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**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)

OMB No 1545-0047 2009

Department of the Treasury

Inter	nai Rever	nue Service	► The organization	n may have to use	e a copy of this reti	urn to satis	ty state report	ing requirer	nents	Ope	en to Pub	iic insp	ection
	For the	2009 calendar year,	or tax year begin	ning Jul	1	, 2009	, and endin	<b>g</b> Jun	30		, 2010		
В	Check if	applicable	C Name of organiza	ation			-	-	D Employ	yer Identi	ification Nur	nber	
	Add	ress change   Please use	Hillsboroug	h County S	chool Read	iness (	Coalitic	n. Inc.	59-	3626	765		
		or print or type			nail is not delivered				E Teleph				
	$\vdash$	See al return specific	1002 E. Pa	lm Avenu	_		100		/91	31 2	02-100	١0	
		Instruc-	City, town or cou			State			101	<u> </u>	02 100	70	
	1-1		Tampa	,							. 25 52		
	Ħ	ended return	and address of principa			. בע	33605	H(a) Is this	a group retu		\$ 75,57	_	
	L App				m		22605		a group retui l affiliates inc		mates.	⊣.	X No
			cGerald 1002 F				33605		attach a list		tructions)	Yes	∐ No
<u> </u>		exempt status X 50		(insert no )	4947(a)	(1) or	527						
<u>J</u>	Web	site: <u>www.elc</u>							exemption n	umber 🏲	•		
K		of organization X Corpor	ation Trust	Association	Other ►	L,	Year of Format	10n 200	1  M:	State of le	egal domicile	e FL	
Pa	rt I	Summary			<u> </u>								
	1 E	Briefly describe the org	ganızatıon's missi	on or most siç	ınıfıcant actıvıtı	ies- <u>Tł</u>	<u>ne Coal</u>	<u>ition'</u>	s_role	<u>is</u>	to de	velor	2
. 6		and administer										<b>-</b> -	
Activities & Governance	נו	program delive	ery_system_	that pre	pares_chi	ldren	_to_suc	ceed :	in sch	<u>ool</u> :	<u>and in</u>	<u>llif</u>	e
Ē	_	· <del></del>						<b>-</b> -			<b>_</b>	<b>-</b>	
હુ	2 (	Check this box ►	if the organization	n discontinued	ts operations	or dispo	sed of mor	e than 25	% of its as				
್		Number of voting mem				VII. 1	168				12		
ies	l	Number of independen	•	_	ling body (Part	vi, iine	(0)			-	12		
₹		Fotal number of emplo Fotal number of volunt									0	_	
Act	ı	Total gross unrelated b		-	Icolumn (C)	ına 12				7a	0		0.
	ı	Net unrelated business				1116 12				7b			
		tot amoiatea basinese	taxable income i	101111 01111 330	7,1110 04		·	Т.		-/-			
		Contributions and aron	sta (Dort VIII Ivaa	16)					Prior Year	270		ent Yea	
e	1	Contributions and gran Program service reven						/3	3,797,6	78.	/5,	570,	<u>588.</u>
Revenue	1	nvestment income (Pa	•		and 7d)			-	1,7	701		1 -	287.
ية ﴿	!	Other revenue (Part VI			•	ام)		-	1,	7 7 1 .			201.
2		Fotal revenue – add lu					e 12)	73	3,799,4	169	75	571,	875
: —		Grants and similar am				11 (7.9), 1111	C 12)		2,337,7			629,	
;		Benefits paid to or for						1	., 551,			029,	213.
		Salaries, other comper				ا مورد ا	, 5 10\		795,1	105		848,	206
es	16.	Professional fundraising	Ballon, Jeh Kiosee	Profinence (v S)	Six, column (	۱), III ادی ر	J-10)	<b> </b>	193,1	103.		040,	290.
Expenses	ı		ші		9			-					
. <u>X</u>	Ь⊺	Total fundraising expe Other expenses (Part I	nses (Partix, col	artin (D) (Ine	25)		0.	ļ					
_	17 (	Other expenses (Part I	X, columb (A), III	<del>les 11a-11d,</del> 1	1f-24f)				656,9		1,	063,	808.
	1	Total expenses Add III	•		column (A), lın	ne 25)		7.3	3,789,7	792.	75,	541,	383.
	19 F	Revenue less expense	s Subtract line 18	3 from line 12					9,6	577.		30,4	492.
Net Assets or Fund Balancos								Begi	nning of Y	'ear	End	of Yea	r
\$ E	20 7	Total assets (Part X, Ii	ne 16)					6	,345,3	385.	<del></del>	871,	
4 A	21 7	Fotal liabilities (Part X	, line 26)						,071,7			566,	
ž	<b>22</b> N	Net assets or fund bala	ances Subtract lir	ne 21 from line	e 20				273,6			304,	
Pa	rt II	Signature Blo				-		<u>'</u>		, , , , ,		0017	
_		Under penalties of periury	I declare that Lhave e	xamın dithis retur	n including accome	nanvino schi	edules and stat	ements and	to the hest of	of my kno	wledge and	ballaf it i	
		Under penalties of perjury, true, correct, and complete	Declaration of prepar	er (other than offic	n, including accomp cer) is based on all	information	of which prepa	irer has any	knowledge	or my Kinc	meage and	besier, it i	13
Sig	ın	<b>&gt;</b> 13		V	<b>(</b> )				4-2	-5-1	1		
He		Signature of officer						Da	ate				
		► David McGe	rald										
		Type or print name an	•		-					_		-	
		<del> </del>				- 1	Date		heck if	Pr	eparer's ider	ntifying nu	ımber
Pa	id		$\Omega \cap \Omega$					. Se	elf- mployed ►	(se	ee instruction	ns)	
Pre		Preparer's signature	e WYIT	ma			3/15	111   "	прюуеч	니			
	rer's	Firm's name (or FOD	tana CPAs			<u> </u>		•		1			
Ús		vours if self.	9 N MCMULLI	TN BOOTU	RD #510-3	311			in ►				
Or	ııy	address, and	arwater	PH BOOTH			:1	-				_	
NA	the ID	·		chown above?	FL (see instruction		, <u> </u>	IP	hone no		X Yes		N-
_		S discuss this return v					ions		<b>TEC.</b>				No
ΒA	A FOT	Privacy Act and Paper	rwork Reduction /	ACT NUTICE, SE	e ine separate	: instruct	IONS.		TEEA0101	07/20/	ro9 ⊦o≀	rm <b>990</b>	(2009)

