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Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD

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)

2009

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

Open to Public Inspection

A	FOR THE	2009 calendar year, or tax year beginning JAN 1, 2010 and ending	<u>JUN 30, 2010</u>					
В	Check if applicable	Please C Name of organization	D Employer identific	cation number				
,		Just its DackSonville Public Education Fund						
	Addre	ss label or F/K/A Alliance for World Class Educatio	n					
	Name chang	type		756660				
	Instial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/s						
\vdash	Termir	10	•	356-7757				
┌	Ameno		G Gross receipts \$	655,685.				
F	Applic		H(a) Is this a group re					
_	pendir	F Name and address of principal officer Frank Csar	for affiliates?	Yes X No				
		245 Riverside Avenue Suite 310, Jacksonvil						
$\overline{}$	Tayay	empt status: X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527						
				list. (see instructions)				
		te: ► www.jaxpef.org organization: X Corporation Trust Association Other ► L N	H(c) Group exemptio					
	art I		ear of formation: 1985 n	State of legal domicile: FL				
		Summary		1- 1				
9	1	Briefly describe the organization's mission or most significant activities To incre						
Activities & Governance		of all our students with a special emphasis						
eri	2	Check this box 🕨 💹 if the organization discontinued its operations or disposed of r	nore than 25% of its net as					
õ	3	Number of voting members of the governing body (Part VI, line 1a)	3	13				
~ જ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13				
es	5	Total number of employees (Part V, line 2a)	5	0				
Σį	6	Total number of volunteers (estimate if necessary)	6	0				
Ç	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.				
			Prior Year	Current Year				
ø	8	Contributions and grants (Part VIII, line 1h)	1,083,829.	650,985.				
ž	9	Program service revenue (Part VIII, line 2g)		•				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,005.	4,450.				
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		250.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,095,834.	655,685.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		168,296.				
		Benefits paid to or for members (Part IX, column (A), line 4)		•				
S	1	Salaries, other compensation, employee benefits (Part IX column (A) (ines 5:10)	270,136.	156,596.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line (11a)						
ĕ	h	Total fundraising expenses (Part IX, column (D), line:25)						
Ä	17	Other expenses (Part IX, column (A), lines 11a-11a, 7 1f-24f)	834,725.	426,016.				
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,104,861.	750,908.				
		Revenue less expenses Subtract line 18 from line 12 (-) (-)	-9,027.	-95,223 .				
۳	3 .13	Nevertide less experises Subtract line to Hoff line 12 () () () ()	Beginning of Current Year					
Net Assets or	2			End of Year 975,490.				
SSE	20	Total assets (Part X, line 16)	870,604.					
let/	21	Total liabilities (Part X, line 26)	143,346.	343,454.				
급	22 art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block	727,258.	632,036.				
<u>.</u>	art II	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the hest of my knowled	ne and helief it is true correct				
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	edge	go a				
C :-		100	111/0/1	^				
Sig		Squature of officer	Date /					
He	re	From In Communication to	Duto					
		Frank Csar, President Type or print name and title						
_			Check if Prepare	er's identifying number				
Pai	d	riepaiers 100	self (see in:	structions)				
Preparer's Firm's name (or North and Comit has a North and Comit h								
Use	llea Only Vours if Masters, Smith & Wisby, P.A.							
	-	self-employed), address, and Parkway		0041 005 555				
		Jacksonville, FL 32256	Phone no. 🕨 (904) 396-2202				
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No				
932	001 02-0	14-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.	Form 990 (2009)				

See Schedule O for Organization Mission Statement Continuation

(J/C)

Par	t IV Checklist of Required Schedules	<u> </u>	•	ugo e
	• • • • • • • • • • • • • • • • • • • •		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	х	
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 candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 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 similar funds or accounts where donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
.0	If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	10		- 21
••	as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		- 11	
_	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
_	the organization's diability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
12Δ	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	12		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	and program service activities outside the United States? 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 organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
. •	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			**
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	•••		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х

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X

19

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

complete Schedule G, Part III

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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 lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
þ	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 to defease	1		
	any tax-exempt bonds?	24c		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			٠,,
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III			.
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	_27		X
20	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200	- .	
Ĭ	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	_33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34_		Х
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	35		X
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	_36		X
37	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	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		<u> </u>	
	Note. All Form 990 filers are required to complete Schedule O	38_	X	
		Form	990 t	20091

