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12247 12/07/2009 4 49 PM Pg 2

Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008 Open to Public Inspection

Α	For the 2008 c	alendar year, or tax year beginning 7/01/08, and ending 6/30	0/09		
В	Check if applicable	Please C Name of organization EARLY LEARNING COALITION	OF PUTNAM	D Emplo	yer identification number
	Address change	use IRS label or AND ST. JOHNS COUNTIES			
\Box	Name change	print or Doing Business As		59-	3691819
\equiv	Initial return	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	one number
\equiv		See 200 REID STREET	2		
닏	Termination	Instruc- City or town, state or country, and ZIP + 4		G Gross recei	pts\$ 12,183,359
\sqcup	Amended return	tions. PALATKA FL 32177	<u> </u>		
	Application pending	F Name and address of principal officer		H(a) Is this a	group return for
				affiliate H(b) Are all	affiliates H
				include	d? res No
	Tay average at a	us X 501(c) (3) ◄ (insert no) 4947(a)(1) or 527	-	If "No,"	attach a list (see instructions)
÷	Tax-exempt stat Website: ▶	us X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 ELCPSJ.ORG		H(a) Crows	auamahan numbar N
7	Type of organizatio		L Year of formation 2		exemption number ► M State of legal domicile FL
		ummary	L Tear of formation 2	000 1	IN State of regal dominicile 2 2
-	T	describe the organization's mission or most significant activities			
	שמה	ORGANIZATION'S MISSION IS TO SERVE PARENTS, CAP	REGIVERS		
nce	AND	EDUCATORS OF CHILDREN AGES BIRTH TO PRE-KINDERG			
Governance	MAN	AGING AND EVALUATING EARLY CHILD CARE AND EARLY			
- 8 - 8	2 Check t	his box Fig. 1 if the organization discontinued its operations or disposed of more	e than 25% of its asse	ts	
2 W	3 Number	of voting members of the governing body (Part VI, line 1a)		3	16
Ses ≥ Ses	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	11
JAIN © Ø Activities &	5 Total nu	ımber of employees (Part V, line 2a)		5	5
Z S	6 Total nu	umber of volunteers (estimate if necessary)		6	
	1 7a Total or	oss unrelated business revenue from Part VIII, line 12, column (C)		7a	· · · · · · · · · · · · · · · · · · ·
<u> </u>	b Net unr	elated business taxable income from Form 990-T, line 34		7b	0
SCANNED Revenue	1	utions and grants (Part VIII, line 1h)	Prior Ye		Current Year
₹a	8 Contrib		11,92	9,260	12,181,846
	9 Program	n service revenue (Part VIII, line 2g)	4,897	1,513	
Ŗġ,	10 investi	evenue (Part VIII, column (A), lines 3, 4, and 7d) FC 2 2 2009		4,031	1,313
	1	venue—add lines 8 through 11 (must equal Part VIII; column (A), line 12)	11,93	4.157	12,183,359
_		and similar amounts paid (Part IX, column (A), lines 143) 141,		2,412	11,606,481
	1	s paid to or for members (Part IX, column (A), line 4)			
vo.	15 Salamor	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)	30:	1,374	303,018
enses	16a Profess	ional fundraising fees (Part IX, column (A), line 11e)			
_	. I DIOTALTU	ndraising expenses (Part IX, column (D), line 25)			
Ä	17 Other e	xpenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,70	2,487	267,294
	18 Total ex	openses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,89		12,176,793
	19 Revenu	e less expenses Subtract line 18 from line 12		7,884	6,566
ts or		conta (Dad V. Inn. 40)	Beginning of		End of Year
Net Assets or	20 Total as	ssets (Part X, line 16)		8,715 9,008	1,164,294 1,011,858
ŽĘ.	21 Otal 2	abilities (Part X, line 26) sets or fund balances. Subtract line 21 from line 20		9,707	152,436
		signature Block		9,101	132,430
		nder penalties of perjury, I declare that I have examined this return, including accompanying sch	hadulas and statements is	and to the hear	at of my knowledge
	a	nd belief it is true, correct, and complete Declaration of preparer (other than officer) is based or	n all information of which	preparer has	any knowledge
Si	gn	COUNTY CONTRACTOR OF THE CONTR		1121	11/2009
	ere	Signature of officer	λ ,	Dete	7000
		DAWN E. BELL, Executive 1	DIRECTOR		
		Type or print name and title			
_		reparer's Da	ate Check	ıf	Preparer's identifying number
	aid s		2/07/09 self- employ	/ed ▶ 🗌	(see instructions) P00531414
	eparer's	um's name (or yours BERMAN HOPKINS WRIGHT & LAHAN		EIN	▶ 59-1152714
Us		self-employed), 480 NORTH ORLANDO AVE STE 218	8	Phone	
	a	ddress, and ZIP + 4 WINTER PARK, FL 32789		_	407-644-5811
	<u> </u>	uss this return with the preparer shown above? (see instructions)			X Yes No
DA	A For Privac	Act and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2008)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3_		<u> </u>
4	Schedule C, Part II	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
5	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	-		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9_		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	<u> </u>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u></u>	X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1		.
4.0	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1.0		x
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	16		x
17 40	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17		X
18 19	Did the organization report more than \$15,000 total of Fart VIII, line 9a? If "Yes," complete Schedule G, Part III	18_		X
20	Did the organization report more trial \$13,000 on all \$100 in the San Tres, complete Schedule G, Fait in Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		x
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
 23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			$\overline{}$
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	1		
	24b-24d and complete Schedule K. If "No," go to question 25	24a_		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			_
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		<u>x</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	1		4.
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			, v
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	aan	(2008)
		For	ぃょうし	1/0081