	990 (2009) Hillsborough County School Readiness Coalition, Inc.	59-362676	55		Page 2
Pa	Statement of Program Service Accomplishments				
1	Briefly describe the organization's mission	· · · · · · · · · · · · · · · · · · ·			
	The Coalition's role is to develop and administer a comprehensive	school			
	readiness and out of school time program delivery system that prep				
	See Form 990, Page 2, Part III, Line 1 (continued)	<del>-</del>	<b>-</b>		
	Did the organization undertake any significant program services during the year which were not listed on the p		-		
2	Form 990 or 990-EZ?	orior			
		نا	Yes	X	No
	If 'Yes,' describe these new services on Schedule O	_			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	· 📙	Yes	X	No
	If 'Yes,' describe these changes on Schedule O				
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e	xpenses Secti	on 501	(c)(3)	
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported	cations to other	s, the	total	
	expenses, and revenue, if any, for each program service reported				
				-	
<b>4</b> a	(Code) (Expenses \$ 47,821,705. including grants of \$ 47,519,453.) (Rev	renue \$			0.)
	School Readiness -	-			
	The Coalition administers and coordinates child care subsidies for	children			
	birth to 13 in Hillsborough County. The Coalition provides subside	des to	<u> </u>		<b>-</b>
_			<b>-</b>	<del>-</del>	
	approximately 12,000 children per month.				- <b>-</b> -
					- <del></del> -
		<del>-</del>			- <b></b>
		<b>-</b>			
4 b	(Code) (Expenses \$ 26,154,464. including grants of \$ 26,109,826.) (Rev	enue \$			<u>0.</u> )
	VPK -				
	The Coalition administers and coordinates the Voluntary Pre kinder	garten			
	program. Currently, the Coalition serves approximately 9,000 four	-year-old	ls		
	each month through a network of approximately 350 private service	providers			
		<del></del>			
		- <i></i>			
					- <b></b>
		- <del></del>	<b>-</b>		
40	(Code) (Expenses \$ 970,612. including grants of \$ 0.) (Rev	renue \$			0.)
	Quality Counts for Kids -	• • •			
	Quality Counts for Kids (formerly Five Stars for Kids) is a volunt				- <b>-</b> -
	program for child care providers that encourages and recognizes qu			- <b>-</b> -	
			<del>-</del>		
	services. Participating providers may be eligible to apply for gra				
	defray the costs of providing higher quality services to children.	<u>The</u> goal	<u>s</u>		- <b>-</b> -
	of the program are:	<b></b>	<b></b> -		. <b>–</b> – –
	* To improve the quality of Hillsborough County's early childhood.	<b></b>	=		
	* To provide parents with an easy-to-use tool to identify and sele	ct	- <b>-</b>		
	higher quality programs.	<b>-</b>			
	* To provides financial supports to maintain and/or improve qualit	v to prov	ider	 S	
	serving children receiving school readiness financial assistance.			. <u>~</u>	
	outling outliers receiving sensor readiness trinshers assistance.	- <b></b>	<b></b> -		
	Other program services (Describe in Schedule O )		_		
40					
	(Expenses \$ including grants of \$ ) (Revenue \$			<u>)                                     </u>	
<u>4e</u>	Total program service expenses ► 74, 946, 781.				

59-3626765 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Х 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 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Х 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 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 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 Did the organization maintain-collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D. Part III 8 Х 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 Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 Х Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 11 Х 130 Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. 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 \* 37 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 Ď Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X

2	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	te	
2/	Was the organization included in consolidated, independent audited financial statement for the tax	Yes	No

year? 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

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

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

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

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

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

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

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

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Checklist of Required Schedules (continued) Yes No 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 21 Х 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 27 If 'Yes,' complete Schedule I, Parts I and III 22 Х 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 Х 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, and 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 Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24h c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,'-complete Schedule L, Part 1 Х 25a 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 Х 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 Х 28 Was the organization a party to a business transation with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) a 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 Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-3  $^{\prime}$  If 'Yes,' complete Schedule R, Part I 33 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 line 1 34 Х 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 35 X **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 36 Х 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 37 Х

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Form 990 (2009)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

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 U S Information Returns, Enter -0- if not applicable 1 a n b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1Ь 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c Х 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Λ 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return X b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a X **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? 5 a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х 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? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 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? 7 a Х 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 to file Form 8282? 7с d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e x f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f Х 7 g g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 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 Х 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Х **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9ь Х 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against 11 b amounts due or received from them ) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b

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Form 990 (2009)

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.

