Room/suite		ephone number
Ц	Termina	ation	See Specific	1311 N Paul Russell Road	<u>A</u> -101	85	0-488-0288
Ц	Amende	ed return	Instruc-	City or town, state or country, and ZIP + 4		F Gro	up Exemption
Ш	Applicat	tion pending	tions.	Tallahassee FL 32301		Nur	mber •
	• Sec	tion 501(c)(3) organi	zations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting	method	Cash X Accrual
_				npleted Schedule A (Form 990 or 990-EZ).	Other (specify)		
1				althystartflorida.com	H Check ▶	ıf th	e organization is not chedule B (Form 990,
<u>J</u>	Organ	ization type (check onl	y one)— X 501(c) (3) ∢ (insert no) 4947(a)(1) or 52	7 required to 990-EZ, or	990-PF)	nedule B (Form 990,
Κ	Check	▶ ∐ ıfth	ie organ	ization is not a section 509(a)(3) supporting organization and its gross re	eceipts are normally	y not mo	ore than \$25,000 A return
	ıs not r	equired, but i	the org	anization chooses to file a return, be sure to file a complete return			<u> </u>
<u>L</u>	Add line			to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 9		> :	
F	Part I	Rever	ue, Ex	penses, and Changes in Net Assets or Fund Balances	(See the instr	uctions	
	1	Contributions,	gıfts, gra	nts, and similar amounts received		1	26,366
	2	Program se.	rvice rev	enue including government fees and contracts		2	381,798
	3	Membership	dues a	nd assessments See Sta	tement 1	3	21,700
	4	Investment	ncome			4	1,499
	5a	Gross amou	int from	sale of assets other than inventory 5a			
	b	Less cost o	r other b	asis and sales expenses5b			
_	С	Gain or (loss)	from sale	of assets other than inventory (Subtract line 5b from line 5a) (attach sch)		5c	
nue	6	Special events	s and acti	vities (complete applicable parts of Schedule G) If any amount is from gaming, che	eck here		
Revenue	a	Gross rever	ue (not	ncluding \$ of contributions	_		
å		reported on	line 1)	6a			
	b	Less direct	expense	es other than fundraising expenses 6b			
	c	Net income	or (loss)	from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales	of inver	itory, less returns and allowances 7a			
	b	Less cost of	f goods	sold 7b			
	С	Gross profit	or (loss	from sales of inventory (Subtract line 7b from 世紀VED		7с	
	8	Other reven	ue (desc	ribe ► See Statement 2) 8	84,378
	9	Total reven	ue. Add	mounts paid (attach schedule) or members JAN 2 7 2010)	9	515,741
	10	Grants and	sımılar a	mounts paid (attach schedule) 💆 JAN 2 7 2010 👸		10	
	11	Benefits par	d to or fe	or members		11	
s	12	Salaries, oth	ner com	pensation, and employee benefits OGDEN, UT		12	
enses	13	Professiona	l fees ar	d other payments to independent contractors		13	8,428
_	1 1/1	Оссиралсу,	rent, ut	lities, and maintenance		14	
2010Ex	15	-		s, postage, and shipping		15	
n	16			scribe ► See Statement 3) 16	430,779
				d lines 10 through 16	•	▶ 17	439,207
Neff Assets	18			or the year (Subtract line 17 from line 9)		18	76,534
SS	19			nces at beginning of year (from line 27, column (A)) (must agree with end-of-year figure rep	orted on prior year's return	n) 19	24,541
Ø.	20			t assets or fund balances (attach explanation)		20	
Z	21	-		alances at end of year Combine lines 18 through 20	•	▶ 21	101,075
1	art II			ets. If Total assets on line 25, column (B) are \$2,500,000 or more, file	Form 990 instead	of Form	
		- 41411			A) Beginning of year		(B) End of year
		savings, and		the metadicine is that it y	114,68		128,726
-	₹	and buildings				23	1
			he 🕨	See Statement 4	75,33		70,312
	ہ Total a		F		190,02		199,038
			cribe •	See Statement 5	165,48		97,963
				s (line 27 of column (B) must agree with line 21)	24,54		101,075
_,				- 1 · · · - · - · - · - · - · · · · · ·			