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Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 U.S. Information Returns Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 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) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За b 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 X financial account in a foreign country (such as a bank account, securities account, or other financial 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X 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). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9h 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 Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management					
				Yes	No_	
1a	Enter the number of voting members of the governing body	1a	13			
b	Enter the number of voting members that are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				
	officer, director, trustee, or key employee?		2	2 X	<u> </u>	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision	1		Ì	
	of officers, directors or trustees, or key employees to a management company or other person?		3	<u>-</u>	X	
4	Did the organization make any significant changes to its organizational documents since the prior Fol		4	Ц_	X	
5	Did the organization become aware during the year of a material diversion of the organization's asset	s?	5	<u>. </u>	X_	
6	Does the organization have members or stockholders?		<u></u>	<u>- </u>	<u> </u>	
7a	, , , , , , , , , , , , , , , , , , , ,	mbers of the				
	governing body?		7:	a	<u> </u>	
	Are any decisions of the governing body subject to approval by members, stockholders, or other per		7	<u> </u>	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year				
	by the following.		ļ			
a	The governing body?		8			
b	Each committee with authority to act on behalf of the governing body?		81	<u>ь X</u>		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched at the				
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	<u> </u>	<u> </u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code)			Т	
40-	Does the arganization have local shorters bronches as officiated?			Yes		
	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such a	obantoro offiliatos	10	a	X	
U	and branches to ensure their operations are consistent with those of the organization?	criapters, ariillates,	10	, L		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fil	ing the form?	1		+	
11A		ing the form:	-	' ^	 -	
	Does the organization have a written conflict of interest policy? If "No," go to line 13		12	ea X		
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ld give rise	· · ·		 	
	to conflicts?					
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," descnbe	12	<u>b X</u>		
	ın Schedule O how this is done		12	c X		
13	Does the organization have a written whistleblower policy?		1:	3 X		
14	Does the organization have a written document retention and destruction policy?		14	4 X		
15	Did the process for determining compensation of the following persons include a review and approva	I by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official		15			
b	Other officers or key employees of the organization		15	b X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent with a				
	taxable entity during the year?		16	:a	<u> </u>	
b	If "Yes," has the organization adopted a written policy or procedure requining the organization to eval	•				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organic	anization's				
<u> </u>	exempt status with respect to such arrangements?		16	<u>b </u>		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed None	(504/)(0)				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(5U1(c)(3)s only) avai	lable for			
	public inspection. Indicate how you make these available. Check all that apply.					
10	X Own website X Another's website X Upon request	andles of manners of	· ·			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict of interest poli	by, and f	nancia	I	
20	statements available to the public.	od zasavala sekilis				
20	State the name, physical address, and telephone number of the person who possesses the books ar Amber Jubinsky - 904-356-1895	ia records of the orga	anization	· - _		
		202				
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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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee

- 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.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average hours	(6	Position (check all that apply)		Reportable compensation	Reportable compensation	Estimated amount of			
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Preston Haskell										
Director	2.00	X						0.	0.	0.
Carol Alexander										
Director	2.00	X						0.	0.	0.
Ann Baker										
Director	2.00	X						0.	٥.	0.
Jordan Baker	-									
Director	2.00	X						0.	٥.	0.
Gary Chartrand										
Chairman	2.00	X						0.	٥.	0.
Torin T. Dailey										
Director	2.00	X						0.	٥.	0.
John D. Baker,										
Director	2.00	X						0.	0.	0.
Cindy Edelman										
Vice Chairman	2.00	X						0.	0.	0.
Shannon Perry										
Director	2.00	X						0.	0.	0.
Cleve Warren										
Treasurer	2.00	X						0.	0.	0.
Delores Barr Weaver										
Director	2.00	Х						0.	0.	0.
Brian Davis										
Director	2.00	X						0.	0.	0.
Tommy Hazouri										
Director	2.00	X						0.	0.	0.
Ronnie Ferguson										
<u>Secretary</u>	2.00	X						0.	0.	0.
Ed Pratt-Dannals										
Director	2.00	X			<u></u>		<u> </u>	0.	0.	0.
Frank Csar '09 wages rep										_
President	40.00			X		L		62,500.	0.	0.
		<u> </u>								