Sec	tion A.	Governing E	3ody a	nd M	anaç	gem	ent	t																
																							Yes	No
1 a	Enter the	number of voting	g membe	ers of	the go	overn	าเกฐ	body	y							1	1 a	12						
t	Enter the	number of voting	g membe	ers tha	at are	ınder	pend	dent									1Ы	12						
2	Did any of officer, dir	fficer, director, to ector, trustee or	rustee, o r key emp	r key i ployee	emplo	oyee !	have	e a fa	amıly	y rela	ation	ship (	or a b	usine	ss re	elatio	nsh	ıp wit	h any	other		2		X
3	Did the org	ganization deleg	jate conti	rol ove	er ma emolo	anage	emer	nt du a ma	ities d	custo	omar	ily pe mpan	erform	ned by	or u	under	r the	dire	ct sup	ervisio	n [	3		х
4	Did the org	ganization make	e any sigi	nıfıcar	•	-			_			•	•	•	,,,,							4		X
	since the p	prior Form 990 v	was filed	7																				
5	-	ganization beco			-	-			ateria	al div	ersi	on of	the o	rganız	zatio	n's a	sse	ts?			-	5		Х
6		organization hav																			-	6		<u>X</u>
7 a	Does the ogoverning	organization hav body?	re memb	ers, st	tockho	olders	s, or	r othe	er pe	ersons	is wh	10 та	ay ele	ct one	e or i	more -	me	mber	s of th	ne	. [	7 a	_	Х
· b	Are any de	ecisions of the g	joverning	j body	subje	ect to	) app	prova	al by	mem	nber	s, sto	ckhol	ders,	or o	ther p	pers	ons?			Į	7 b		Х
8	Did the org the followi	ganization conte ing	emporane	eously	docu	ıment	t the	e mee	etings	s held	ld or	writte	en ac	tions i	unde	ertake	en d	uring	the ye	ear by				
а	The govern	ning body?																				8a	Х	
b	Each com	mittee with auth	ority to a	act on	behal	If of the	the g	gover	rnıng	body	y?											8 b	Х	
9	Is there ar organization	ny officer, direct on's mailing add	or or trus dress? <i>If</i>	stee, o <i>'Yes,'</i>	or key ' <i>provi</i>	emp de th	oloye ne na	e lis ames	ited in s <i>and</i>	n Par d addi	rt VI <i>Iress</i>	I, Sed ses in	ction Sche	A, who	o ca O	nnot	be r	each	ed at	the		9		х
Sec	tion B.	Policies (7	This Se	ction	Bre	eque	ests	s inf	form	natio	on a	bou	t poi	icies	по	t rec	quir	ed b	y the	e Inte	rnal			
Reve	enue Code )	)																						
																					_		Yes	No
		organization hav		•																		10 a		<u>X</u>
t	If 'Yes,' do and branc	oes the organiza hes to ensure th	ition have neir opera	e writt ations	en po are c	olicies consis	s and stent	d pro	ocedu h tho:	ures of	gove f the	rning orga	the a	activiti on?	ies c	of suc	ch cl	napte	rs, aff	ılıates,		10b		
		rganization prov										-		_	-		e fil	ıng th	e forr	n <sup>?</sup>	Ļ	11	X	
		n Schedule O th	•		-		-	•	_						1 990	)					-			الـــُــا
		organization hav						•	-													12a	X	
	to conflicts	_																				12b	х	
C	Does the of Schedule	organization reg <i>O how this is do</i>	ularly an one	d cons	sisten	ntly m	nonite	tor ar	nd en	nforce	e co	mplia	ance v	vith th	е рс	licy?	lf '	Yes,'	descri	ibe in		12 c	Х	
		organization hav						-													L	13	_ X	
14	Does the o	organization hav	e a writte	en doo	cumer	nt ret	tentic	on a	nd de	estrud	ction	ı polı	cy?								L	14	Х	
15	Did the propersions, of	ocess for detern comparability da	nining co ita, and c	mpen:	satior npora	n of th	he fo Is su	ollow Jbsta	ving p intiati	personor	ns II f the	nclud delit	le a re berati	eview on and	and d de	appri cisior	oval	by ır	ndepei	ndent				
а	The organ	ization's CEO, E	Executive	Direc	ctor, o	or top	) mai	ınage	emen	it offic	icial										L	15 a	X	
E		ers of key empl	-		-																L	15 b	Х	
		line 15a or 15b,		-									•								1	, .	*	
16 a	Did the org entity duri	ganization inves ng the year?	it in, conf	tribute	: asse	ets to,	, or p	parti	ıcıpat	te in a	а јог	int ve	nture	or sin	nılar	arra	nge	ment	with a	taxab	le  -	16 a		X
t	If 'Yes,' ha	as the organizati nture arrangement respect to sucl	ion adopt	ted a v	writtei	n poli le fed	icy c leral	or pro I tax	ocedi law,	ure re and t	equi take	ring t n ste	the or ps to	ganıza safeg	ation uard	to e	valu orga	iate it inizat	s part	icipatio exemp	on t	16 h		
Sec		Disclosures		-inclif	<u> </u>	-									<u> </u>							16 b		<u> </u>
		ates with which		f this	Form	990 :	is re	eguiro	ed to	be fi	iled	<b>▶</b> 1	Flor	rida	l					_				
	Section 61	104 requires an Indicate how y	organiza	tion to	o mak	ke its l	Forn	ms 1	023 (	(or 10	024	-				nd 9	90-1	(50	(c)(3)	s only)	– – - ) avaıl	able	for pu	blic
	Own v	vebsite	∐ And	other's	s web	site			X	Upo	on re	eques	st											
19	Describe is statements	n Schedule O w s available to th	hether (a e public	and if	so, ho	ow) th	he or	rgan	uzatio	on ma	akes	its g	goverr	ning de	ocur	nents	s, cc	nflict	of int	erest p	olicy,	and	fınanc	ıal
		name, physical	address,																	f the oi	ganız	ation		
,	► <u>Tonia</u>	Williams_	<del>-</del>	1_0	) <u>02</u> E	<u> </u>	<u>alm</u>	Ave	<u>enue</u>	<u>}_</u> _	<u>Ta</u>	mpa	L	- <b>-</b> -		<u>FL</u>		3360	5_		<u>(81</u>	3)_2	204-	1748

# 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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'
- 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