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

Form 990-EZ (2008)

G9-10

_		a Association of Health		<u>3-3306893</u>		Τ.	_		Page 2
		ogram Service Accomplishments (See the instruc	tions for Part I	II.)			penses	
	nat is the organization's primary ex	empt purpose?						d for 501(d	
See Statement 6								rganizatio	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,						and 4947(a)(1) trusts,			
des	scribe the services provided, the n	umber of persons benefited, or other relevant i	nformation for each	n program title			ptional	for others	<u> </u>
28	Healthy Start Conference	ces - to support and strengthen all							
	Coalitions through cont	cinued education, training and							
	mentoring activities.				_				
	(Grants \$) If this amount includes foreign grants, ch	neck here		Ш	28a		24	<u>,235</u>
29	See Statement 7								
						ļ			
	(Grants \$) If this amount includes foreign grants, ch	neck here	>	\coprod	29a		331	<u>, 698</u>
30	See Statement 8								
						l			
	(Grants \$) If this amount includes foreign grants, ch	neck here	•		30a		<u>58</u>	<u>, 689</u>
31	Other program services (attach s	schedule)				,			
	(Grants \$) If this amount includes foreign grants, ch	neck here		П	31a			
32	Total program service expense	s (add lines 28a through 31a)			>	32		414	,622
		ectors, Trustees, and Key Employees. List ea	ch one even if not	compensated (Sec	e the	ınstru	ctions fo	or Part IV	
			(b) Title and average	(c) Compensation	(d)	Contrib	utions to	(e) Exp	ense
	(a)	Name and address	hours per week devoted to position	(If not paid, enter -0)			efit plans & pensation	accoun other allo	
Li	nda Sutherland		Secretary						
			3	l 0			0		0
Sv	lvıa Kramer		Past Pres						
. ,			3	0			0		0
T.e	slie Spurlock		President				-		
	offic opulion.		3	1 0			0		0
Sh	aron Owens		Treasurer						
511	aton owens		3	l 0			0.		0
	ne Murphy	- h	Pres Elect	Ť					<u>_</u>
υa	me marphy		3	l 0	ĺ		0		0
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	 		1	<u> </u>	<u> </u>			rm 990-E	7 (2222)
DA	A						Fo	rm 330-F	. (2008)

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

"Yes," Form 990 must be completed instead of Form 990-EZ

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If

Form 990-EZ (2008)

44

45

Yes

No

Χ

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45

Form 990-EZ

32301-2677

 $_{100} \triangleright 850-224-3129$

Yes No Form **990-EZ** (2008)

ahassee

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

Name of the organization

Florida Association of Healthy Start Coalitions Inc

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

The organization is not a private foundation because it is (Please check only one organization)

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

Employer identification number 59-3306893

3	Ш	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)											
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	H)									
6				overnmental unit described in s	ection 17	'0(b)(1)(A)(v).						
7	X	An organizati	on that normally receives a	substantial part of its support fro	om a gove	ernmenta	l unit or	from the	genera	al public	:		
		described in	section 170(b)(1)(A)(vi). (Co	omplete Part II)	-				•	•			
8				70(b)(1)(A)(vi). (Complete Part	: II)								
9	Н	•		1) more than 33 1/3 % of its sup	-	contribut	ions. me	embersh	no fees.	and gr	oss		
_				npt functions—subject to certain									
		•		nd unrelated business taxable in	-		•						
				0, 1975 See section 509(a)(2).	•			,					
10	\Box		ŭ	exclusively to test for public safe	•		•	(see in	struction	ns)			
11	Н	J	•	exclusively for the benefit of, to	•			•		,			
•	ш	U	•	ed organizations described in si	•				•		1		
		•	, , , , ,	he type of supporting organizati					•				
		a Type		c Type III–Function			d		e III–Ot	her			
е			— ·	janization is not controlled direc	tly or indi	rectly by	one or m	_					
	_	,		and other than one or more put	•				•		า		
		509(a)(1) or s	section 509(a)(2)		•								
f		If the organiz	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II,	or Type	III supp	orting				
		_	check this box										
g		Since Augus	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	n any of tl	ne						_
_		following per	sons?										
		(ı) A persor	who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ibed in ((II)				Yes	No
		and (III) l	pelow, the governing body of	f the supported organization?							11g(ı)		
		(ii) A family	member of a person describ	ped in (i) above?							11g(II)		
		(III) A 35% c	ontrolled entity of a person of	described in (i) or (ii) above?							11g(III)		
h		Provide the f	ollowing information about the	he organizations the organization	on suppor	ts							
(1)	Name	e of supported	(ii) EIN	(iii) Type of organization	(IV) Is the o	organization	(v) Did	ou notify	(vi)	s the	(viı) Amo	unt of	
	org	anızatıon		(described on lines 1–9		sted in your	T	nization in	organizat		suppo	ort	
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the S ?			
				(See mandenoms))	Yes	No	Yes	No	Yes	No			
								<u> </u>	 				
								ļ	ļ				
							 	 	 				