Form **990** (2009)

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	990 (2009) F/K/A A1	liance :	foi	c V	voi	:10	i f	21a	ass Educatio	n 59-2	<u>7566</u>	60	Page
Par	t VII Section A. Officers, Directors, Tru	ustees, Key E	mplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)			
	(A) Name and title	(B) Average hours	(C) Position (check all that apply)				1		(D) Reportable compensation	(E) Reportable compensation		Estin amou	F) nated unt of
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-Mis	SC)	compe from organ and re	ner nsation n the ization elated zations
•													
							_			-			
							_						
1b	Total	<u> </u>	<u> </u>					<u> </u>	62,500.		0.		0
2	Total number of individuals (including but r	not limited to th	nose	liste	d at	oove	e) wł	no re		,000 ın reportabl	e		
	compensation from the organization								-			1,4	
3	Did the organization list any former officer,	director or tru	etoo	ko		اماما		or h	uahaat aamaanaatad ar	nnlavaa an	Г	- Y	es No
•	line 1a? If "Yes," complete Schedule J for s			,	y C 11	ipio	yee,	0, 1	iignesi compensated er	ripioyee on		3	x
4	For any individual listed on line 1a, is the si			mp	ensa	tior	and	d oth	her compensation from	the organization		<u> </u>	
	and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual	_	L	4	X
5	Did any person listed on line 1a receive or				rom	any	unr	elat	ed organization for serv	ices rendered to			
Soc	the organization? If "Yes," complete Schedition B. Independent Contractors	lule J for such	pers	on								5	X
1	Complete this table for your five highest counter organization.	mpensated in	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of con	npensat	ion fror	n
	(A) Name and business	address							(B) Description of s	anucae		(C)	
	Trainio and Boomood									ervices		препос	
				_				-					
				_			•	1					
								\dashv					
							<u> </u>						

Form **990** (2009)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

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Form 990 (2009)

Form 990 (2009)

Part IX Statement of Functional Expenses

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

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	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	167,196.	167,196.						
2	Grants and other assistance to individuals in								
	the U.S. See Part IV, line 22	<u>1,100.</u>	1,100.						
3	Grants and other assistance to governments,								
	organizations, and individuals outside the US								
	See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,		-		-				
	trustees, and key employees	64,600.	51,680.	12,920.					
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	70,097.	56,078.	14,019.					
8	Pension plan contributions (include section 401(k)		_						
	and section 403(b) employer contributions)	2,919.	2,336.	583.					
9	Other employee benefits	6,033.	4,827.	1,206.					
10	Payroll taxes	12,947.	10,358.	2,589.					
11	Fees for services (non-employees)	•	•						
а	Management								
b	Legal	207.	207.						
С	Accounting	4,000.	4,000.		-				
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17			-					
f	Investment management fees								
g	Other	120,442.	120,442.						
12	Advertising and promotion		•						
13	Office expenses	169,793.	138,061.	31,732.					
14	Information technology	···		-	·				
15	Royalties								
16	Occupancy	22,907.	18,326.	4,581.					
17	Travel	50,970.	50,970.						
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	13,258.	10,607.	2,651.					
20	Interest	74.	74.						
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	3,226.	2,581.	645.					
23	Insurance	1,448.	1,448.						
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total								
_	expenses shown on line 25 below.)	27 000	27 000						
a 	Contracts Dues and fees	27,000. 3,508.	27,000.						
D			3,508.						
C	Equipment	2,968.	2,968.						
d		_		-					
e	All other expanses	£ 21E	6 21E						
f 25	All other expensesAdd lines 1 through 24f	6,215. 750,908.	6,215.	70 006					
25	Total functional expenses. Add lines 1 through 24f	/50,908.	679,982.	70,926.	0.				
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								

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Form 990 (2009)

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Form 990 (2009)