Part IV

No

X

X

x

X

X

X

X

X

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X

Yes

28a

28b

28c

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During the tax year, did any person who is a current or former officer, director, trustee, or key employee

a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV

Checklist of Required Schedules (continued)

b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV

c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

37 X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 3 U.S. Information Returns. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable \mathbf{x} gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 5 Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? 4a **b** 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c X 6a Did the organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than X 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of gualified intellectual property, did the organization file Form 8899 as required? 7g X For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as X required? 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. X Did the organization make any taxable distributions under section 4966? 9a X b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Form 990 (2008)

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest

State the name, physical address, and telephone number of the person who possesses the books and records of the

200 REID STREET

FL 32177

policy, and financial statements available to the public

organization > ROBERT K. HUND, FISCAL MANAGER

386-328-8225

PALATKA

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

Check this box if the o			nsate	any	offi /	cer,	direc	ctor,	trustee, or key employee.		
(A)	(B) Average		Posit	uon (e	(C	C) call t	hat a	(vlaa	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SEE ATTACHEI	SCHEDULE	FOI	R E	BOF	RI				0	0	o
DAWN BELL EXEC DIR.	50				x				78,357	0	
EREC DIN.									70,337		
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art VII	Section A	Officers, Directors,	rustee	s, Ke	y En	npic	yees	, an	u Highest Compensated	employees (continued)	
(A) Name an	d title	(B) Average	Pos	sition (hat ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
		hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
			-								
	·····		-								
			-								
Total		<u></u>		Щ.	L	L	į		78,357	 	
Total nu	mber of indi	viduals (including thos	e in 1a	who	rece	ıved	mor	e tha	an \$100,000 in reportable of		
employe For any the orga individua Did any	e on line 1a individual lis nization and al person liste	1? If "Yes," complete Seted on line 1a, is the seted organizations	chedule sum of a greater	e J for eport than com	suciable \$150 \$150	h ind com 0,00 ation	dividu ipens 0° If	ial satioi "Yes n an	yee, or highest compensation and other compensation s," complete Schedule J for y unrelated organization for such person	from r such	3 4 5
ction B. In	dependent	Contractors							actors that received more	than \$100,000 of	
		the organization (A) Name and business addres						,		(B) shon of services	(C) Compensal
		Hairie and business agence	<u>. </u>		•				Descrip	nion of services	Compensal
		ependent contractors	 درامردام مدر/	- db -		41.					

Pa	<u>rt VI</u>	II Statement of Revenue	ie					
 !					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
10 (0)		- 	1			revenue	1010110	512, 513, or 514
발범		Federated campaigns 1a	 					
ga		Membership dues 1b	-		ļ			
an't	С	Fundraising events 1c	<u> </u>					
F P	d	Related organizations 1d	<u> </u>					
S, E	е	Government grants (contributions) 1e	12,1	56,503				•
i Si	f	All other contributions, gifts, grants,					l L	
ᇐ칅		and similar amounts not included above 1f	İ	25,343				
불질	9	Noncash contributions included in lines 1a-1f	\$					
유리	_	Total. Add lines 1a-1f		▶ أ	12,181,846			
Program Service Revenue Contributions, gifts, grants				Busn Code				
盲	2a			1				
ا ۾	b						 	
9					·		 	
ا کِیْ	С.						 	
န္	d						 	
ᇤ	е			 				
		All other program service revenue	•	<u> </u>				
٩		Total. Add lines 2a-2f				·		
	3	Investment income (including div	dends, intere	est, and				
		other similar amounts)		▶	1,513	·		1,513
	4	Income from investment of tax-ex	empt bond p	roceeds 🕨				
	5	Royalties						
		(ı) Real	(II) P	'ersonal		· · · · ·		
	6a	Gross Rents						i
	b	Less rental exps					*	Į
	С	Rental inc or (loss)						
		Net rental income or (loss)						
		Gross amount from (i) Securities		Other				, · · · · · · · · · · · · · · · · · · ·
		sales of assets	· · · · · ·					
		other than inventory					1	- !
	ь	Less cost or other	l				l	1
		basis & sales exps						,
		Gain or (loss)						
		Net gain or (loss)		▶				
	8a	Gross income from fundraising events	j					i
nue		(not including \$						
ķ		of contributions reported on line 1c)	\	i				,
Other Revenue		See Part IV, line 18	a					į
her	b	Less direct expenses	b					
ŏ	С	Net income or (loss) from fundrai	sing events	>		<u></u>		
	9a	Gross income from gaming activities						,
		See Part IV, line 19	a					'
	ь	Less direct expenses	b					!
	С	Net income or (loss) from gaming	activities	>				
		Gross sales of inventory, less			4 3 1 000	1 h 2 1 d 00d + 211		- • • • • • • • • • • • • • • • •
		returns and allowances	a					
	Ь	Less: cost of goods sold	ь					F
		Net income or (loss) from sales of	if inventory			The state of the s		
	٣	Miscellaneous Revenue		Busn. Code			 	
	11a			3334				
	١.			 			 	
	b				 		 	
	ر 2	All other novembers					 	
	d	All other revenue		<u> </u>			 	
	е	Total. Add lines 11a-11d	0.4.	• • •	 	ļ	 	
	12	Total Revenue. Add lines 1h, 2g	, 3, 4, 5, 6d, 1		40 400 ==-	_		
_	<u> </u>	9c, 10c, and 11e			12,183,359]0	0	1,513

