

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



12247 12/17/2010 11 14 AM

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 2009 Open to Public Inspection

Form 990 (2009)

| A | For the | 2009 cal | enslar ye | ear, or tax year beginning 07/01/09, and ending 06/30/10 | | | | |
|---------------------------|--------------|--------------|---|---|---------------|-----------------|--|--|
| В | Check if a | pplicable | Please | C Name of organization EARLY LEARNING COALITION OF PUTNAM | 1 | D Employ | er identification number | |
| X | Address c | hange 🗲 | use IRS label or | AND ST. JOHNS COUNTIES | | | | |
| | Name cha | ange | print or | Doing Business As | | 59- | 3691819 | |
| $\overline{\Box}$ | tnıtıal retu | ım | type. | , | n/suite | • | one number | |
| \equiv | Termination | | See Specific | 440 N. STATE ROAD 19 44 | · + | | -328-8225 | |
| \equiv | | | Instruc- | City or town, state or country, and ZIP + 4 | ŀ | G Gross recei | ots \$ 13,482,231 | |
| | Amended | return | tions. | PALATKA FL 32177 | | LI/a) la ibia a | analia ashim fas | |
| | Applicatio | n pending | | e and address of principal officer WN BELL | | affiliates | group return for Yes X No | |
| | | | | 0 N STATE ROAD 19 | | H(b) Are all a | affiliates Toward Toward | |
| | | | | LATKA FL 32177 | | | attach a list (see instructions) | |
| <u> </u> | Tax-exe | empt status | 122 | | | | , | |
| | Websit | _ | | J.ORG | | H(c) Group 6 | exemption number | |
| K | Type of o | organization | X Co | poration Trust Association Other ▶ L Year of | formation 2 | 000 | M State of legal domicile \mathbf{FL} | |
| Р | art I | Su | mma | y | | | | |
| | 1 1 | Briefly de | scribe t | ne organization's mission or most significant activities | | | | |
| ڼو | | SEE | SCHE | DULE O | | | | |
| 2 Activities & Governance | | | | | | | | |
| ēī | | | | | | | | |
| 90 | 2 (| Check thi | | - | net assets | 1 1 | 1 5 | |
| <u>«</u> | 3 1 | | _ | members of the governing body (Part VI, line 1a) | | 3 | 15 15 | |
| tles | 4 ! | | | endent voting members of the governing body (Part VI, line 1b) | | 4 | 5 | |
| Ę | 5 | | | employees (Part V, line 2a) | | 5 | <u> </u> | |
| €A. | 6 | | | /olunteers (estimate if necessary) | | 6 7a | | |
| | 1 | • | | ated business revenue from Part VIII, column (C), line 12 | | 7a 7b | 0 | |
| ₹ | D | Net unrei | ated bu | siness taxable income from Form 990-T, line 34 | Prior Yea | | Current Year | |
| <i>~</i> } | 8 | Contributi | ions and | d grants (Part VIII, line 1h) | 12,181 | | 13,480,415 | |
| SCARINGED JAN | 1 | | | revenue (Part VIII, line 2g) | | | | |
| 200 | 10 | Investme | nt incor | ne (Part VIII, column (A), lines 3, 4, and 7d) | • | 1,513 | 837 | |
| ₹ | 11 | Other rev | enue (F | Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | |
| <u>S</u> | 12 | Total reve | enue – | · · · · · · · · · · · · · · · · · · · | 12,183 | | 13,482,231 | |
| Y J | 13 | Grants ar | nd sımıla | ar amounts paid (Part IX, column (A), lines 1–3) | 11,606 | 6,481 | 12,998,751 | |
| | 1 | - | | or for members (Part IX, column (A), line 4) | | | | |
| S | 15 | Salaries, | other c | ompensation, employee benefits (Part IX, column (A), lines 5-10) | 303 | 3,018 | 309,115 | |
| sesuec | 1 | | | fraising fees (Part IX, column (A), line 11e) | | | | |
| Expe | 1 | | | expenses (Part IX, column (D), line 25) ▶ | 261 | 7 204 | 170 710 | |
| ш | 17 | Other exp | oense s | (Part IX, column (A), lines 11a-11d, 11f-24) | 12,176 | 7,294 | 172,710 13,480,576 | |
| | 18 | Total exp | enses . | Add lines 13–17 (must equal Part IX, column (A), line 25) CEIVED | | 6,566 | 1,655 | |
| <u> </u> | 1 19 | Kevenue | iess ex | penses Subtract line 16 from line 12 | inning of Cur | | End of Year | |
| ets (| 20 | Total ass | ets (Pai | t X, line 16) | | 4,294 | 1,184,246 | |
| Net Assets or | 21 | | | art X, and 20/ | 1,01 | 1,858 | 1,030,155 | |
| 2 | 22 | Net asset | ts or fur | d balances Subtract line 21 from line 20 OGDEM, UT | 152 | 2,436 | 154,091 | |
| | art II | Si | gnatu | re Block | | | | |
| | | Und | der penal | ties of perjury, I declare that I have examined this return, including accompanying schedules and state | ements, and | to the best of | my knowledge | |
| | | and | Deller-H | is true, correct, and complete Declaration of preparer (other than officer) is based on all information | or which prep | | | |
| Siç | | | لــــــــــــــــــــــــــــــــــــــ | CHACKELL 2 | | 101-0 | 13-2011 | |
| He | re | | Signati | WINE BELL, Executive Director | | Date | | |
| | | | كملا | | | | | |
| | | | Туре о | print name and title | | | Preparer's identifying number | |
| Pa | id | | parer's | 5 1 1/2 Date | Check i | . \square | (see instructions) | |
| | epare | r's sign | nature | W. ED MOSS JR. 12/17/1 | LO employe | | P00531414 | |
| | e Onl | | n's name | MOSS, KRUSICK & ASSOCIATES, LLC | | EIN ▶ | 59-3017072 | |
| | 111 | _ if s∈ | elf-emplo | | | Phone | 407 644 E011 | |
| | . Al 17 | | | d ZIP+4 WINTER PARK, FL 32789-4241 | | no | X Yes No | |
| Ma | v tne IR | CO DISCUS | s this re | turn with the preparer shown above? (see instructions) | | | X Yes No | |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