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Part X | Balance Sheet (A) Beginning of year End of year 1 1 Cash · non-interest-bearing 834,987. 865,197. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 75,625. Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 41,005 10a 6,337 35,617. b Less accumulated depreciation 10b 10c 34,668. 11 Investments - publicly traded securities 11 12 Investments - other securties 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 15 870,604. 16 Total assets. Add lines 1 through 15 (must equal line 34) 975,490. 16 Accounts payable and accrued expenses 33,346. 3,629. 17 17 18 Grants payable 18 110,000. 339,825. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees. highest compensated employees, and disqualified persons. Complete Part II 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 143,346 26 Total liabilities. Add lines 17 through 25 343,454. 26 X and complete Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 137,834. 27 <u> 292,885.</u> Temporarily restricted net assets 589,424. 339,151. 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 727,258. 33 Total net assets or fund balances 632,036. 33 975<u>,490</u>. Total liabilities and net assets/fund balances 870,604. 34

Form **990** (2009)

Jacksonville Public Education Fund Form 990 (2009) F/K/A Alliance for World Class Education 59-2756660 Page 12 Part XI Financial Statements and Reporting

	·		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		ĺ
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		ĺ
		Form	990 (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Jacksonville Public Education Fund

2009

Open to Public Inspection

Employer identification number

F/K/A Alliance for World Class Education 59-2756660 Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention 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). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 **b** ____ Type ∦ c Type III - Functionally integrated 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11q(iii) h Provide the following information about the supported organization(s). (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization organization in col. in col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes Yes No LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2009

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Form 990 or 990-EZ.

Jacksonville Public Education Fund

Schedule A (Form 990 or 990-EZ) 2009 F/K/A Alliance for World Class Education 59 - 2756660 Page 2

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Section A. Public Support		· •	· · · · · · · · · · · · · · · · · · ·			
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not	265 225					
include any "unusual grants ")	<u>365,235.</u>	506,439.	1,138,158.	1,092,207,	1,083,829,	4,185,868
2 Tax revenues levied for the organ-						
ization'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 through 3	365,235.	506,439.	1,138,158.	1,092,207,	1,083,829.	4,185,868
5 The portion of total contributions	0007200	300,1031	1,130,130.	1,032,207,	1,003,029,	4,105,000
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)						427,572
6 Public support. Subtract line 5 from line 4						3,758,296
Section B. Total Support	T				·	
Calendar year (or fiscal year beginning in)		(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	365,235.	506,439.	1,138,158.	1,092,207.	1,083,829,	4,185,868
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources	7,639.	14,162.	16,209.	14,745.	12,005.	64,760
9 Net income from unrelated business	1,039.	14,102.	10,209.	14,/40.	12,005.	04,700
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						4.250.628
12 Gross receipts from related activities	, etc. (see instruction	ons)			12	2,230,020
13 First five years. If the Form 990 is fo	r the organization's	first, second, thire	d, fourth, or fifth tax	year as a section	n 501(c)(3)	
organization, check this box and sto	p here					 ▶□
Section C. Computation of Pub	ic Support Pe	rcentage			_	
14 Public support percentage for 2009 (• • • • • • • • • • • • • • • • • • • •	•	olumn (f))		14	88.42 9
15 Public support percentage from 2008					_15_	82.74 9
16a 33 1/3% support test - 2009. If the c	_		line 13, and line 14	l is 33 1/3% or m	ore, check this box	
stop here. The organization qualifies		•	40 40 11	45 00 4 00 4		▶ X
b 33 1/3% support test - 2008.If the c	=			ne 15 is 33 1/3%	or more, check thi	s box
and stop here. The organization qua 17a 10% -facts-and-circumstances tes	• •	• • •		12 160 or 16b o	nd line 14 is 10%	P
and if the organization meets the "fac						
meets the "facts-and-circumstances"					it iv now the organ	LZALIOIT
b 10% -facts-and-circumstances tes	-	•		•	7a, and line 15 is 1	0% or
more, and if the organization meets t						
organization meets the "facts-and-cir						▶□