Page 10

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must be	<u> </u>	<u> </u>		<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	11,606,481	11,606,481		
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
J	trustees, and key employees				
c	Compensation not included above, to disqualified				
6	•		j		
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	241,297		241 207	
7	Other salaries and wages	241,291		241,297	
8	Pension plan contributions (include section 401(k)	F 000	ļ	F 000	
	and section 403(b) employer contributions)	5,090		5,090	
9	Other employee benefits	35,227		35,227	
10	Payroll taxes	21,404		21,404	
11	Fees for services (non-employees)				
а	Management				
þ	Legal	3,000		3,000	
C	Accounting	13,000		13,000	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	19,819		19,819	
13	Office expenses	10,019		10,019	
14	Information technology				
15	Royalties				
16	Occupancy	32,400		32,400	
17	Travel	7,091		7,091	
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials	1			
19		6,782		6,782	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,142	····	5,142	
23	Insurance	2,395		2,395	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed			1.2 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
	5% of total expenses shown on line 25 below)	was a single of the same of the	A A A A A A A A A A A A A A A A A A A		
_	LOCAL MATCH EXPENSE	148,418	148,418		
a	WEBSITE & COMPUTER	8,403	140,410	8,403	
b	TELEPHONE	6,385		6,385	
٥	DUES & MEMBERSHIP	3,654			
d		579		3,654	
e	OTHER COSTS			579	
f	All other expenses	207	11 754 000	207	
25_	Total functional expenses. Add lines 1 through 24f	12,176,793	11,754,899	421,894	
26	Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation	į l			

Pe	in A	Balance Sneet					
			(A) Beginning of year		(B) End of year		
	1	Cash—non-interest bearing	897,299		200		
<u> </u>		-	102,835	1 2	34,877		
	2	Savings and temporary cash investments	153,964	$\overline{}$	34,011		
ļ	3	Pledges and grants receivable, net	133,304	3	1,119,742		
	4	Accounts receivable, net		4	1,119,742		
	5	Receivables from current and former officers, directors, trustees, key		_			
		employees, or other related parties. Complete Part II of Schedule L		5			
1	6	Receivables from other disqualified persons (as defined under section		1	• •		
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete					
		Part II of Schedule L		6_			
ets	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
4	9	Prepaid expenses and deferred charges		9			
		Land, buildings, and equipment cost basis 10a 25,710]			
	b	Less accumulated depreciation Complete					
- 1		Part VI of Schedule D 10b 16,235	14,617	10c	9,475		
i	11	Investments—publicly traded securities		11			
i	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,168,715	16	1,164,294		
	17	Accounts payable and accrued expenses	589,008	17	58,989		
	18	Grants payable		18			
	19 Deferred revenue 19						
Liabilities	20	Tax-exempt bond liabilities		20			
	21	Escrow account liability Complete Part IV of Schedule D		21			
	22	Payables to current and former officers, directors, trustees, key					
		employees, highest compensated employees, and disqualified			•		
Ľį		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24	<u>, , , , , , , , , , , , , , , , , , , </u>		
	25	Other liabilities Complete Part X of Schedule D	-	25	952,869		
	26	Total liabilities. Add lines 17 through 25	589,008	26	1,011,858		
S		Organizations that follow SFAS 117, check here ▶ X and					
nces		complete lines 27 through 29, and lines 33 and 34.					
ומ	27	Unrestricted net assets	579,707	27	152,436		
3al	28	Temporarily restricted net assets	3,3,7,07	28	132/430		
þ	29	Permanently restricted net assets		29			
Fund Bala	23	Organizations that do not follow SFAS 117, check here ▶		25			
<u>با</u>		and complete lines 30 through 34.					
ō	20						
Assets	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		30			
SS	31			31			
٤	32	Retained earnings, endowment, accumulated income, or other funds	F70 707	32	152 426		
Net	33	Total net assets or fund balances	579,707	33	152,436		
	34	Total liabilities and net assets/fund balances	1,168,715	34	1,164,294		
<u> </u>	art)	XI Financial Statements and Reporting					
					Yes No		
1			ther		- - <u></u>		
2		ere the organization's financial statements compiled or reviewed by an independent accour	ntant?		2a X		
t		ere the organization's financial statements audited by an independent accountant?			2b X		
("Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility					
		e audit, review, or compilation of its financial statements and selection of an independent a			2c X		
3		s a result of a federal award, was the organization required to undergo an audit or audits as	set forth in				
		e Single Audit Act and OMB Circular A-133?			3a X		
	o If	"Yes," did the organization undergo the required audit or audits?			3b X		
					Form 990 (2008)		

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.