| Par | t III Statement of Program S | <u>ervice Accomplishments</u> | | | |
|----------|--|-------------------------------------|--|----------------|---------|
| | Briefly describe the organization's mission | | | | |
| SI | EE SCHEDULE O | | | | |
| | • | | | | |
| | | | | | |
| | | | and the state of t | | |
| 2 | Did the organization undertake any significa | ant program services during the ye | ar which were not listed on | | |
| 1 | he prior Form 990 or 990-EZ? | | | Yes L | X No |
| ١ | f "Yes," describe these new services on So | chedule O | | | |
| | Did the organization cease conducting, or r | nake significant changes in how it | conducts, any program | | |
| | services? | | | Yes . | X No |
| | f "Yes," describe these changes on Sched | | | | |
| | Describe the exempt purpose achievement | ~ | • , • | | |
| | | | re required to report the amount of grants and | | |
| • | allocations to others, the total expenses, ar | id revenue, il any, for each progra | iii service reported | | |
| 4- 4 | (Code) (Expenses \$ 7 | , 906, 375 including gran | ts of \$ 7,732,887) (Revenue \$ | | |
| | HE ORGANIZATION ESTAB | | | | , |
| | TARGET THE AT-RISK | | | | |
| | REAMLINE THE SERVICE | | | | |
| | JNDED EARLY EDUCATION | | | | |
| | ROVIDED TO THE COMMUN | | | | |
| | N PREPARING CHILDREN | | | | |
| | EARNING PROGRAMS THRO | | | | |
| | FOCUS ON NURTURING C | | | | |
| | TH THE OVERALL GOAL | = | - | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4b | (Code) (Expenses \$ | 5,127,204 including gran | ts of \$ 5,116,892) (Revenue \$ | |) |
| | OLUNTARY PRE-KINDERGA | | | | |
| | IPLEMENTED BY THE ORG | | | | |
| | CORIDA VPK EDUCATION | | | | |
| | HE STATE BOARD OF EDU | | | | |
| | EARNING GUIDE DESCRIE | | | | |
| | NOW AND BE ABLE TO DO | | | | |
| | INDERGARTEN YEAR AND | | | | |
| | EVELOPING AND IMPLEME | | | | |
| | VIRONMENTS. A TOTAL | | | | |
| | TANDARDS TRAININGS. F TANDARDS THROUGH WORK | | | | |
| . | IANDARDS IRROUGH WORK | SHOPS PROVIDED A | I VPR SIIES. IRE | | |
| 40 | (Code) (Expenses \$ | 148,972 including gran | ts of \$ 148,972) (Revenue \$ | | |
| | OCAL GOVERNMENT MATCH | | | | , |
| _` | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | · | - · · · · · · · · · · · · · · · · · · · | <u> </u> | |
| | Other program services (Describe in Sche | | | | |
| | (Expenses \$ | including grants of \$ |) (Revenue \$ |) | |
| 40 | Total program service expenses | 13,182,551 | | | |
| | | | | Form 99 | U (2009 |