Schedule A (Form 990 or 990-EZ) 2009

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

Sch	edule A (Form 990 or 990-EZ) 2009	Tranization:	Described :-	Section FOO's	\ <u>(2)</u>		Page 3
Sal	rt III Support Schedule for C	nganizations	Described in	Section 509(a	(Complete onl	y if you checked the b	ox on line 9 of Part I.
_	ction A. Public Support				ī	-	·
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	1					
	membership fees received (Do not						
	include any "unusual grants.")				-		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	1				· · · -	
	are not an unrelated trade or bus-	1					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to	1					
	or expended on its behalf	<u></u>				<u>. </u>	
5	The value of services or facilities					1	
	furnished by a governmental unit to	1					
	the organization without charge	<u></u>					
6	Total. Add lines 1 through 5						
72	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on tines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b		<u></u>				
	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support	,					
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						-
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(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						
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)				<u> </u>		
	First five years. If the Form 990 is for	the organization	's first second the	rd fourth or fifth t	av vear as a secti	on 501(c)(3) organiz	ration
	check this box and stop here	and organization	o mot, cocomo, am	ia, roartii, or illar t	ux your uo u soon	on oo nono organiz	.a.ion,
Se	ction C. Computation of Publ	ic Support Pe	ercentage			·	
	Public support percentage for 2009 (I			column (fl)		15	%
	Public support percentage from 2008		•			16	%
	ction D. Computation of Inves					1.9	
17			_		-	17	%
18		•	•			18	
	33 1/3% support tests - 2009. If the		•	on line 14, and line	e 15 is more than		
	more than 33 1/3%, check this box as						▶ □
t	33 1/3% support tests - 2008. If the	organization did	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	nızatıon qualifies a	as a publicly supp	orted organization	ightharpoons

Schedule A (Form 990 or 990-EZ) 2009

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

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

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

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

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

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

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

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

 Section 501(c)(4), (5), or (6) organizat 	ions: Complete Part III			
Name of organization Jackson	ville Public Edu	cation Fund	Em	oloyer identification number
F/K/A A	lliance for World	d Class Edu	cation	59-2756660
Part I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527	organization.
1 Provide a description of the organiz	ation's direct and indirect politic	al campaign activities	ın Part IV.	
2 Political expenditures			>	\$ 38.
3 Volunteer hours				
Part I-B Complete if the org	anization is exempt und	er section 501(c)	`	
1 Enter the amount of any excise tax	incurred by the organization und	er section 4955		\$
2 Enter the amount of any excise tax	, ,		>	\$
3 If the organization incurred a section	n 4955 tax, did it file Form 4720 i	for this year?		Yes No
4a Was a correction made?				└─ Yes └─ No
b If "Yes," describe in Part IV Part I-C Complete if the org	onization is everant and	or coation E01/a	eveent eastion FO1	(a)(a)
1 Enter the amount directly expended	, , ,	•		\$
2 Enter the amount of the filing organ	zation's funds contributed to oth	ner organizations for s	ection 527	_
exempt function activities			•	\$
3 Total exempt function expenditures	Add lines 1 and 2. Enter here a	nd on Form 1120-POL		^
line 17b	4400 POL 5 thus		•	\$
4 Did the filing organization file Form	•	N -6 -11t 507		└─ Yes └─ No
5 Enter the names, addresses and en For each organization listed, enter t				
that were promptly and directly deli		•	•	
(PAC) If additional space is needed		inzation, odon do d oo	parato sogregatos faria of	a position doministro
(a) Name	(b) Address	(a) EIN	(d) Amount paid from	(a) Amount of political
(a) Name	(b) Address	(c) EIN	filing organization's	(e) Amount of political contributions received and
			funds. If none, enter -0-	promptly and directly
				delivered to a separate political organization.
				If none, enter -0
·				

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

Schedule C (Form LHA)