<b>(A)</b>	(B)			•	ć)	-		(D)	(E)	(F)
Name and Title	Average hours		_		_	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	advidi el frastee or director	mshluhoael kustee	Offi ei	key employee	Higt est cointensated employee	Fornei	the organization (W 2/1099 MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Donna Kimes Board Member	1.00	x						0.	0.	0.
Dr. Luanne Panacek	1.00			-			-	0.		
Board Member	1.00	x						0.	0.	0.
Dr. Shawn Robinson	1.00		$\vdash$					0.		
Board Member	1.00	x						0.	0.	0.
Linda Stroller										
Board Member	1.00	Х	1					0.	0.	0.
Margaret Fender										
Board Member	1.00	Х	]					0.	0.	0.
Sandra Murman										
Board Member	1.00	Х	<u> </u>					0.	0.	0.
Susan Geiss										
Board Member	1.00	Х						0.	0.	0.
Carrie_Gassen					ŀ					
Board Member	1.00	Х	<u> </u>					0.	0.	0.
Dr. Douglas Holt										
Board Member	1.00	Х						0.	0.	0.
Cynthia Rodriquez										_
Board Member	1.00	X	<del>                                     </del>					0.	0.	0.
Louis A Finney, Jr.	1	١								_
Board Member	1.00	X	<u> </u>					0.	0.	0.
Marina Harkness	1 00	l .								•
Board Member	1.00	X	├		-			0.	0.	0.
Pat Grosz Board Member	1.00	v						0.	0.	^
Sartura Shuman-Smith	1.00	^				<u> </u>		0.	0.	0.
Board Member	1.00	v				i		0.	0.	0
Scott Barrish	1.00	<del>  ^-</del>	<del> </del>		<del>                                     </del>			0.	0.	0.
Board Member	1.00	l <sub>x</sub>						0.	0.	0.
Michael J. Reeves	1.00	<b></b>			$\vdash$	-	-	<del></del>		
Board Member	1.00	x						0.	0.	0.
Donna Bevis	1.00	<u> </u>	<del>                                     </del>	$\vdash$	<del> </del>	<del> </del>			· · · · · · · · · · · · · · · · · · ·	
Board Member	1.00	x	1					0.	0.	0.
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Average hours per weel		r —					Reportable compensation from	Reportable compensation from	amoi	stimated ant of ot	
	director	Institutional trustee	Officer	Key employee	inghest compensated	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fr org an	pensation the anization of relate	on d
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d to those	e list	ed a	abov	/e) v	vho	rece	ived more than \$1	00,000 in reportabl			
										_	
										Yes	N
or truste	e, k	еу е	mpl	oyee	e, or	high	nest compensated	employee			
	com	200	catu		<b>5</b> 4 6	thor	componentian fro		3		_X
han \$150	0,000	)? <i>[f</i>	'Ye	on a	na c	lete	Schedule J for suc	m ch			
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ompensa	tion	fror	n ar	ny u	nrela	ated	organization for s	ervices			
ieuule J	IUT S	ucn	per	son					_ 5		<u> </u>
ed indep	ende	ent c	ontr	racto	ors t	hat r	eceived more than	n \$100,000 of			_
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	1.00 1.00 1.00 1.00 1.00 40.00  do to those or truste individual exportable than \$150 compensa hedule J	1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  40.00  do to those list  r or trustee, kendividual  eportable compensation hedule J for s  ted independences	1.00 X  1.00 X  1.00 X  1.00 X  40.00  do to those listed a portable compensation from the dule J for such the dindependent of	1.00 X X  40.00 X X  40.00 X X  40.00 X X  40.00 X X  contract the second of the second	1.00 X X  40.00 X	and to those listed above) who controlled to those listed above) who compensation and cothan \$150,000? If 'Yes' compensation from any unrelated independent contractors to the discontrolled independent	1.00 X X  40.00 X	1.00 X X 0.  1.00 X X 1.  1.7,614.	1.00 X X X 0. 0.  1.00 X X X 0. 0.  1.00 X X X 0. 0.  1.00 X X 0. 0.  1.00 X X 1 0. 0.  1.00 X 1 0. 0.  1.00 X 1 0. 0.  1.00 X 0. 0.  1.17,614. 0.  0. 0.  1.17,614. 0.  0. 0.  1.00 X 0. 0.  1.17,614. 0.  0. 0.  1.00 X 0. 0.  1.00 X 0. 0.  1.00 X 0. 0.  1.00 X 0. 0.  1.17,614. 0.  0. 0.  1.00 X 0	1.00 X X X 0. 0. 1.00 X 0.	1.00 X X X 0. 0. 1.00 X 1.

Form 990 (2009) Hillsborough County School Readiness Coalition, Inc. 59-3626765 Page 9 Part VIII Statement of Revenue (B) Related or (D) (A) (C) Revenue Total revenue Unrelated exempt business excluded from tax function revenue under sections 512, 513, or 514 revenue 1a Federated campaigns 1 a CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e 75,528,437 f All other contributions, gifts, grants, and similar amounts not included above 42,151 q Noncash contribns included in Ins 1a-1f h Total. Add lines 1a-1f 75,570,588 PROGRAM SERVICE REVENUE **Business Code** f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest and <u>1</u>,287 other similar amounts) 0. 0. 1,287 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (ii) Personal 6a Gross Rents

c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV. line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 

d All other revenuee Total. Add lines 11a-11d12 Total revenue. See instructions

b Less. rental expenses
c Rental income or (loss)
d Net rental income or (loss)

7 a Gross amount from sales of assets other than inventory
 b Less cost or other basis and sales expenses

(i) Securities

(II) Other

► 75,571,875.

0.

1,287

0.

#### Part IX | Statement of Functional Expenses

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

All other organizations must com				<del>· ·</del>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	73,629,279.	73,629,279.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	10,020,030	70,003,273		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	_			
5 Compensation of current officers, directors, trustees, and key employees	121,417.	72,086.	49,331.	0
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	476,847.	231,572.	245,275.	- 0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	250,032.	133,501.	116,531.	0.
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal				
c Accounting	68,150.	0.	68,150.	0.
<b>d</b> Lobbying				
e Prof fundraising svcs See Part IV, In 17				<del></del> _
f Investment management fees				
<b>g</b> Other	766,801.	761,285.	5,516.	0.
12 Advertising and promotion	5,450.	2,566.	2,884.	0.
13 Office expenses	56,583.	36,968.	19,615.	0.
14 Information technology				-
15 Royalties				···
16 Occupancy	60,444.	30,705.	29,739.	0.
17 Travel	24,006.	8,528.	15,478.	0.
Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,756.	0.	4,756.	0
23 Insurance	6,779.	0.	6,779.	0
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 )				
a Maintenance Contracts	2,299.	1,090.	1,209.	0.
<b>b</b> Telephone	2,049.	957.	1,092.	0.
c Postage & Shipping	4,622.	1,620.	3,002.	0.
d Printing & copying	33,796.	20,905.	12,891.	0.
e Bank charges	1,686.	0.	1,686.	0.
f All other expenses	26,387.	15,719.	10,668.	0.
25 Total functional expenses Add lines 1 through 24f	75,541,383.	74,946,781.	594,602.	0.
26 Joint costs. Check here ► X 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	0.	0.	0.	
BAA	<u> </u>			0 . Form <b>990</b> (2009

**Balance Sheet** Part X (B) (A) End of year Beginning of year 4,665,402. 1 Cash - non-interest-bearing 78,448. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 1,660,959. 3 5,778,367. 4 Accounts receivable, net 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 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis 10a 40,525. Complete Part VI of Schedule D 10b 26,257 19,024. 14,-268-. 10 c b Less accumulated depreciation 11 Investments - publicly-traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 6,345,385. 16 5,871,083. 16 Total assets Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 13,108. 17 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 6,058,648. 25 5,566,962. 25 Other liabilities Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 6,071,756. 26 5,566,962. Organizations that follow SFAS 117, check here X and complete lines NET 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 273,629. 27 223,559. 28 80,562. 28 Temporarily restricted net assets Permanently restricted net assets 29 P Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 273,629. 304,121. 34 Total liabilities and net assets/fund balances 6,345,385. 34 5,871,083. Form 990 (2009) BAA

