



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****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.

Department of the Treasury
Internal Revenue Service**2008****Open to Public
Inspection****A** For the 2008 calendar year, or tax year beginning

08/01, 2008, and ending

07/31, 20 09

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instructions.**C** Name of organization**EARLY CARE AND LEARNING INC**

Number and street (or P.O. box, if mail is not delivered to street address); Room/suite

8 E Long St fl 3

City or town, state or country, and ZIP + 4

Columbus, OH 43215**D** Employer identification number**26 : 0768278****E** Telephone number**(614) 531-0433****F** Group Exemption

Number . . . ►

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

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ►**I** Website: ►**J** Organization type (check only one)— ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☒ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ **16,980****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

		1	16,980
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	16,980
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	0
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G. If any amount is from gaming, check here ☐)		
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
	b Less: direct expenses other than fundraising expenses	6b	0
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a Gross sales of inventory, less returns and allowances	7a	0	
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe ►)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	16,980	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	19,970
	14 Occupancy, rent, utilities, and maintenance	14	0
	15 Printing, publications, postage, and shipping	15	1,198
	16 Other expenses (describe ► See Statement 2)	16	2,148
	17 Total expenses. Add lines 10 through 16	17	23,316
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,336
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	15,591
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	9,255

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	15,591	9,255
23 Land and buildings	0	0
24 Other assets (describe ►)	0	0
25 Total assets	15,591	9,255
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,591	9,255

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

Cat. No. 106421

Form **990-EZ** (2008)

SCANNED JAN 06 2010

99 8

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

What is the organization's primary exempt purpose? Create access to quality, safe, consistent early care and
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,
describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 See Statement 3

(Grants \$ _____) If this amount includes foreign grants, check here ☐

28a

29 -----

(Grants \$) If this amount includes foreign grants, check here ☐

29a

30 _____

(Grants \$) If this amount includes foreign grants, check here ☐

30a

31 Other program services (attach schedule)

(Grants \$ _____) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a) ▶

32

19,170

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		✓
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
41 List the states with which a copy of this return is filed. ▶ OH		
42a The books are in care of ▶ Linda Neugebauer Telephone no. ▶ (614) 531-0433		
Located at ▶ 96 Kingsmeadow Lane, Blacklick, OH 43004 ZIP + 4 ▶ 43004		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		✓
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		✓
47		✓
48		✓
49a		✓
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000		

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

Sign Here Signature of officer: Linda Neugebauer Date: 12/15/09

Type or print name and title: Linda Neugebauer, Program Director/Founder

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: ☐ Preparer's identifying number (See instructions): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____

Phone no.: _____

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

Department of the Treasury
Internal Revenue Service

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

Name of the organization

EARLY CARE AND LEARNING INC

Employer identification number

26 : 0768278

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

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

- 1 ☐ A church, convention, or association of churches, or association of churches described in **section 170(b)(1)(A)(i).**
 - 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
 - 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (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 II.)
 - 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
 - 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 9 ☒ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
 - 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
 - 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III—Functionally integrated
 - d ☐ Type III—Other
 - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 - h Provide the following information about the organizations the organization supports.

	Yes	No
11g(1)		
11g(2)		
11g(3)		

[illegible]

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.)

Section A. Public Support

Calendar 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 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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33% % support test—2008. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33% % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar 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.")	0	0	0	0	16,980	16,980
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	0	0	0	22,589	0	22,589
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1-5	0	0	0	22,589	16,980	39,569
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						39,569

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	22,589	16,980	39,569
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)						39,569

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, 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 organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Part IV **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)

Area for supplemental information with horizontal dashed lines.

Schedule B - Part I
Contributors

EARLY CARE AND LEARNING INC

26-0768278

Reference	Name and Address	Contribution	Type	
1	Amercan Electric Power 1 Riverside Plaza Columbus, OH 43215	\$1,000	Individual Payroll Noncash	Yes No No
2	Laurel and Mike Dawson 356 Stanbery Ave Bexley, OH 43209	\$500	Individual Payroll Noncash	Yes No No
3	Mary Lou Langenhop and Mark Hartfor 2617 Glen Echo Drive Columbus, OH 43202	\$500	Individual Payroll Noncash	Yes No No
4	Linda and George Neugebauer 96 Kingsmeadow Lane Blacklick, OH 43003	\$1,000	Individual Payroll Noncash	Yes No No
5	Smita Mokshagundam Matt Neugebauer 1271 N Marion Ct Chicago, IL 60622	\$1,000	Individual Payroll Noncash	Yes No No
6	Ohio Capital Corporation for Housing 88 E Broad Street Ste 1800 Columbus, OH 43215	\$500	Individual Payroll Noncash	Yes No No
7	Mary and Steve Weiler 135 Preston Road Bexley, OH 43209	\$1,250	Individual Payroll Noncash	Yes No No
8	Sam Wigen and Patrick Gluntz 988 S Remington Road Bexley, OH 43209	\$500	Individual Payroll Noncash	Yes No No
9	The Columbus Foundation grant 1234 E Broad Street Columbus, OH 43205	\$4,500	Individual Payroll Noncash	Yes No No

Statement 1 : General Explanations

Statement 2 : Other Expenses Schedule

Statement 3 : Program Service Accomplishments

Statement 4 : Officers, Directors, Trustees and Key Employees Compensation

Statement 1

Form: 990-EZ

Page: 1

Line Number:

General Explanation Attachment

EARLY CARE AND LEARNING INC**26-0768278****General Explanations**

Reference:	Form 990-EZ, Part I, Line 14
Identifier:	F99Z_P01_S00_L14
Explanation:	ECAL does not have any occupancy expense because the cost its office is fully donated and includes an office for the exclusive use of conducting ECAL business operations as well as use of a conference room for ECAL meetings.