Schedule C (Form 990 or 990-EZ) 2009

932041 02-04-10

Jacksonville Public Education Fund

Schedule C (Form 990 or 990-EZ) 2009 Part II-A Complete if the org	F/K/A Alli panization is exe	ance for Wo	orld Class Ed on 501(c)(3) and file	ducatio <u>59-2</u> ed Form 5768	2756660 Page 2		
(election under sec		•					
A Check if the filing organiza	tion belongs to an affi	iliated group					
B Check 🕨 🔲 if the filing organiza	tion checked box A a	nd "limited control" pr	ovisions apply.				
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)						
1a Total lobbying expenditures to influ	uence public opinion ((grass roots lobbying)					
b Total lobbying expenditures to infli	uence a legislative bo	dy (direct lobbying)					
c Total lobbying expenditures (add li	nes 1a and 1b)						
d Other exempt purpose expenditure	es						
e Total exempt purpose expenditure	es (add lines 1c and 1c	d)					
f Lobbying nontaxable amount Enter	er the amount from th	e following table in bo	th columns				
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable an	nount is:				
Not over \$500,000	20% of	the amount on line 16).				
Over \$500,000 but not over \$1,000	<u>0,000</u> \$100,00	00 plus 15% of the ex	cess over \$500,000				
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the ex	cess over \$1,000,000.				
Over \$1,500,000 but not over \$17,	ess over \$1,500,000.						
Over \$17,000,000	\$1,000,	000					
	-						
g Grassroots nontaxable amount (er	nter 25% of line 1f)		.		ļ		
h Subtract line 1g from line 1a If zer	o or less, enter -0-						
i Subtract line 1f from line 1c If zero	•		L				
j If there is an amount other than ze		line 1i, did the organiz	zation file Form 4720				
reporting section 4911 tax for this	-				Yes No		
-	ations that made a s		r Section 501(h) on do not have to comp es 2a through 2f on pa				
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total		
2a Lobbying nontaxable amount							
b Lobbying ceiling amount		}					
(150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots postsychla amount							
d Grassroots nontaxable amount e Grassroots ceiling amount	_				-		
(150% of line 2d, column (e))							
(10000000000000000000000000000000000000	<u>. </u>				+		
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2009

Jacksonville Public Education Fund

Schedule C (Form 990 or 990-EZ) 2009 F/K/A Alliance for World Class Education 59-2756660 Page 3

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a	1)	(k	b)
	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of.				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)	(5), or se	ection	
301(0)(0).			Yes	N
1 Were substantially all (90% or more) dues received nondeductible by members?		1 7	1	
, , , , , , , , , , , , , , , , , , , ,		1 2		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A,		2 3 (5), or se		
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Schedule C (Form 990 or 990-EZ) 2009

Schedùle D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 **Open to Public** Inspection

Jacksonville Public Education Fund Name of the organization **Employer identification number** F/K/A Alliance for World Class Education 59-2756660 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g , recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear > Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2009

Jacksonville Public Education Fund Schedule D (Form 990) 2009 F/K/A Alliance for World Class Education 59-2756660 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) Public exhibition а Loan or exchange programs Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? J Yes No b If "Yes," explain the arrangement in Part XIV and complete the following table. **Amount** c Beginning balance 1c Additions during the year 1d Distributions during the year 1e Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? 」Yes No b If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 (d) Three years back (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance Contributions Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as: Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization that are held and administered for the organization bν. No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ıı), are the related organizations listed as required on Schedule R?

Schedule D (Form 990) 2009

(d) Book value

34,668

34,668.

Part VI

1a Landb Buildings

d Equipment

(b) Cost or other

basis (other)

41,005.

c Leasehold improvements

Describe in Part XIV the intended uses of the organization's endowment funds

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Description of investment

Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

(a) Cost or other

basis (investment)

(c) Accumulated

depreciation

6,337

. . .

Schedule D (Form 990) 2009

Jacksonville Public Education Fund F/K/A Alliance for World Class Education 59-2756660 Page 3

Part VII Investments - Other Securities. (a) Description of security or category			Method of valuation.
(including name of security)	(b) Book value		end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	>		
Part VIII Investments - Program Related	See Form 990, Part X, line 1	3	
(a) Description of investment type	(b) Book value		Method of valuation
(a) Description of investment type	(b) book value	Cost or	end-of-year market value
-			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	>		
Part IX Other Assets. See Form 990, Part X, I	ine 15.		
	(a) Description		(b) Book value
	· <u> </u>		
			
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15)	-	
Part X Other Liabilities. See Form 990, Part	X, line 25	<u></u>	
1. (a) Description of liability		(b) Amount	
Federal income taxes			
		<u> </u>	
<u> </u>		,	
Total. (Column (b) must equal Form 990, Part X, col (B)	<u>l</u> ine 25.) ▶		
2. FIN 48 Footnote In Part XIV, provide the text of the	footnote to the organization's	financial statements that	reports the organization's liability for

932053 02-01-10

uncertain tax positions under FIN 48.