OMB No 1545-0047 2008

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

EARLY LEARNING COALITION OF PUTNAM AND ST. JOHNS COUNTIES

Employer identification number 59-3691819

Pa	rt I	Reaso	on for Public Charity	Status (All organizations	must c	complet	e this	part.) ((see ir	nstruc	tions)		
The o	orga	nization is not	a private foundation becaus	e it is (Please check only one of	organizati	on)							
1	\bigcap	A church, cor	ention of churches, or asse	ociation of churches described i	in section	170(b)(1)(A)(i).						
2	П	A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E.)			.,						
3	П	A hospital or	a cooperative hospital service	ce organization described in sec	ction 170	(b)(1)(A)(i	iii). (Atta	ch Sche	edule H)			
4	П			d in conjunction with a hospital o							ospital's nar	ne.	
		city, and state	= '				•		•		•	•	
5	П	An organization	on operated for the benefit of	of a college or university owned	or operate	ed by a go	overnme	ental uni	t descri	bed in			
	_	-	o)(1)(A)(iv). (Complete Part		•								
6	\Box	-		overnmental unit described in s	ection 17	0(b)(1)(A)(v).						
7	X		•	substantial part of its support fro		, ,, ,,		from the	aenera	al public	;		
	_	-	section 170(b)(1)(A)(vi). (Co	, , , , , , , , , , , , , , , , , , , ,	Ū				Ū	•			
8	\Box			70(b)(1)(A)(vi). (Complete Part	H)								
9		An organizati	on that normally receives (1) more than 33 1/3 % of its sup	port from	contributi	ions, me	mbersh	ip fees,	and gro	oss		
		receipts from	activities related to its exem	npt functions—subject to certain	exceptio	ns, and (2	2) no mo	re than	33 1/3	% of its			
		support from	gross investment income ar	nd unrelated business taxable in	come (les	ss section	511 tax	() from b	ousines	ses			
		acquired by the	he organization after June 3	0, 1975 See section 509(a)(2).	. (Comple	te Part III)						
10		An organizati	on organized and operated o	exclusively to test for public safe	ety See s	ection 50)9(a)(4).	(see ins	struction	ns)			
11		An organization	on organized and operated o	exclusively for the benefit of, to	perform ti	ne functio	ns of, or	to carry	y out the	9			
		purposes of c	ne or more publicly support	ed organizations described in se	ection 509	9(a)(1) or	section	509(a)(2	2) See	section	1		
		509(a)(3). Ch	eck the box that describes the	he type of supporting organizati		-	nes 11e	through	11h.				
		a Type	I b Type II	c Type III–Function	ally Integr	ated	d	Тур	e III–Ot	her			
e	Ш	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified											
		persons other than foundation managers and other than one or more publicly supported organizations described in section											
			section 509(a)(2)										
f		_		rmination from the IRS that it is	a Type I,	Type II, o	or Type	III suppo	orting				_
		•	check this box										Ш
g		_	· ·	tion accepted any gift or contrib	ution from	n any of th	ne						
		following per											T
		• • •	•	ontrols, either alone or together	with perso	ons descr	ibea in (II)			E.,	Yes	No
		, ,		f the supported organization?							11g		┼
			member of a person describ								119	~	
		. ,	• •	described in (i) or (ii) above?		. .					119	(111)]	<u> </u>
h		Provide the I	ollowing information about the	he organizations the organization	, 				τ				
(1)		e of supported	(iı) EIN	(iii) Type of organization (described on lines 1–9	1 ' '	organization		ou notify		ls the	1 '	Amount of	
	υις	janization		above or IRC section		sted in your document?	T	nization in of your	organizat	zed in the		upport	
				(see instructions))			sup	port?	U	S۶			
					Yes	No	Yes	No	Yes	No			
					 -	 -	<u> </u>	<u> </u>	 		 		
					İ		 		1				
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					<u> </u>								
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		<u> </u>			 	 	 	 	 	 	_		
Tota	ıl												

<u>Scne</u>	dule A (Form 990 or 990-EZ) 2008 EAN	TI TEVVAL	AG COMPTI	TON OF PO	TIMMI 23-	-2031013	Page 2
Pa	rt II Support Schedule for Or				1)(A)(iv) and 1	170(b)(1)(A)(vi)	
<u> </u>	(Complete only if you che	ecked the box o	in line 5, 7, or	8 of Part I.)			
	tion A. Public Support		#1\ 0000 T				
Cai	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		1				
	include any "unusual grants")	4,401,493	10,369,663	11,380,127	11,929,260	12,181,846	50,262,389
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	4,401,493	10,369,663	11,380,127	11,929,260	12,181,846	50,262,389
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						50,262,389
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	4,401,493	10,369,663	11,380,127	11,929,260	12,181,846	50,262,389
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,561	463		4,897	1,513	12,434
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						50,274,823
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c)(3)	
	organization, check this box and stop her						▶ [_
Sec	tion C. Computation of Public Su	upport Percent	age				
14	Public support percentage for 2008 (line 6	, column (f) divided	by line 11, column	n (f))		14	99.9753 %
15	Public support percentage from 2007 Sch	edule A, Part IV-A, I	line 26f			15	99.9750 %
16a	33 1/3 % support test—2008. If the organ	ization did not chec	k the box on line 1	3, and line 14 is 3	3 1/3 % or more, o	check this box	
	and stop here. The organization qualifies	as a publicly suppo	rted organization				► X
b	33 1/3 % support test—2007. If the organ	ization did not chec	k a box on line 13	or 16a, and line 15	5 is 33 1/3 % or m	ore, check this	
	box and stop here. The organization quali	fies as a publicly su	ipported organizat	ion			▶ ∐
17a	10%-facts-and-circumstances test—200	8. If the organizatio	n did not check a l	box on line 13, 16a	, or 16b, and line	14 is 10% or	
	more, and if the organization meets the "fa	acts-and-circumstar	nces" test, check th	nis box and stop h	ere. Explain in Pai	rt IV how the	_
	organization meets the "facts-and-circums	stances" test. The or	rganization qualifie	es as a publicly sup	oported organization	วก	▶ 📙
b	10%-facts-and-circumstances test—200	7. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, or 17a, and	line 15 is 10% or	
	more, and if the organization meets the "fa				•		
	organization meets the "facts-and-circums	stances" test. The or	rganızatıon qualifie	es as a publicly sup	oported organization	on	▶ 凵
18	Private foundation. If the organization did	d not check a box or	n line 13, 16a, 16b	, 17a, or 17b, chec	k this box and see	e instructions	▶ ∐