								<u></u>					

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.)

<u> </u>	tion A. Public Support						
Ca	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	33,588	41,940	42,987	27,500	48,065	194,080
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 1-3	33,588	41,940	42,987	27,500	48,065	194,080
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	Li					194,080
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·					
Ca	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	33,588	41,940	42,987	27,500	48,065	194,080
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1,049	4,225	5,522	1,499	12,295
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	<u>[</u>					206,375
12	Gross receipts from related activities, etc	(see instructions)				12	1,982,687
13	First five years. If the Form 990 is for the	organization's first	second, third, fou	rth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop here					<u></u>	<u> </u>
Sec	tion C. Computation of Public Su	ipport Percent	age				
14	Public support percentage for 2008 (line 6		-	ר (f))		14	94 0424 %
15	Public support percentage from 2007 Scho					15	99 2999 %
16a	33 1/3 % support test—2008. If the organ			13, and line 14 is 3	33 1/3 % or more,	check this box	. 🖼
	and stop here The organization qualifies		•				ightharpoons
b	33 1/3 % support test—2007. If the organ				5 is 33 1/3 % or m	ore, check this	
	box and stop here. The organization quali	, ,					▶ ∐
17a	10%-facts-and-circumstances test—200	•					
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums		-	•			▶ 🗌
b	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fa				•		, m
	organization meets the "facts-and-circums		_		-		₹₩
18	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16b	, 17a, or 17b, che	ck this box and se	e instructions	

Schedule A (Form 990 or 990-EZ) 2008

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

	(Complete only if you che	ecked the box	on line 9 of Pa	art I.)			
	ction A. Public Support		T		T	T	
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5	ļ <u></u>				ļ	
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b		<u> </u>			ļ	_
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						-
С	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)			<u></u>			
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	<u> </u>	<u> </u>				
14	First five years If the Form 990 is for the organization, check this box and stop here	-	t, second, third, fo	urth, or fifth tax yea	ar as a section 50°	1(c)(3)	▶ []
Sec	tion C. Computation of Public Su	pport Percen	tage				
15	Public support percentage for 2008 (line 8,	, column (f) divide	d by line 13, colum	nn (f))		15	%
16	Public support percentage from 2007 Sche	edule A, Part IV-A	, line 27g			16	%
Sec	ction D. Computation of Investme	nt Income Pe	rcentage				
17	Investment income percentage for 2008 (li	ne 10c, column (f) divided by line 13	3, column (f))		17	%
18	Investment income percentage from 2007	Schedule A, Part	IV-A, line 27h			18	%
19a	33 1/3 % support tests—2008. If the organ	nization did not ch	neck the box on lin-	e 14, and line 15 is	more than 33 1/3	3 %, and line	_
	17 is not more than 33 1/3 %, check this b	•	-				▶ [_]
b	33 1/3 % support tests—2007. If the organ						ا .
	line 18 is not more than 33 1/3 %, check th	-	-		· · · · · ·	•	₽ -
20	Private foundation. If the organization did	not check a box	on line 14, 19a or 1	19b, check this box	and see instruction	ons	D

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

2008

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Department of the Treasury Internal Revenue Service

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

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

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

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

f the organization answered	"Yes," to Form 990, Part	IV, line 5 (Proxy Tax), then
-----------------------------	--------------------------	------------------------------