Form 990 (2009) Hillsborough County School Readiness Coalition, Inc. 5	9-3626765	P	age 12
Part XI Financial Statements and Reporting			<u> </u>
		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			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	f the audit,	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were iss consolidated basis, separate basis, or both	sued on a		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	e Sıngle 3a	х	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the red or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired audit	x	

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Form 990 (2009)

# SCHEDULE A (Form 990 or 990-EZ)

# **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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

anie (	n ute	organization							Employe	rigenuiscai	uon numper	
				diness Coalition						626765		
Part	<u>: I</u>	Reason for Pul	blic Charity Statu	s (All organizations	must c	comple	te this	part.)	See ı	<u>nstruct</u>	ions	
he o	rga	nization is not a priv	ate foundation becaus	e it is (For lines 1 throug	gh 11, cl	neck onl	y one bo	x.)				
1		A church, convention	on of churches or asso	ciation of churches descr	ibed in s	section	170(b)(1	)(A)(i).				
2		A school described	in section 170(b)(1)(A	)(ii). (Attach Schedule E	)							
3		A hospital or coope	rative hospital service	organization described in	n section	n 170(b)	<b>(1)(A)(</b> iii	).				
4		A medical research	organization operated	I in conjunction with a ho	spital de	scribed	ın sectio	on 170(	b)(1)(A)	(iii) Ente	er the hospital's	
	_	name, city, and sta	te								•	
5		An organization ope 170(b)(1)(A)(iv). (C	erated for the benefit of complete Part II)	of a college or university of	owned o	r operat	ed by a	governr	mental u	nit descr	ibed in section	
6				overnmental unit describe								
7	X	ın section 170(b)(1)	(A)(vi). (Complete Pa		<b>-</b>	-	ernment: 	al unit d	or from t	he gener	al public describ	ed
8	닏	A community trust of	described in <b>section 1</b>	<b>70(b)(1)(A)(vi).</b> (Complete	Part II	)						
9		from activities relations	ed to its exempt functi	more than 33-1/3 % of ons — subject to certain of staxable income (less somplete Part III)	exceptio	ns, and	(2) no n	nore tha	an 33-1/3	3 % of its	s support from q	ross
10		An organization org	anized and operated o	exclusively to test for pub	lic safet	y See s	ection 5	09(a)(4	).			
11		more publicly support	orted organizations de	exclusively for the benefit escribed in section 509(a) ation and complete lines	(1) or $s$	ection 5	09(a)(2)	ons of, See <b>s</b> e	or carry ection 5	out the <b>09(a)(3).</b>	purposes of one Check the box	or that
			<b>b</b> Type II	<del></del> -		-	ıntegrate			<b>ا</b> ا	Type III- Other	_
_	$\Box$		·			-	-		mara d	المانات	• .	
е	Ш	than foundation ma 509(a)(2)	nagers and other than	anization is not controlle one or more publicly sup	ported (	organiza	itions de	scribed	in secti	on 509(a	i)(1) or section	Г
f		If the organization r check this box	eceived a written dete	rmination from the IRS th	nat is a <sup>-</sup>	Type I, T	Гуре II о	r Type I	ll suppo	orting org	anızatıon,	
g		Since August 17, 20	006, has the organizat	ion accepted any gift or	contribu	tion fron	n any of	the foll	owing pi	ersons?	Yes	No
		(i) a person who below, the go	directly or indirectly c verning body of the su	ontrols, either alone or to pported organization?	gether v	vith pers	sons des	cribed i	ın (ıı) an	ıd (III)	11 g (i)	NO
		(ii) a family mem	ber of a person descr	ibed in (i) above?							11 g (ii)	
		(iii) a 35% control	lled entity of a person	described in (i) or (ii) abo	ove?						11 g (iii)	
h		Provide the following	ig information about th	ne supported organization	s						· · · · · · · · · · · · · · · · · · ·	·
	(i	) Name of Supported Organization	(II) EİN	(III) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed	Is the lion in cot d in your rrning ment?	(v) Did your su	ızatıon in (ı) of	organizat	Is the tion in col zed in the S ?	(vii) Amount of Su	ipport
					Yes	No	Yes	No	Yes	No		
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Hillsborough County School Readiness Coalition, Inc. 59-3626765

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

	(Complete only if you checke	ed the box on line	5, /, or 8 of Part	1)			
Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	63,236,739.	64,611,384.	69,826,775.	73,797,678.		271,472,576.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3	63,236,739.	64,611,384.	69,826,775.	73,797,678.	· · · · · · · · · · · · · · · · · · ·	271,472,576.
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)						
	Public support. Subtract line 5 from line 4					, "*	271,472,576.
<u>Sec</u>	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	63,236,739.	64,611,384.	69,826,775.	73,797,678.		271,472,576.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	14,865.	7,555.	5,697.	1,791.		29,908.
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	<b>Total support.</b> Add lines 7 through 10					6.	271,502,484.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)				12
13	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, second	d, third, fourth, o	r fifth tax year as a	section 501	(c)(3) ►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	09 (line 6, column	(f) divided by line	e 11, column (f)			14 99.99%
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14				99.99%
	<b>33-1/3 support test – 2009.</b> If the and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			. <b>•</b> X
	33-1/3 support test — 2008. If the and stop here. The organization	qualifies as a pub	licly supported org	ganization			▶ []
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-ai	nd-circumstances	' test, check this t	oox and stop here.	Explain in P	art IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-aid-circumstances'	nd-circumstances test The organiz	' test, check this t ation qualifies as	oox and stop here. a publicly supporte	Explain in P ed organization	art IV how the on. ►
18 RAA	Private foundation. If the organiz	zation did not ched	ск a box on line, 1	13, 16a, 16b, 17a,	<del></del>		e instructions
~~^					Ç.	TOPOLITO A /FC	440 AF 440 E /1 2010