Schedule A (Form 990 or 990-EZ) 2008

Sche	dule A (Form 990 or 990-EZ) 2008 EAR	LY LEARNI	NG COALI	TION OF P	UTNAM 5	9-3691819	Page 3
Pa	ert III Support Schedule for Or	ganizations D	escribed in S	ection 509(a)(2)		
	(Complete only if you che	ecked the box	on line 9 of Pa	art I.)	•		
Sec	tion A. Public Support						
Cal	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		7				
	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		7.				
3	Gross receipts from activities that are not an unrelated trade or business under section 513	A	· · · · · · · · · · · · · · · · · · ·				
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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						_
ь	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						
-	Add lines 7a and 7b	· · · · · · · · · · · · · · · · · · ·		 	<u> </u>		·
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support	L	L	L			
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	(a) 2004	(0) 2003	(C) 2000	(4) 2007	(e) 2000	(i) Total
9	Gross income from interest, dividends,			 	 		
10a	payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b					 	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	ourth, or fifth tax ye	ar as a section 5	501(c)(3)	
	organization, check this box and stop her	e					
Sec	ction C. Computation of Public Su	ipport Percen	tage				
15	Public support percentage for 2008 (line 8	, column (f) divide	d by line 13, colur	nn (f))		15	%
16	Public support percentage from 2007 Sch	edule A, Part IV-A	, line 27g			16	%
Sec	ction D. Computation of Investme	nt Income Pe	rcentage				
17	Investment income percentage for 2008 (i	ine 10c, column (f) divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2007		· ·			18	%
19a	33 1/3 % support tests—2008. If the orga	inization did not ch	eck the box on lir	ne 14, and line 15 is	s more than 33	1/3 %, and line	
	17 is not more than 33 1/3 %, check this b	oox and stop here	. The organization	qualifies as a pub	licly supported c	rganization	▶ _
b	33 1/3 % support tests—2007. If the orga	inization did not ch	neck a box on line	14 or line 19a, and	d line 16 is more	than 33 1/3%, and	
	line 18 is not more than 33 1/3 %, check t					-	▶ _
20	Private foundation. If the organization did	not check a box	on line 14, 19a or	19b, check this box	x and see instru	ctions	> _

Schedule A (Form 990 or 990-EZ) 2008 EARLY LEARNING COALITION OF PUTNAM 59-3691819

Page 4

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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Open to Public Inspection

	of the organization		Employe	r identification nu	mber
	ARLY LEARNING COALITION OF PUTNAM OD ST. JOHNS COUNTIES		503	691819	
	rt I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds or A			
	the organization answered "Yes" to Form 990,		-1000 di II	.s. Complete	'
		(a) Donor advised funds	(b)	Funds and other ac	counts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing th	at the assets held in donor advised			
	funds are the organization's property, subject to the organization's exc	clusive legal control?		Yes	∐ No
6	Did the organization inform all grantees, donors, and donor advisors in	n writing that grant funds may be			
	used only for charitable purposes and not for the benefit of the donor	or donor advisor or other			
_	impermissible private benefit?	100		Yes	No
•	rt II Conservation Easements. Complete if the org		m 990,	Part IV, line 7	<u></u>
1	Purpose(s) of conservation easements held by the organization (chec	[] · · · · ·			
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically im		nd area	
	Protection of natural habitat	Preservation of certified historic	structure		
•	Preservation of open space				
2	Complete lines 2a–2d if the organization held a qualified conservation on the last day of the tax year	contribution in the form of a conservation	easemen	[
	of the last day of the lax year			Held at the End	of the Vear
•	Total number of conservation easements		2a	neid at the Life	Of the real
a h	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified historic structure in	cluded in (a)	2c		
ď	Number of conservation easements included in (c) acquired after 8/17	` `	2d		
3	Number of conservation easements modified, transferred, released, e		<u> </u>		
•	the taxable year ▶	5		5	
4	Number of states where property subject to conservation easement is	located >			
5	Does the organization have a written policy regarding the periodic mo	nitoring, inspection, violations, and			
	enforcement of the conservation easements it holds?			Yes	No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforce	ing easements during the year 🕨 🔃 🔃			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	easements during the year ▶ \$		·	
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section			_
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			Yes	∐ No
9	In Part XIV, describe how the organization reports conservation ease	•	•		
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that o	lescribes		
_	the organization's accounting for conservation easements.	·			
Pa	organizations Maintaining Collections of Art Complete if the organization answered "Yes" to	, HISTORICAL Freasures, or Other	Similar	Assets.	
	Complete it the organization answered Tes t	61 0111 990, 1 att 1V, iiile 6.			
_	If the accompanion elected as accomplished to 0540 440 and 1	at in the annual control of the first of the		_6	
та	If the organization elected, as permitted under SFAS 116, not to repo art, historical treasures, or other similar assets held for public exhibition				
	provide, in Part XIV, the text of the footnote to its financial statements		i public se	avice,	
	provide, in trait 2014, the text of the footbole to its infanois statements	wat describes trese terms			
h	If the organization elected, as permitted under SFAS 116, to report in	its revenue statement and balance sheet	works of a	ıri	
	historical treasures, or other similar assets held for public exhibition,				
	provide the following amounts relating to these items	or pu		-1	
	(i) Revenues included in Form 990, Part VIII, line 1		•	· \$	
	(ii) Assets included in Form 990, Part X			· s	
2	If the organization received or held works of art, historical treasures, of	or other similar assets for financial gain, or	ovide the	·	
_	following amounts required to be reported under SFAS 116 relating to	• • • • • • • • • • • • • • • • • • • •			
а	Revenues included in Form 990, Part VIII, line 1		•	· \$	
b	Assets included in Form 990, Part X		•	· s	
_	·				