Statement 2

Form: 990-EZ

Page: 1

Line Number: Part I Line 16

Other Expenses Schedule 2

EARLY CARE AND LEARNING INC**26-0768278****Other Expenses Schedule**

Description	Amount
liability insurance	\$1,025
donor appreciation	\$1,073
state filing fee	\$50
Total:	\$2,148

Statement 3

Form: 990-EZ

Page: 2

Line Number: Part III Line 28

ProgramServiceAccomplishmentStatement

EARLY CARE AND LEARNING INC**26-0768278****Program Service Accomplishments**

Achievement	Grants And Allocations	includes Foreign Grants	Program Service Expenses
Early Care and Learning (ECAL) established a group of partners including another child serving agency, Action for Children, Columbus Montessori and 4 other child care centers to form an initiative, Caring Communities: Birth to Three. CC: B-3 is working to transform early care and learning philosophy and practice for children ages six weeks to three. The partners had 9 meetings during the year. Initiative representatives made 2-4 visits to each child care center to assess suitability of classrooms and explain the project. A fund raising strategy was created to pay for costs of the initiative. \$105,000 has been raised to date. 8 trainings for 25 teachers were planned during year 1 of the initiative, 3 of which occurred since year end 7/31 to date. The initiative implementation period will be from 2009 through 2012.	\$0		\$14,900
Conducted literature review of child care center programs throughout the U.S. that utilize a multi-age group approach to caring for infants and toddlers (children ages 6 weeks to three) and primary care giving. Made results available to Caring Communities. Birth to 3 partners, other early childhood professionals and funders.	\$0		\$2,470
ECAL representatives participated in 10-15 state-wide meetings around issues of early childhood education including program quality, funding, and legislative rules for program implementation. ECAL was a resource for information about best practices in child care centers for young children in these meetings as well as in private meetings with public officials.	\$0		\$1,800
Total:			\$19,170

Statement 4

Form 990-EZ

Page 2

Line Number Part IV

OfficersDirectorsEtcStatement

EARLY CARE AND LEARNING INC**26-0768278****Officers, Directors, Trustees and Key Employees Compensation**

Name	Title and Hrs	Compensation	Benefits	Expense
Elissa Gunsorek 8 E Long St fl 3 Columbus, OH 43215	President 3	\$0	\$0	\$0
Brian Timm 8 E Long St fl 3 Columbus, OH 43215	Vice-President 1 5	\$0	\$0	\$0
Mary Pat Martin 8 E Long St fl 3 Columbus, OH 43215	Secretary/Consultant 12	\$7,870	\$0	\$0
Jason Gunsorek 8 E Long St fl 3 Columbus, OH 43215	Treasurer 0.25	\$0	\$0	\$0
Khiesha Fallon 8 E Long St fl 3 Columbus, OH 43215	Trustee 0 1	\$0	\$0	\$0
Verrondo Foster 8 E Long St fl 3 Columbus, OH 43215	Trustee 0 1	\$0	\$0	\$0
Nickolas Jones 8 E Long St fl 3 Columbus, OH 43215	Trustee 0 5	\$0	\$0	\$0
Travis Jackson 8 E Long St fl 3 Columbus, OH 43215	Trustee 0 75	\$0	\$0	\$0
Sarah Lynn 8 E Long St fl 3 Columbus, OH 43215	Trustee 0 50	\$0	\$0	\$0
Cory Neugebauer 8 E Long St fl 3 Columbus, OH 43215	Trustee/consultant 0 50	\$400	\$0	\$0
Khadijah Qadeer 8 E Long St fl 3 Columbus, OH 43215	Trustee 0 50	\$0	\$0	\$0
Tom Scheid 8 E Long St fl 3 Columbus, OH 43215	Trustee 0 75	\$0	\$0	\$0
Linda Switkin 8 E Long St fl 3 Columbus, OH 43215	Trustee 0 75	\$0	\$0	\$0
Ann Timm 8 E Long St fl 3 Columbus, OH 43215	Trustee 1 0	\$0	\$0	\$0
Steve Weiler 8 E Long St fl 3 Columbus, OH 43215	Trustee 0 5	\$0	\$0	\$0
Sam Wigen 8 E Long St fl 3	Trustee 0 5	\$0	\$0	\$0

Statement 4
Columbus, OH 43215

EARLY CARE AND LEARNING INC

Linda Neugebauer	Project	\$11,500	\$0	\$0
8 E Long St fl 3	Manager/Founder/Consultant			
Columbus, OH 43215	28.00			
Total:		\$19,770	\$0	\$0