# Schedule A (Form 990 or 990-EZ) 2009 Hillsborough County School Readiness Coalition, Inc. 59-3626765 Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you chec	ked the box on lir	ne 9 of Part I)				·
Sec	tion A. Public Support						
Cale 1	ndar year (or fiscal yr beginning in)  Gifts, grants, contributions and	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2	Gross receipts from admissions, merchandise sold						
	or services performed, or						
	facilities furnished in a activity						
	that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or		-		<del> </del>		
-	facilities furnished by a governmental unit to the organization without charge				- <del>-</del>	-	
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2						
	and 3 received from other than disqualified persons that						
	exceed the greater of 1% of						
	the amount on line 13 for the year						
	: Add lines 7a and 7b				<del></del>		
	Public support (Subtract line			,		* Charles	<del></del>
Ŭ	7c from line 6)					2 2 4 4 4	
Sec	tion B. Total Support		1	·	<u> </u>	<u></u>	<del></del>
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
	Amounts from line 6	(4) 2005	(6) 2000	(6) 2007	(4) 2000	(e) 2009	(i) Total
	Gross income from interest,						
	dividends, payments received			:			
	on securities loans, rents, royalties and income form						
	similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b						
11	Net income from unrelated business activities not included inline 10b.						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of			· — ·			
	capital assets (Explain in Part IV)						
13	Total support. (add Ins 9, 10c, 11, and 12)			<u></u>	L	· .	
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ition's first, second	d, third, fourth, or	r fifth tax year as a	a section 501(c)(3)	
	tion C. Computation of Pul			<del> </del>		· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 200			13 column (f)		15	%
	Public support percentage from 2		- · ·	, 13, column (i))		16	
	tion D. Computation of Inv			<u> </u>		10	
	Investment income percentage for				n (f))	17	%
18	Investment income percentage from			-	"' ('))	18	<u> </u>
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this bo	ne organization did	d not check the bo	x on line 14, and	I line 15 is more the	nan 33-1/3%, and lir	
t	33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	ne organization did	d not check a box	on line 14 or 19a	and line 16 is mo	ore than 33-1/3% a	nd line 18
20	Private foundation. If the organiz					-	▶

Part IV	Suppl Part II	ement	al Info 7a or	2009 <b>rmati</b> c 17b: a	on. Co and P	omple art III	te this line	nty sc part 12. Pr	to prov	ide th	ess Coa ne exp her ad	lation, lanation lditiona	, Inc. ns requ Linforn	ired by	Part II See in	, line 10; structions	Page <b>4</b>
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#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545-0047

2009

Name of the organization		Employer identification number
Hillsborough County School	Readiness Coalition, Inc.	59-3626765
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	X = 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treate	d as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
1 01111 <del>330-</del> F1	4947(a)(1) nonexempt charitable trust treated as	a private foundation
	501(c)(3) taxable private foundation	s a private foundation
Check if your organization is covered by the	General Rule or a Special Rule	
Note: Only a section 501(c)(7), (8), or (10) o	organization can check boxes for both the General Rule a	nd a Special Rule. See instructions
General Rule –		
	-EZ, or 990-PF that received, during the year, \$5,000 or i	more (in money or property) from any one
contributor (Complete Parts I and II )	EZ, or 330 f f that received, during the year, 40,000 of f	note (in money or property) from any one
Special Rules —		
X For a section 501(c)(3) organization filing	g Form 990 or 990-EZ, that met the 33-1/3% support test	of the regulations under sections
	from any one contributor, during the year, a contribution on h or (ii) Form 990-EZ, line 1 Complete Parts I and II	or the greater of (1) \$5,000 or (2) 2% of the
	nization filing Form 990 or 990-EZ, that received from an	
aggregate contributions of more than \$1, prevention of cruelty to children or anima	,000 for use <i>exclusively</i> for religious, charitable, scientific	literary, or educational purposes, or the
	nization filing Form 990 or 990-EZ, that received from an	by one contributor, during the year
contributions for use exclusively for religi	ious, charitable, etc, purposes, but these contributions di	d not aggregate to more than \$1,000 If
	contributions that were received during the year for an <i>ex</i> ts unless the <b>General Rule</b> applies to this organization be	
religious, charitable, etc, contributions of		<b>►</b> \$
Caution: An organization that is not covered	by the General Rule and/or the Special Rules does not f	lle Schedule B (Form 990, 990-EZ, or
990 PF) but it must answer 'No' on Part IV. I	line 2 of their Form 990, or check the box on line H of its	Form 990-EZ, or on line 2 of its Form
	ling requirements of Schedule B (Form 990, 990-EZ, or 9	
BAA For Privacy Act and Paperwork Redu for Form 990, 990EZ, or 990-PF.	ction Act Notice, see the Instructions Sche	dule B (Form 990, 990-EZ, or 990-PF) (2009)

•	•		
Schedule	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of 1 of Part I
Name of org		' '	Identification number
	orough County School Readiness Coalition, Inc.	159-36	526765
Part I	Contributors (see instructions )		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	State of Florida Agency for Workforce Innovation  107 East Madison St; MSC 110 - Caldwell Building	\$ <i>73,272,</i> 164.	Person X Payroll Noncash
	Tallahassee FL 32399		(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Children's Board of Hillsborough County	\$2,256,273.	Person X Payroll Noncash (Complete Part II if there
	Tampa FL 33605		(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person

Payroll Noncash

(Complete Part II if there is a noncash contribution )

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection Employer Identification number

Hillsborough County School Read	iness Coalition, Inc.	59-3626765
Part I Organizations Maintaining Dono	r Advised Funds or Other Similar Fur	ids or Accounts Complete if
the organization answered 'Yes' t	o Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
<ol> <li>Total number at end of year</li> </ol>		
<ol><li>Aggregate contributions to (during year)</li></ol>		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and don funds are the organization's property, subject		nor advised
6 Did_the organization inform all grantees, donoi used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or donor advisor or for a	
Part II   Conservation Easements Compl	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by		
Preservation of land for public use (e.g., re	ecreation or pleasure) Preservation	of an historically important land area
Protection of natural habitat	Preservation	of certified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organization	on held a qualified conservation contribution in t	he form of a conservation easement on the
last day of the tax year		
<del>-</del>		Held at the End of the Year
a Total number of conservation easements		2a
<b>b</b> Total acreage restricted by conservation easer		2b
c Number of conservation easements on a certif		2c 2d
d Number of conservation easements included in	• • •	
3 Number of conservation easements modified,	transferred, released, extinguished, or terminate	d by the organization during the tax
year ►	nservation easement is located >	
	<del></del>	
5 Does the organization have a written policy re- and enforcement of the conservation easemen	garding the periodic monitoring, inspection, hand to tholds?	dling of violations,  Yes No
6 Staff and volunteer hours devoted to monitoring		
during the year ►		
7 Amount of expenses incurred in monitoring, in during the year ►	specting, and enforcing conservation easements	\$
8 Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec	Yes No
9 In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue and of the organization's financial statements that de	expense statement, and balance sheet, and scribes the organization's accounting for
Part III Organizations Maintaining Colle	ections of Art, Historical Treasures. o	r Other Similar Assets
Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	8.
I a If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial stateme	ic exhibition, education, or research in furtherar	nt and balance sheet works of art, historical ice of public service, provide, in Part XIV,
<b>b</b> If the organization elected, as permitted under		
(i) Revenues included in Form 990, Part VIII,	line 1	<b>►</b> \$
(ii) Assets included in Form 990, Part X		<b>►</b> \$
If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fo 116 relating to these items	r financial gain, provide the following
a Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$
<b>b</b> Assets included in Form 990, Part X		<b>►</b> \$