| Pa | THE CHECKIST OF REQUIRED Schedules | | | |
|-----|---|-----|-----|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1_ | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 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 | | X |
| 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 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | 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 | Ť | | |
| 3 | X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | | |
| | complete Schedule D, Part IV | 9 | | х |
| 10 | 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 | | X |
| 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 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, 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 related 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 liability 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 | 40 | X | |
| 404 | Schedule D, Parts XI, XII, and XIII | 12 | ^ | |
| ızA | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X | | | |
| 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 | | х |
| 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 | | Х |
| 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 | | <u> </u> |
| 19 | 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 | 19 | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | 000 | X |

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 | | res | No |
| - ' | 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 | <u> </u> | | |
| | \$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 |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | | | | |
| • | 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 | | | |
| -04 | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| b | | | | |
| | 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 | 100 | | |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | X |
| 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 | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV 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 | 1 | X |
| b | and the second s | | | |
| | Schedule L, Part IV | 28b | | x |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a | | | |
| Ŭ | family member) was 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 | | X |
| 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 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| • | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 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 | | x |
| 38 | 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 | 38 | x | |

| ۲ą | rt v Statements Regarding Other IRS Fillings and Tax Compliance | | | | |
|-----|---|---------------------------------------|-----|----------|-------------|
| | Established with Secretarian Park Conference 4000 Appendix Common and Transmitted of | | [| Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | _{1a} | | | |
| | U.S. Information Returns. Enter -0- if not applicable | | - | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | -[| | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and report | aule | 1c | X | Ī |
| 0- | gaming (gambling) winnings to prize winners? | 1 | 16 | - | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 2a 5 | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | _ _ | 2b | х | Ī |
| b | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see | | 20 | 4 | <u> </u> |
| | Instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by | , | | | |
| Ja | this return? | • | 3a | • | х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other auth | onty | 0.5 | | |
| 74 | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | • | | | l |
| | 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 Bar | ık | | | |
| | and Financial Accounts | • | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | ? | 5b | | х |
| С | 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 | | | | l |
| | organization solicit any contributions that were not tax deductible? | | 6a | | <u> </u> |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions | or | | | |
| | gifts were not tax deductible? | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good | ds | | | |
| | 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 | | <u> </u> |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | |
| | required to file Form 8282? | 1 1 | 7c | | X |
| đ | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | - | | |
| 0 | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person | onal | | | ., |
| | benefit contract? | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | X |
| g | 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 | | 7. | | |
| | required? | | 7h | | _ |
| 8 | 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 | • | Ī |
| 9 | Sponsoring organizations maintaining donor advised funds. | | - | | |
| a | Did the organization make any taxable distributions under section 4966? | | 9a | · | Ī |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | 9b | <u> </u> | \vdash |
| 10 | Section 501(c)(7) organizations. Enter | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter | · · · · · · · · · · · · · · · · · · · | 7 | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | 7 | | |
| | amounts due or received from them) | 11b | ╛ | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10 | 41? | 12a | | |
| b | If "Yes." enter the amount of tax-exempt interest received or accrued during the year | 126 | | | |