		NING COALITI			<u> 59-36</u>			,		age 2
	rt III Organizations Maintaining (sets (contin	ued)	
3	Using the organization's accession and other relitems (check all that apply)	ecords, check any of the f	following that are a	significan	t use of its	collection				
а	Public exhibition	d 📙 Loan or	r exchange progran	ns						
b	Scholarly research	e 🗌 Other	- , -							
С	Preservation for future generations						_			
4	Provide a description of the organization's collection Part XIV	ections and explain how th	ney further the orga	inization's	exempt pu	irpose in				
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	eceive donations of art, he maintained as part of the	istorical treasures, he organization's c	or other s	ımılar	_		Yes		No
Pa	rt IV Trust, Escrow and Custodia	al Arrangements. Co	omplete if orga	nization	answer	ed "Yes" to	o Forn	า 990,		
	Part IV, line 9, or reported ar	n amount on Form 9	90, Part X, line	e 21.						
1a	Is the organization an agent, trustee, custodian	or other intermediary for	contributions or ot	her assets	not					
	included on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the following	table							
	_							Amoun	t	
С	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fori	m 990. Part X. line 21?				النائد	$\neg \neg \neg$	Yes		No.
	If "Yes," explain the arrangement in Part XIV							163		NU
	ert V : Endowment Funds. Comple	te if organization ar	swered "Yes"	to Form	990. Pa	rt IV. line	10.			
		(a) Current year	(b) Pnor year		ears back	(d) Three yea		(e) Four	vears	back
1a	Beginning of year balance									
	Contributions	***		 						
~	Investment earnings or losses	·								
٦	Grants or scholarships			 		 				
	Other expenditures for facilities			 		 				
e	·			-		ł				
£	and programs			 		[[
	Administrative expenses			 						
9	End of year balance			<u> </u>		L				
2	Provide the estimated percentage of the year e	end balance neld as								
a	Board designated or quasi-endowment	[%]								
b										
	Term endowment ▶ %									
3a	Are there endowment funds not in the possess	ion of the organization tha	at are held and adr	ninistered	for the			ı	-	
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(II), are the related organizations I	•						3b		
4	Describe in Part XIV the intended uses of the c			0 D-d	V 11 41					
Pa	art VI Investments—Land, Buildir						 -	<u> </u>		
	Description of investment	(a) Cost or other basis	(b) Cost or of	1	(c) De	preciation		(d) Book	value	
		(investment)	basis (othe	'	 -		 			
	Land		 				┿			
	Buildings		 				-			
С	Leasehold improvements		 				_—			
d	Equipment		25	,710		16,23	5		9,	475
	Other	<u> </u>	<u> </u>							
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, column (E	3), line 10(c))				<u>·</u>		9,	475
						S	chedule	D (Forr	n 990)	2008

Closely-held equity interests	Page 3
(including name of secunity) Cost or end-of-year market value Financial derivatives and other financial products Closely-held equity interests Other Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15.	
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Part IX Other Assets. See Form 990, Part X, line 15.	
Part IX Other Assets. See Form 990, Part X, line 15.	
Part IX Other Assets. See Form 990, Part X, line 15.	
	value
	-
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Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities. See Form 990, Part X, line 25.	
(a) Description of liability (b) Amount	
Federal income taxes	
DUE TO RELATED PARTIES 952,869	
gavit was an average for the second of the	*6 * XX * 3
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) > 952,869	
In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for	

Sche	dule D (Form 990) 2008 EARLY LEARNING COALITION OF P			<u> 59-36918</u>	<u> 19</u>	Page 4
<u>Pa</u>	rt XI Reconciliation of Change in Net Assets from Form 990 to	<u>Finan</u>	rcial	Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1	12,183,359
2	Total expenses (Form 990, Part IX, column (A), line 25)				2	12,176,793
3	Excess or (deficit) for the year Subtract line 2 from line 1				3	6,566
4	Net unrealized gains (losses) on investments				4	
5	Donated services and use of facilities				5	
6	Investment expenses				6	
7	Prior period adjustments				7	
8	Other (Describe in Part XIV)				8	
9	Total adjustments (net) Add lines 4-8				9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9				10	6,566
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	ents W	ith R	levenue per R	Return	
1	Total revenue, gains, and other support per audited financial statements				1	12,183,359
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c			7	
d	Other (Describe in Part XIV)	2d			7	
e	Add lines 2a through 2d	<u> </u>			2e	
3	Subtract line 2e from line 1				3	12,183,359
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	[[<u> </u>	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
	Add lines 4a and 4b	[75]			4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)				5	12,183,359
	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents V	With	Eynenses nei		
1	Total expenses and losses per audited financial statements	ients v	W1011	Expenses per	1	12,176,793
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				<u> </u>	12/1/0//55
a	Donated services and use of facilities	2a				
_	Prior year adjustments	2b			┥	
b	Losses reported on Form 990, Part IX, line 25	2c		 	⊣	
ب 2	·	2d				
ď	Other (Describe in Part XIV)	20				
e	Add lines 2a through 2d				2e	12,176,793
3	Subtract line 2e from line 1	()			3	12,110,133
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				-
	Add lines 4a and 4b				4c	10 176 702
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)				5	12,176,793
	rt XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, I			Part IV, lines 1b		
and :	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d	and 4b				
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Part XIV Supplemental Information (continued)	Page 5		19	59-3691819	M 5	IANTU	F I	1 0	OL	TI,	COA	ING	EARNI	Y L	RL'	E	2008	90) 2	rm 9	(Fo		Schedu	,
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SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