Schedule D (Form 990) 2009 H111st				59-362		Page 2
Part III Organizations Mainta	ining Collectio	ns of Art, Histo	orical Treasures, or	Other Similar Ass	ets (cont	ınued)
3 Using the organization's acquisition items (check all that apply)	on accession and o	ther records, check	cany of the following that	it are a significant use o	of its collect	lion
a Public exhibition		<b>d</b> Loan o	or exchange programs			
<b>b</b> Scholarly research		e 🗌 Other				
c Preservation for future genera	ations					
4 Provide a description of the organ Part XIV	nization's collection	s and explain how	they further the organiza	ition's exempt purpose	ın	
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to be ma	intained as part of	the organization's collec-	tion?	Yes	No
Part IV Escrow and Custodia 9, or reported an amo	l Arrangements unt on Form 99	<b>s</b> Complete if o 00, Part X, line	rganization answere 21.	ed 'Yes' to Form 99	30, Part I¹	V, line
1 a Is the organization an agent, trust included on Form 990, Part X?	tee, custodian, or c	ther intermediary f	or contributions or other	assets not	Yes	□No
<b>b</b> If 'Yes,' explain the arrangement						
					Amount	
c Beginning balance				1c		
<b>d</b> Additions during the year	-			1 d		
e Distributions during the year				1 e		
f Ending balance				1f		
2a Did the organization include an ar		), Part X, line 21?			Yes	No
<b>b</b> If 'Yes,' explain the arrangement						
Part V Endowment Funds Co	mplete if organ	<u>ization answere</u>	ed 'Yes' to Form 99	0, Part IV, line 10.		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years back
1 a Beginning of year balance					<u> </u>	
<b>b</b> Contributions			,	* .		
c Net Investment earnings, gains, and losses			a	. ~.	¥	
<b>d</b> Grants or scholarships						
e Other expenditures for facilities and programs			,	* * *		
f Administrative expenses						
<b>g</b> End of year balance						
2 Provide the estimated percentage	of the year end ba	lance held as				
a Board designated or quasi-endow	ment ►	8				
<b>b</b> Permanent endowment ►	*					
c Term endowment ►						
3a Are there endowment funds not in organization by	the possession of	the organization th	nat are held and adminis	tered for the	Ye	s No
(i) unrelated organizations					3a(i)	3 110
(ii) related organizations					3a(ii)	<del></del>
<b>b</b> If 'Yes' to 3a(II), are the related or	raanizations listed	as required on Sch	adula D2		3b	
4 Describe in Part XIV the intended	~				30	
Part VI Investments—Land, B				line 10		
Description of investment		ost or other basis	(b) Cost or other	(c) Accumulated	(d) Book	· Value
1a Land		(investment)	basis (other)	Depreciation	——————————————————————————————————————	
<b>b</b> Buildings						
•	<del></del>		22 700	0.512		14 260
c Leasehold improvements			23,780.	9,512.		14,268.
<b>d</b> Equipment			16,745.	16,745.		0.
e Other	(d) must as := 1 ==	000 Part V	luman (D) lum = 10(=) )		<del></del>	14 000
Total. Add lines 1a through 1e (Column	ı (a) must equal Fo	ıını 990, Part X, co	iurnn (B), line 10(c) )			14,268.
BAA				Sched	iuie <b>D</b> (Form	1 990) 2009

Schedule D (Form 990) 2009 Hillsborough County Se			59-3626765	Page 3
Part VII Investments—Other Securities See Fo	orm 990, Part X, line	2 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Cost or e	Method of valuation and-of-year market value	
Financial derivatives				
Closely-held equity interests				
Other		·		
			_	
		_		
Total (Column (b) must equal Form 990 Part X, col (B) line 12)				
Part VIII Investments-Program Related (See	Form 990, Part X, Iir	ne 13)	· · · · · · · · · · · · · · · · · · ·	
(a) Description of investment type	(b) Book value	(c)	Method of valuation	· · ·
	(-,	Cost òr e	end-of-year market value	
			· <u> </u>	
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)				
Part IX Other Assets (See Form 990, Part X,	<u>line 15)</u>			
(a) De	escription		<b>(b)</b> Bool	k value
	<u>-</u> -			
Total. (Column (b) must equal Form 990, Part X, col (B), II			<b>•</b>	
Part X Other Liabilities (See Form 990, Part	X, line 25)			
(a) Description of Liability	(b) Amount			
Federal Income Taxes				
Due to Children's Board of Hillsborough Cou				
Due to School District of Hillsborough Cou	inty 5,477,79	3.		
	<u></u> .			
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	5,566,96	2.		
2 FIN 48 Footpote In Part XIV, provide the text of the footp			at reports the organization's	liability
for uncertain tax positions under FIN 48				