• Section 501(c)(4), (5), or (6) organizations. Complete Par	THI			
Name of organization Florida Association	of Healthy		Employer identif	fication number
Start Coalitions	Inc		<u>59-3</u> 3068	393
Part I-A To be completed by all organization	ons exempt under section	n 501(c) and s	ection 527 organi	zations.
See the instructions for Schedule C	for details.			
1 Provide a description of the organization's direct and i	indirect political campaign activiti	es in Part IV		
2 Political expenditures			▶ \$ _	
3 Volunteer hours			_	
Part I-B To be completed by all organization	-	n 501(c)(3).		
See the instructions for Schedule C		· · · · · · · · · · · · · · · · · · ·		
1 Enter the amount of any excise tax incurred by the org			▶ \$ _	
2 Enter the amount of any excise tax incurred by organi		955	▶ \$ _	
3 If the organization incurred a section 4955 tax, did it fi	le Form 4720 for this year?			Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV				
Part I-C To be completed by all organization See the instructions for Schedule C		n 501(c), exce	pt section 501(c)(3).
Enter the amount directly expended by the filing organiz	ation for section 527 exempt fund	ction		
activities			▶ \$	
2 Enter the amount of the filing organization's funds contri	buted to other organizations for s	section	-	
527 exempt function activities			▶ \$ _	
3 Total of direct and indirect exempt function expenditures	Add lines 1 and 2 and enter he	re and	_	
on Form 1120-POL, line 17b			▶ \$ _	
4 Did the filing organization file Form 1120-POL for this ye	ear?		_	Yes No
5 State the names, addresses and employer identification	number (EIN) of all section 527	political organizati	ons to which payments	
were made. Enter the amount paid and indicate if the ar	mount was paid from the filing org	ganization's funds	or were political	
contributions received and promptly and directly delivered	ed to a separate political organiza	ation, such as a se	eparate segregated fund	t
or a political action committee (PAC). If additional space	e is needed, provide information i	n Part IV		
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			filing organization's	contributions received and
			funds If none, enter -0-	promptly and directly delivered to a separate
				political organization If
				none, enter -0-
				
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Schedule C (Form 990 or 990-EZ) 2008 F1 Part II-A To be completed by or	ganizations exe	mpt under section	on 501(c)(3) th		
(election under section					
A Check ► ☐ If the filing organiza					
B Check ▶ ☐ if the filing organiza	tion checked box	A and "limited c	ontrol" provisi	ons apply.	
	bbying Expendit			(a) Filing	(b) Affiliated
(The term "expenditures"			1.)	organization's totals	group totals
1a Total lobbying expenditures to influence p	ublic opinion (grass r	oots lobbying)			
b Total lobbying expenditures to influence a	legislative body (dire	ect lobbying)			
c Total lobbying expenditures (add lines 1a	and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add	lines 1c and 1d)		L		
f Lobbying nontaxable amount Enter the a	mount from the follow	ring table in both			
columns					
If the amount on line 1e, column (a) or (b) is.	The lobbying nont	axable amount is:	ľ		
Not over \$500,000	20% of the amount o	n line 1e			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% c	of the excess over \$500,0	00		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% c	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 \$1,500,0	000		
Over \$17 000,000	\$1,000,000				
g Grassroots nontaxable amount (enter 25%	% of line 1f)				
h Subtract line 1g from line 1a Enter -0- if I	ine g is more than line	e a	_		
Subtract line 1f from line 1c Enter -0- if li	ne f is more than line	С			
j If there is an amount other than zero on e	ither line 1h or line 1i	, did the organization	file Form 4720 rep	porting	
section 4911 tax for this year?					Yes No
	A-Year Averagi	ng Period Under	Section 501(I	n)	
(Some organizations the					the five
				f the instructions.)	ine nive
				<u></u>	
Lob	bying Expenditu	res During 4-Yea	ar Averaging	Period	. , -
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
beginning inj	(a) 2005	(6) 2000	(6, 200,	(4, 2000	(6) 10(4)
2s. Labburg pan tayabla amaunt					
2a Lobbying non-taxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount					