OMB No 1545-0047 •

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service		► Complete if the o	rganizatio	n answered "Yes," on F ▶ Attach to Form 990.	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.Attach to Form 990.	nes 21 or 22.		Open to Public Inspection	
Name of the organization	AND ST. JOHNS CORLITION	LITION OF	PUTNAM	1		Employer 59-36	Employer identification number ちゅっえんの1 8 1 9		1
Part I Gen	rmation on Gra	Assistance							1
1 Does the organ the selection cr. 2 Describe in Par	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	he amount of the gr nce? ontoring the use of c	ants or ass grant funds	sistance, the grantees' in the United States	eligibility for the grant	s or assistance, an	q	Yes X No	۱ ـ
art II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	overnments and ecipient that rectional squares	d Organi ceived m pace is r	zations in the Ur lore than \$5,000. leeded	nited States. Com Check this box if	nplete if the org no one recipie	janization ansv nt received mo	A	
1 (a) Name	(a) Name and address of organization	(p) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non-cash (book, FMV, appraisal,	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant	
	or government		ii applicable		assistance	oner	non-cash assistance	or assistance	1
									I
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2 Enter total number of sec	Enter total number of section 501(c)(3) and government organizations	organizations						A	

Schedule I (Form 990) 2008

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

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Schedule I (Form 990) Part III Gran Use	Schedule I (Form 990) 2008 EARLY LEARNING COALITION OF PUT Part III Grants and Other Assistance to Individuals in the United S Use Schedule I-1 (Form 990) if additional space is needed.	ING COALITION to Individuals in the	OF PUTNAM 59 United States. Compeeded.	59-3691819 omplete if the organiza	n 990) 2008 EARLY LEARNING COALITION OF PUTNAM 59–3691819 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.	Page 2, rm 990, Part IV, line 22.
(a) Type o	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRANTS - VPK	PK	7	4,202,249			
GRANTS - S	GRANTS - SCHOOL READINESS	15	7,404,232			
Part IV Supp	lemental Information. Co	omplete this part to p	rovide the information	n required in Part I,	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	onal information.

Schedule I (Form 990) 2008

SCHEDULE O.

(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 18

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Name of the organization

EARLY LEARNING COALITION OF PUTNAM AND ST. JOHNS COUNTIES

Employer identification number 59-3691819

FORM 990 - ORGANIZATION'S MISSION

CHILDHOOD EDUCATION PROGRAMS THROUGH A QUALITY SCHOOL

READINESS DELIVERY SYSTEMS IN PUTNAM & ST. JOHNS COUNTIES.

FORM 990, PART III, LINE 4B - SECOND ACHIEVEMENT NUMBER OF CHILDREN SERVED IN VPK WERE 1,586

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 THE 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVEIW AND APPROVAL.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE EARLY LEARNING COALITION OF PUTNAM AND ST. JOHNS REQUIRES BOARD AND STAFF TO REGULARLY DISCLOSE, ON A SIGNED FORM, POTENTIAL CONFLICTS OF THESE FORMS ARE COLLECTED AND KEPT BY ELC STAFF, AND CONFLICTS INTEREST. INTEREST, WHEN THEY OCCUR, ARE ACTED UPON APPROPRIATELY BY THE BOARD PRESIDENT AND ELC ED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS. THE PROCESS INCLUDES USE OF A STANDARD EVALUATION FORM, AND SALARY INCREASES ARE PRESET, DEPENDING ON THE EVALUATION SCORING. OTHER STAFF MEMBERS ARE SIMILARLY EVALUATED BY THE EXECUTIVE DIRECTOR. IN ADDITION, ALL EVALUEES ARE REQUIRED TO PROVIDE A SELF ASSESSMENT ON THE OFFICIAL EVALUATION FORM, AND ALSO TO WRITE AN EMPLOYEE PLAN FOR THE UPCOMING YEAR FOR GROWTH AREAS AND NEW CHALLENGES. COMPENSATION IS THEN APPROVED BY THE COMPENSATION

Schedule O (Form 990) 2008

Page 2
Employer identification number

EARLY LEARNING COALITION OF PUTNAM

59-3691819

COMMITTEE.

Name of the organization

• 12247 EARLY LEARNING COALITION OF PUTNAM 59-3691819

Federal Statements

12/7/2009 4:49 PM Page 1

FYE:,6/30/2009

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code
INTEREST INCOME	\$ 1,513	<u>3</u>	14	
TOTAL	\$ 1,513	3		

12/7/2009 4:49 PM Page 2	Fund Raising \$
	Management & General \$ 137 \$ \$ 207
tements	Program Service
NAM Federal Sta	Form 990, Part IX, Line 24f - All Other Expenses Total Service \$ 137 \$ \$ 137 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
COALITION OF PUT	
12247 EARLY LEARNING COALITION OF PUTNAM 59-3691819 FYE: 6/30/2009	Description BANK FEES LICENSES & PERMITS TOTAL

0.1.1 Board/Coalition Membership

Please complete the following information regarding coalition membership as required by Chapter 411.01(5)(a)5-11, F.S.. This form is an attachment for the coalition's Early Learning Plan.

Rating Criteria: At a minimum (for a rating of "meets guidelines"), local coalitions must complete this entire section.