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.

| | 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 15 | - | | |
| Ь | Enter the number of voting members that are independent 1b 15 | - | | |
| 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 | | <u> </u> |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | _ | | 7.7 |
| | supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | - | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | X |
| 6 | Does the organization have members or stockholders? | 6 | | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | | | х |
| | of the governing body? | 7a | | $\frac{\Lambda}{X}$ |
| ь | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following | | Х | |
| a | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Λ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | 9 | | х |
| | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | |
| | tion B. Policies (This Section B requests information about policies not required by the Internal | | | |
| Kev | renue Code.) | | Yes | No |
| 400 | Does the organization have local chapters, branches, or affiliates? | 10a | 163 | X |
| 10a | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | 100 | | |
| b | affiliates, and branches to ensure their operations are consistent with those of the organization? | 10Ь | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | 105 | | |
| 11 | form? | 11 | х | |
| 11a | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | | | |
| • | rise to conflicts? | 12b | х | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| · | describe in Schedule O how this is done | 12c | X | |
| 13 | Does the organization have a written whistleblower policy? | 13 | х | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| • | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | x | Ī |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | | | |
| 16a | | | | |
| | with a taxable entity during the year? | 16a | <u></u> | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | | | |
| | the organization's exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ FL | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) | | | |
| | available for public inspection indicate how you make these available. Check all that apply | | | |
| | Own website Another's website X Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest | | | |
| | policy, and financial statements available to the public | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | | | |
| | organization > TINA CLEVELAND, FISCAL MANAGER 440 N. STATE ROAD 19, SUITE 440 | | • • | |
| D. | ALATKA FL 32177 386 | s - 32 | 8 - 8 | 225 |

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) Name and Title | (B) Average | Posi | tion (| (C check | - | hat ap | ply) | (D) Reportable | (E) Reportable | (F) Estimated | |
|-----------------------|-------------------|--------------------------------|-----------------------|-------------|--------------|------------------------------|----------|--|--|--|--|
| | hours per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations | |
| NANCY R. PEARSON | | | | | | | | | | | |
| CHAIRMAN | 1.00 | X | | | | | | 0 | 0 | 0 | |
| JOHN BIRNEY | | | | | | | | | | | |
| VICE CHAIRMAN | 1.00 | X | | | | Ш | | 0 | 0 | 0 | |
| GREG WALKER | | | | | | | | | | | |
| MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 | |
| PATRICIA HUBBARD | | 1 | | | | | | | | | |
| MEMBER | 1.00 | X | | | | <u> </u> | | 0 | 0 | 0 | |
| LUCY BROSKY | İ | | | | | | | | _ | _ | |
| MEMBER | 1.00 | X | | | | Ш | | 0 | 0 | 0 | |
| VICKIE TRAUGER | | | | | | | | _ | _ | _ | |
| MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 | |
| SHERRY RUSSELL | | | | | | | | _ | _ | _ | |
| MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 | |
| MELANIE ROSEN BRO | i e | | | | | | | | | | |
| SECRETARY | 1.00 | X | | | | ļ | | 0 | 0 | 0 | |
| MARK MINER | | l l | | | | | | | _ | | |
| MEMBER | 1.00 | X | | | | <u> </u> | | 0 | 0 | 0 | |
| MARY ANN HOLANCHO | | | | | | | | | | | |
| MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 | |
| JEFF KAMM | | l l | | | | | | | | | |
| MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 | |
| CAROLE L. FELTEN | | l | | | | | | _ | _ | | |
| MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 | |
| JAN L. MCLAIN | 1 | | | | | | | _ | _ | _ | |
| MEMBER | 1.00 | X | | | | - | \vdash | 0 | 0 | 0 | |
| CONNIE STOPHEL | 1 00 | | | | | | | , | 0 | | |
| MEMBER | 1.00 | X | | H | | \vdash | - | 0 | U | 0 | |
| BRIDGET VAN LANDI | | ,, | | | | | | _ | _ | | |
| MEMBER | 1.00 | X | | _ | | ├ | | 0 | 0 | 0 | |
| MARY ELLEN WEBB | 1 1 00 | | | | | | | 0 | o | 0 | |
| MEMBER | 1.00 | X | <u> </u> | \vdash | | \vdash | | <u> </u> | <u> </u> | <u> </u> | |
| ISABELLE RODRIGUE | | $ \mathbf{x} $ | | | | | | 0 | o | 0 | |
| MEMBER DAA | 1.00 | | l | L | | <u> </u> | L | | | Form 990 (2009) | |