Jacks	onville	Public	Education	Fund
UGURD	OTIATTE	FUDITO	Education	T UII

_	dule D (Form 990) 2009 F/K/A Alliance for World C	lass Educa	ation		756660	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Final		ements	5	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			-
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			
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 through 8		9		· ·	
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and XII Reconciliation of Revenue per Audited Financial Statements.		<u> 10 </u> enue per l	Return		
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
a	Net unrealized gains on investments	2a		1		
b	Donated services and use of facilities	2b		1		
c	Recoveries of prior year grants	2c		1 1		
d	Other (Describe in Part XIV)	2d		┥		
e	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b		1		
0	Add lines 4a and 4b	40		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Exp	enses pe	_	'n	
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
c	Other losses	2c				
d	Other (Describe in Part XIV)	2d				
e	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
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		7		
	Add lines 4a and 4b			4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5		
Pa	t XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	II, lines 1a and 4, F	art IV, lines	1b and 2	b; Part V, line	4, Part
X, line	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp	plete this part to pr	ovide any ad	dditional	information	
	·	, , ,	•			
		-				
			<u>.</u> .	Schedu	ıle D (Form 9	90) 2009

SCHEDULE 1 (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

OMB No 1545-0047 2009 % ⊠

Employer identification number 59-2756660 Open to Public Inspection _____ 1 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 ▶ Attach to Form 990. F/K/A Alliance for World Class Education Jacksonville Public Education Fund General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monit	oring the use of grant	funds in the United	d States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	1 Organizations in the	• United States. C	omplete if the orga	anization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than t	\$5,000. Check this	box if no one recipien	it received more th	an \$5,000. Use Pa	irt IV and Schedule I-1	(Form 990) if addition	al space is needed
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of valuation (book, or government or government or government (e) EIN (b) IRC section (d) Amount of valuation (book, or assistance or assistance other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							The grant was to
Duval County Public Schools		•					partially fund a contract
1701 Prudential Drive							between DCPS and
Jacksonville, FL 32207	59-6000589		100,000	0.			Education Resource
2 Enter total number of section 501(c)(3) and government organizations	ınd government orç	yanızatıons					

See Part IV for Column (h) descriptions 3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

Jacksonville Public Education Fund

Schedule I (Form 990) 2009

Page 2

59-2756660

(Form 990) 2009 F/K/A Alliance for World Class Education

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Use Part IV and Schedule I-1 (Form 990) if additional space is needed Part III

(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
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	te the informatio	n required in Part I,	line 2, and any other	additional information	
Name of Organization or Government:	Duva1	County Pub	County Public Schools	Ø	
(h) Purpose of Grant or Assistance:	The	rant was t	grant was to partially fund	y fund a	
contract between DCPS and Education	n Resource	ce Strategies	ies Group	(ERS) to	
analyze how DCPS allocates its time,	e, human	capital	and fiscal	resources	
in support of student achievement.	ERS has	s developed	d a specialized	lized	:
expertise in the evaluation of res	resource al	allocation practices		in large	
urban school districts. The total		contract between DCPS	and	ERS is	
\$550,000. JPEF has granted \$100,000		from its funds to		support the ERS	

932102 02-02-10

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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV. line 23.

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

Jacksonville Public Education Fund

F/K/A Alliance for World Class Education

Employer identification number 59-2756660

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. a Receive a severance payment or change-of-control payment? 4a X Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X The organization? 5a X Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. a The organization? 6a X b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 lf "Yes," describe in Part III X 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2009

Jacksonville Public Education Fund

F/K/A Alliance for World Class Education 59-2756660

Schedule J (Form 990) 2009

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	ISC compensation	0	Q	(E)	(F)
	(1)			Retirement and	Nontaxable	Total of columns	Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(D)·(I)·(B)	reported in prior Form 990 or
		Compensation	Compensation				Form 990-EZ
	9						
	(ii)						
	(0)						
)	(ii)						
	(i)						
)	(ii)						
	(0)						
)	(ii)						
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	()						
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)	(ii)						
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Schedule J (Form 990) 2009