Schedule C (Form 990 or 990-EZ) 2008

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

	edule C (Form 990 or 990-EZ) 2008 FIOTIDE ASSOCIATION OF HEALTHY (art II-B To be completed by organizations exempt under section 501(c)(3) that have	<u>NOT</u>				Page 3
	5768 (election under section 501(h)). See the instructions for Schedule C for	detail	S		· · · · · · · · · · · · · · · · · · ·	
		-	a) 		(p)	_
		Yes	No	,	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local	ľ				-
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of					
а	Volunteers?	X				
t	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Ĺ	X			
C	Media advertisements?	L	Χ			
c	Mailings to members, legislators, or the public?	X				
e	Publications, or published or broadcast statements?		X			
1	Grants to other organizations for lobbying purposes?	L	Х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			15	,350
ħ	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	L	Х			
i	Other activities? If "Yes," describe in Part IV		Х		_	
	Total lines 1c through 1i	[15	,350
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	1	1 [-	-
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Х			
1	art III-A To be completed by all organizations exempt under section 501(c)(4), section section 501(c)(6). See the instructions for Schedule C for details. Were substantially all (90% or more) dues received nondeductible by members?				Ye	s No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	l
3_	Did the organization agree to carryover lobbying and political expenditures from the prior year?				3	
P 	art III-B To be completed by all organizations exempt under section 501(c)(4), section section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" Of question 3 is answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members					
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).					
а			2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		}			
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5			
	art IV Supplemental Information					
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B,	line 1		·		
	, complete this part for any additional information					
S	chedule C, Part II-B, Line 1i					
	olunteer Board of Director members are kept current by A					
0	n issues before legislative bodies impacting the Healthy	⁄ St	art	Coal	itio	ons.
m	hey may (but are not mandated to) contact state and loca	1 0	ffi,	ai al a		

regarding legislative matters. March of Dimes volunteers are also kept current of Healthy Start issues and may be included on legislative agenda Part IV Supplemental Information (continued)

if appropriate. This is done mainly through e-mails and other communications.

The Association has a contract with a legislative consultant to provide them with representation before the Florida Legislature, including meetings with the Legislators, House and Senate Committee and staff, and with heads and staff of the Executive Branch.

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	 Amount
Coalition Membership Dues	\$ 21,700
Total	\$ 21,700

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	_	Amount
Gain on Sale of BASINET Prog MIscellaneous Revenue	\$	84,224 154
Total	\$	84,378

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Travel	359
Meetings Expense	19,204
Insurance	4,826
Fiscal Agent	11,250
Meeting Planning	1,250
Licenses & Corporate Fee	75
Credit Card Fees	1,072
Graphic Design	722
Honorarium	1,950
Program Supplies	396
Printing and Copying	552
Contract Services-SOBRA	316,316
Legislative Rep	15,350
Amortization	10,000
Contract Services-BASINET	44,761
Contribution	500
Bank Fees	164
Miscellaneous	622
Postage	42
Dues & Subscriptions	850
Telephone	518
Total	\$ 430,779

59-3306893

Federal Statements

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year		End of Year	
Accounts Receivable	\$	6,956	\$	41,358
Prepaid Expenses and Deferred Charges Software		28,383 159,196		28,954 159,196
Basinet Setup Fee		2.933		2,933
Server Relocation Fees		52,650		52,650
Development Costs		120,000		
Accumulated Amortization		-294,779		-214,779
		75,339		70,312

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	 Beginning of Year		End of Year	
Accounts Payable and Accrued Expenses Deferred Revenue Development Costs Payable	\$ 8,285 37,196 120,000	\$	4,035 93,928	
	 165,481		97,963	

Federal Statements

Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

Strengthen maternal and child health by ensuring that all Florida families have access to a continuum of affordable and quality health and related services and advocating for public policy initiatives to facilitate those services.

Statement 7 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

Description

SOBRA Information System technical support to member Coalitions for a choice counseling system to help pregnant women, who qualify for Medicaid, select a prenatal provider.

Statement 8 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments

Description

BASINET (Baby Abstracting System and Information NETwork) a web-based project managment system for FIMR (Fetal Infant Mortality Review). BASINET has been designed as a tool that will improve the ability to evaluate the factors contributing to fetal and infant mortality, while creating work efficiencies that allow projects to spend more time on interventions.