| <u></u> | | T | , r\ U | | | yees, | alle | nignest Compensated E | inpioyees (continued) | | | |
|---|-------------------------|--------------------------------|--|--|---------------|---------------------------------|----------|----------------------------------|-------------------------------|--|--------------------------|-------------|
| (A) Name and Title | (B) Average | Pos | ition (| | C) k all t | hat ap | (vlac | (D) Reportable | (E) Reportable | | (F) Estimated | |
| | hours per | | _ | ` | | | | compensation | compensation | | amount of | |
| | week | Individual trustee or director | institutional trustee | Officer | Key employee | mple: | Former | from the | from related organizations |] 。 | other ompensatior | n |
| • | | Ctal | l g | | n pio | st co | ", | organization (W-2/1099-MISC) | (W-2/1099-MISC) | 1 . | from the organization | |
| | | rust | 2 | | yee | mpe | | (, | | | and related | |
| | | * | stee | | | Highest compensated employee | | | | ľ | organizations | 3 |
| KENNETH FORRESTER | | _ | _ | \vdash | | a | | | - | | | |
| TREASURER | 1.00 | x | | | | | | o | o | | | 0 |
| JARED DOLLAR | | | | | | | | | | | | |
| MEMBER | 1.00 | X | | | | | | 0 | 0 | | | 0 |
| MIKE SIRAGUSA | | | | | | | | _ | | | | _ |
| MEMBER | 1.00 | X | <u> </u> | <u> </u> | _ | | | 0 | 0 | | | 0 |
| JANET WESTLING | 1.00 | x | | | | | | o | o | | | 0 |
| JANET DIXON | 1.00 | <u> </u> | | | - | | | | <u> </u> | | | |
| MEMBER | 1.00 | x | | | | | | o | 0 | | | 0 |
| DAVID KASTENSMIDT | | | | | - | | | | | | | |
| MEMBER | 1.00 | х | | | | | | 0 | 0 | | | 0 |
| DAWN BELL | | | | | | | | | | | | |
| EXEC DIR. | 50.00 | ļ | | X | | | | 78,679 | 0 | <u> </u> | 3 | <u>,127</u> |
| | | | | | | | | | | | | |
| · | | | | | | | | | | - | | |
| | | <u> </u> | | | | | | | | | | |
| | | | | | | | | | | | | |
| | · · | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | <u> </u> | L | L | <u> </u> | | Ļ | 78,679 | - v + | | | 107 |
| Total Total number of individuals (included) | Judina hut nat lin | | 40 4b | | linta | d aba | <u>▶</u> | • | · | <u> </u> | | ,127 |
| reportable compensation from t | • | | 0 | 1056 | 115161 | a abo | ve) | wild received filore trials \$19 | 00,000 III | | | |
| | | | - | | | | | | | | Yes | s No |
| 3 Did the organization list any for | | | | | | | | e, or highest compensated | | | | ,, |
| employee on line 1a? If "Yes," of 4 For any individual listed on line | | | | | | | | and other compensation from | n | | 3 | X |
| the organization and related or | | | | | | | | | | | | - |
| individual | | | | | | | | | | | 4 | <u> </u> |
| 5 Did any person listed on line 1a services rendered to the organi | | | | | | | | | | İ | 5 | T x |
| Section B. Independent Contracto | | | | | | | | | | | | |
| Complete this table for your five compensation from the organiz | e highest compe | nsate | d ind | depe | nder | nt cor | ntrac | tors that received more than | n \$100,000 of | | | |
| | (A) business address | | | | | | | Docorro | (B) tion of services | I | (C) Compens | |
| Hame and | Dusiness audress | | | | | | - | режир | BUT OF SELVICES | | Compens | SauOII |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | \vdash | | | | | |
| | | | | | | | | | | | | |
| | <u> </u> | | | | - | | | | <u> </u> | | | |
| | | | | | | | L | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of the second | antropiese (==-1 | d ' | 4 | - A ! | n.t1 | 40 M | | listed above) who | · | | | |
| 2 Total number of independent composition with the state of the sta | | _ | | | | เอ เท | use | iisted above) who received | | | 0 | |
| DAA | .co.com mont title | - gui | | J11 P | | | | | | t | Form 99 | 0 (2009) |