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932112 02-02-10

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

Jacksonville Public Education Fund F/K/A Alliance for World Class Education

Employer identification number 59-275660

Form 990, Part I, Line 1, Description of Organization Mission:
low performing public schools.
Form 990, Part III, Line 3, Changes in Program Services:
The organization realigned programmatic activities into three
portfolios of work; advocacy, community and data analysis.
Form 990, Part III, Line 4d, Other Program Services:
EDDY Awards program that identifies and recognized the best practices
and outstanding teacher performance. The Fiscal Agency Program connects
local donors with schools and other educational institutions.
Expenses \$ 427436. including grants of \$ 0. Revenue \$ 0.
Form 990, Part VI, Section A, line 2: Ann Baker, Director and John Baker,
Director are related by marriage.
Form 990, Part VI, Section B, line 11: The 990 is presented for approval
at the Board of Directors meeting before it is filed.
Form 990, Part VI, Section B, Line 12c: The Board members and staff are
required annually to sign a conflict of interest policy, affirmatively
stating they have no conflict of interest.
Form 990, Part VI, Section B, Line 15: Data used from the Nonprofit Center
of Northeast Florida along with salary information from Orange County
Public Foundation is used to determine officer salary. An evaluation is in
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009 932211 02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Jacksonville Public Education Fund Name of the organization **Employer identification number** F/K/A Alliance for World Class Education 59-2756660 place that provides goals and targets for additional compensation for future periods. Form 990, Part VI, Section C, Line 19: The Organization's 990 and other governing documents are made available to the public through both the Guidestar website, as well as the organization's website. They are also available upon request.

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

Schedule O (Form 990) 2009

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

	are filing for an Automatic 3-Month Extension, complete only Part I and check this box			l	■ X
If yo	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)			
Do not	complete Part II unless you have already been granted an automatic 3-month extension on a previously file	led Fo	rm 8868.		
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed)				_
A corp	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and corr	plete			
Part I c				ì	▶ □
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an Income tax returns	exter	sion of tin	пе	
noted I not au /ou mu	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or const submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic files.	cally if	(1) you wated Form	ant the 990-T.	additional
уре о		Emp	lover ider	ntificatio	n number
orint	Jacksonville Public Education Fund	'			
	F/K/A Alliance for World Class Education	5	9-275	6660	1
file by th lue date iling you	Number, street, and room or suite no. If a P O. box, see instructions.	•			
eturn Se	243 KIVEISIGE AVE. , NO. 510				
nstructio	City, town or post office, state, and ZIP code For a foreign address, see instructions. Jacksonville, FL 32202				
Check	type of return to be filed (file a separate application for each return)				
	orm 990 Form 990-T (corporation) Form 47 orm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52				
∏ F	orm 990-EZ Form 990-T (trust other than above) Form 60 orm 990-PF Form 1041-A Form 88	69			
The Tele	Form 990-EZ orm 990-PF Amber Jubinsky books are in the care of ▶ 245 Riverside Ave. Suite 310 - Jacksonv phone No. ▶ 904-356-1895 organization does not have an office or place of business in the United States, check this box s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	969 870 	r the whol	 e group	► ☐
The Tele If the ox	Form 990-EZ orm 990-PF Amber Jubinsky books are in the care of ▶ 245 Riverside Ave. Suite 310 - Jacksonv phone No. ▶ 904-356-1895 organization does not have an office or place of business in the United States, check this box s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	969 370 1111 s is fo memb	r the wholers the ex	e group tension	► □
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The Tele If the ox If the second If I I I I I I I I I I I I I I I I I I	Amber Jubinsky books are in the care of 245 Riverside Ave. Suite 310 - Jacksonv phone No. 904-356-1895 FAX No e organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unterplace of the organization's return for the organization return for the organization named a for the organization's return for Calendar year or X tax year beginning JAN 1, 2010 This tax year is for less than 12 months, check reason: Initial return Final return This application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any correfundable credits.	s is fo memb	r the whol ers the ex The exten	e group tension	check this
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The Tele If the pox 1 I I I I I I I I I I I I I I I I I I	Amber Jubinsky books are in the care of 245 Riverside Ave. Suite 310 - Jacksonv phone No. 904-356-1895 FAX No organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt February 15, 2011 to file the exempt organization return for the organization named a for the organization's return for calendar year or X tax year beginning JAN 1, 2010 this tax year is for less than 12 months, check reason Initial return Final return this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any correfundable credits See instructions this application is for Form 990-PF or 990-T, enter any refundable credits and estimated ax payments made Include any prior year overpayment allowed as a credit	s is fo memb bove	r the wholers the exten	e group tension	check this

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