Length of Current Term and Date it Will End		4 year April 30, 2009	4 year April 30, 2011	4 year April 30, 2012	4 year February 2013	4 year July 2009	4 year July 2009
If this is a multi- county coalition, indicate the county that this individual represents		St. Johns	St Johns	Putnam	Both	Putnam	Both
Does either the member or their families have a substantia I financial interest in early Icarning?		o Z	No	No	No	Yes	ν _ο ν
Affiliation and/or Employment		Prodential Network Realty	First Coast Financial Advisors	Capital City Bank	Department of Children and Families	County School District	Regional Workforce Board
Name Address Telephone Number Fax Number Email Address		Nancy Pearson 1000 Sawgrass Village Dr., Suitc 101 Ponte Vedra Beach, FL 32082 Ph 904-285-1800 Fx 904-285-3036 nrpearson@comeast net	John Buney 116 Breeze Hill Lane Palm Coast, FL 32137 Ph: 904-824-4349 Fx 904-829-1140 ibirney@fustcoastadvisors com	Gregory Walker 146 Crosby Road San Mateo, FL 32187 Ph 386-329-1160 Fx. 386-329-1171 walkergicg@ccbg.com	Patricia Hubbard 210 N Palmetto Ave., Ste 430 Daytona Beach, FL 32114 Ph 386-238-4910 Fx: 386-226-0253 Patricia hubbard@dcf_state.fl us	Lucy Brosky 200 South 7th St Palatka, FL 32177 Ph 386-312-4906 Fx· 386-312-4907 Ibrosky@putnamschools.org	Vicke Trauger WorkSource – 400 N HWY 19, S F-5 Palatka, FL 32177 Ph 386-329-3724 x2803 Fx ² 386-329-3709 <u>vtrauget@worksouccfl.com</u>
Voting		Yes	Yes	Yes	Yes	No	Yes
Member Member		Yes	Yes	Yes	Yes	Yes	Yes
Designation in F.S. 411.01(5)5	MANDATORY MEMBERS	Chair, appointed by the Governor	Private sector appointed by the Governor	Private Sector appointed by the Governor	Department of Children & Family Services district administrator or designee	District supernitendent of schools or designee	Regional workforce development board chair or director, where applicable
Count or N/A	I. MAN						

1	Designation in F.S. 411.01(5)5	Mandatory	Voting Member	Name Address Telephone Number Fax Number Emaíl Address	Affiliation and/or Employment	Does either the member or their families have a substantia	If this is a multi- county coalition, indicate the county	Length of Current Term and Date it Will End
						I financial interest in early learning?	individual represents	
County health Department director or designee	tor or	Yes	Yes	David Kastensmudt 2801 Kennedy Street Palatka, FL 32177	County Health Department	No No	Putnam	4 year December 2012
				Ph 380-326-3222 Fx . 386-320-3530 David kastensmidt@doh.state fl us				
President of a community	nmunity	Yes	Yes	Melante Rosen Brown, PH D.	Community	Š	Both	4 year
college or designee	<u>-</u>			5001 St Johns Ave. Palatka, FL 32177	College			February 2012
				Ph 386-312-4202 Fx 386-312-4027				
				mclanicbrown(@sjrcc edu				
Member appointed by	l by	Yes	Yes	Commissioner Mark Miner	Board of County	°Z	St. Johns	4 year
Board of County				500 San Sebastian View	Commissioners			December
Commissioners				or Augustine, FL 32084 Ph. 904-209-0303 Fx 904-209-0313				2012
				Bccd3@sjcfl us				
Head Start Durector	IC	Yes	No	Mary Ann Holanchock	Head Start	Yes	St. Johns	4 year
				2980 Collins Ave., Bldg A				July 2009
				of Augustine, FL 32084				
				rti yo4-824-3112 bolancm@strohns k12 fl us				
Representative of private	pnvate	Yes	Š	Jeff Kamm	Storybook	Yes	Putnam	4 year
child care providers	ers			7 Contera dr.	Cottage			September
				St Augustine, FL 32080 Dr. 196, 205, 572, E., 196, 275, 0572				2012
				I.t. 500-525-5457 178. 500-525-7572 [hk7(@bellsouth net				
Representative of faith	faith	Yes	S S	Carole L. Felten	Turning Point	Yes	St. Johns	4 year
based child care providers	providers			1721 Keswick Rd	Christian		-	December
				St. Augustine, FL 32084	Academy			2011
				Ph. 904-824-0744 Fx: 904-829-3355				-
				carol(@turningpointatcalvary org				

Affiliation Does If this is a Length of and/or either the multi- county and Date it or their or their coalition, families indicate have a the county substantia that this Ifinancial individual interest in represents early	NE FL No Putnam 4 year Educational August 2011 Consortium (NEFEC) / FL Diagnostic and Learning Resources System (FDLRS)	ion's locality.			Episcopal Yes Both 4 year Children's August 2011 Services	tments. Total must be more than one-third of membership. Example: An 18 member board	Kresge, Platt & No St Johns 4 year Abare, CPA's December 2012	First Federal No Putnam 4 year
Name Address Telephone Number Fax Number Email Address	Jan L. McLaun 3841 Reid Street Palatka, FL 32177 Ph 386-329-3811 Fx. 386-329-3835 mclauni@netec org	mandatory, if applicable in the coalition's locality.	V.V.	NA	Connue Stophel 100 Bell Tell Way, Ste 100 Jacksonville, FL 32216 Ph· 904-726-1500 Fx. 904-726-1520 cstophel@ccs4kids.org	nents. Total must be more than one	Bridget L. Van Landingham 1200 Plantation Island Dr., Ste 230 St. Augustine, FL 32080 Ph. 904-460-0747 Fx 904-460-0947 bridget@kpacpa.com	Mary Ellen Webb
Voting Member	°Z		1	Yes	o Z	r appointn	Yes	Yes
Mandatory Member	Yes	RS These mer	Yes, 1f applicable	Yes	Yes, 1f applicable	ides Governo iness member	S O N	No
Designation in F.S. 411.01(5)5	Representative of program under Disabilities Education Act	CONDITIONAL MEMBERS These members are	Children services council or juvenile welfare board chair or executive director, if applicable	Chuld care licensing agency head	Central child care agency administrator	III. PRIVATE SECTOR* (Includes Governor appoint would require 7 private sector business includers.)	Private Sector Business	Private Sector Business
Count or N/A		II. CON				III. PRI would re		