	Form 990) 2009 Hillsborough County School Readiness Coa		<u>59-362</u>	<u>6765</u>	Page 4
Part XI F	Reconciliation of Change in Net Assets from Form 990 to	Financial Statements			
<ol> <li>Total re</li> </ol>	venue (Form 990, Part VIII,column (A), line 12)			75,57	1,875.
2 Total ex	openses (Form 990, Part IX, column (A), line 25)			75,54	1,383.
3 Excess	or (deficit) for the year Subtract line 2 from line 1		Ī		0,492.
4 Net unre	ealized gains (losses) on investments				
5 Donated	d services and use of facilities		ľ		
6 Investm	nent expenses				
7 Prior pe	eriod adjustments		Ī		
	Describe in Part XIV)		T		
•	djustments (net) Add lines 4 through 8		T T		
	or (deficit) for the year per audited financial statements. Combine lines	3 and 9	-	3	0,492.
	Reconciliation of Revenue per Audited Financial Statem		Return		0,432.
	venue, gains, and other support per audited financial statements	отто тото по рог	1	75 57	1,875.
	s included on line 1 but not on Form 990, Part VIII, line 12			13,31	1,0,0.
	ealized gains on investments	2 a			
	d services and use of facilities	2b	<del>- </del>		
	ries of prior year grants				
		2c	-		
	Describe in Part XIV)	2d			
	es 2a through 2d		2 e		
	t line 2e from line 1	1 1	3	75,57	<u>1,875.</u>
	s included on Form 990, Part VIII, line 12, but not on line 1				
	nents expenses not included on Form 990, Part VIII, line 7b	4a	_		
•	Describe in Part XIV)	4b			
	es <b>4a</b> and <b>4b</b>		4c		
	venue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5		1,875.
	Reconciliation of Expenses per Audited Financial Stater	nents With Expenses p	er Retui		
	penses and losses per audited financial statements		1	75,54	1,383.
2 Amount	s included on line 1 but not on Form 990, Part IX, line 25	1 1	, ,		
<b>a</b> Donated	d services and use of facilities	2a	_  `		
<b>b</b> Prior ye	ear adjustments	2 b	_		
<b>c</b> Other Id	osses	2c	_		
<b>d</b> Other (I	Describe in Part XIV)	2d			
e Add line	es 2a through 2d		2 e		
3 Subtrac	t line 2e from line 1		3	75,54	1,383.
4 Amount	s included on Form 990, Part IX, line 25, but not on line 1:			·	
a Investm	ents expenses not included on Form 990, Part VIII, line 7b	4a			
<b>b</b> Other (0	Describe in Part XIV)	4b			
c Add line	es 4a and 4b		4c		
5 Total ex	openses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.	)	5	75.54	1,383.
	Supplemental Information	,	<del></del>		
Ine 4, Part X Information	s part to provide the descriptions required for Part II, lines 3, 5, and 9, F, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d	and 4b Also complete this pa			ional
					·

Schedule D (Form 990) 2009 Hillsborough County School Readiness Coalition, Inc.	59-3626/65	Page 5
Part XIV   Supplemental Information (continued)		<u> </u>
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# SCHEDULE I

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545-0047

Employer identification number

SR; VPK, Match **2** ⊠ (h) Purpose of grant or assistance **A** Partill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form ☐ Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 59-3626765 (g) Description of non-cash assistance n/a 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 criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) N/A (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 72,381,998 (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed County School Readiness Coalition, Inc. School District (c) IRC section if applicable 59-6000660 (b) EIN 901 East Kennedy Boulevar Tampa FL 33602 School Dist of Hills Coun 1 (a) Name and address of organization or government

Schedule I (Form 990) 2009

TEEA3901 02/10/10

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

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

Schedule I (Form 990) 2009 Hillsborough County School Readiness Coalition, Inc. 59-3626765

Rankling 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.

Page 2

(a) Type of grant or assistance	ıt 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)	ation (book,	(f) Description of non-cash assistance
					-		
					. =		
[Parition] Supplemental Information. Complete this part to	tal Information. Comp		provide the information required in Part I, line	ion required in Par	7	d any othe	and any other additional information.
Pt_I_ine_2	The_following_are_various_	are_various_t	tools_for_monitoring	oring subrecipients	ients and	<u>vendors</u>	
Pt_L Line_2	to_ensure_that	to ensure that the contractor	ا ا	conducting_its_portion_	of the	<u>sponsored</u>	
Pt_I Line 2	activity_in_compliance_with_the_terms	ompliance with	O. F.	the Coalition's	s_Grant:	         	
Pt_I_Line_2	*review_of_co	ontract servic	_*review_of_contract_service_requirements	and performance outcomes	ce_outcome	&I       	
Pt_L Line 2	*review_of_pr	_*review_of_progress_reports_	s and documentation;	ation;	- 1   	F 	
	* careful review of billi	iew of billings	and the	supporting documentation	tation	       	
                     	accompanying_reimbursement	ceimbursement	reguests;	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-           	 	
	single_revie	single_review_audits_and_	_evaluate_any_f:	_any_finding_contained	ed_therein;	<u>i.</u>	
	*perform_on-site_visits:	ite_visits:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1	
	*review_financial_and_programmatic_	ial_and_progra	ammatic_records;	<del>'</del> S	1	[	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
See Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)	- Part IV - Supplemental Ir	nformation (Continuatio	in Sheet)				Once Min and all all body of
<b>4</b> 40							Schedule I (Form 990) 2009

#### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Hillsborough County School Readiness Coalition, Inc.	59-3626765
Pt_VI-B, Line 11A Form 990 is prepared by the Coalition's audito	rs. The draft is
reviewed by the CEO and COO. The Executive Co	mmittee
comprised of the Board Chair, Vice Chair Secre	tary, and Treasurer
review the draft 990. Once approved by the Ex	ecutive Committee,
the draft 990 is sent electronically to all me	mbers of the Board for
review. Once reviewed by the Board the final 9	90 is filed by staff.
The final 990 is available to the public upon	reguest.
Pt_VI-B, Line 12c All new Board members backgrounds are reviewed	L
for potential conflicts of interest. All new	Board members receive an
orientation_explaining_the_organization's_confl	ict of interest policy.
The importance of disclosure of conflicts of i	nterest and
reinforcement of the policy is on-going at Boa	rd and committee
meetings. At least annually, all members of t	he Board are reguired
to sign a conflict of interest statement that	is_collected_and
maintained as part of the agency's records.	
Pt_VI-B, Line 15 The salary for the CEO is determined by the Ex	ecutive Committee of
the Executive Committee of the Board of Directors.	The committee reviews the
CEO's performance annually and adjusts his salar	y based on the performance
review and the CEO's responsibilities. A salary stu	dy of comparable positions
and other market factors is completed prior to the	e_CEO's review to provide
the Executive Committee with the information	necessary to determine
potential_adjustments_to_the_CEO's_salary	<del>-</del>

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission children to succeed in school and in life. This is an ongoing process that involves building on existing services, working in cooperation with other programs for young children and coordinating and integrating program funding to achieve efficiency and effectiveness.

Schedule I (Form 990) - Part IV - Supplemental Information (continued)

Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

*observe operations	
*inspect facilities to ensur	*inspect facilities to ensure compliance with program requirements
* interview staff to ensure they ar	are informed of and carry out program policy and regulations
Monitoring follow-up is done	ne to ascertain corrective action has been done
for any problems or deficier	for any problems or deficiencies that may have been identified.
Adequate documentation is re	required and maintained to ensure monitoring
Coare la constitution of	