| Pa | rt V | III Statement of Reve | nue | | | | | | |
|--|----------|---|----------|--------------|-------------|----------------------|--|---|---|
| | | R. | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| 5 50 | 40 | Fodorated compagns | 1a | | | | revenue | | 312, 313, 01 314 |
| ant | | Federated campaigns | | | | | | | |
| ge | | Membership dues | 1b | | | | | | |
| r fs | | Fundraising events | 1c | | | | | | |
| <u>.</u> | | Related organizations | 1d | | | | | | |
| Sir | | Government grants (contributions) | 1e | 13, | 455,404 | | | | |
| ig ig | f | All other contributions, gifts, grants, | | | | | | | |
| 흔히 | | and similar amounts not included above | 1f | | 25,011 | | | | |
| E E | g | Noncash contributions included in lines 1a-1 | lf : | \$ | | | | | |
| Program Service Revenue Contributions, gifts, grants | <u>h</u> | Total. Add lines 1a-1f | | | . ▶ | 13,480,415 | | | |
| e e | | | | | Busn. Code | | | | |
| ver | 2a | | | | | | | | |
| S. | b | | | | | | | | |
| Ş | C | | | | | | | | |
| Ser | d | | | | | | | | |
| ᇤ | е | | | | | | | | |
| g | f | All other program service reven | ue | | | | | | |
| ď | g | Total. Add lines 2a-2f | | | • | | | | |
| | 3 | Investment income (including d | ividend | ds, interes | t, and | | | | |
| | | other similar amounts) | | | ▶ | 837 | | | 837 |
| | 4 | Income from investment of tax- | exemp | t bond pro | oceeds 🕨 | | | | |
| | 5 | Royalties | • | • | ▶ [| | | | |
| | - | (ı) Real | | (II) F | Personal | | | | |
| | 6a | Gross Rents | - | | | | | | |
| | b | Less rental exps | | | | | | | |
| | c | Rental inc or (loss) | | | | | | | |
| | d | Net rental income or (loss) | | | — | | | ; | • |
| | | Gross amount from (i) Securities | <u> </u> | (n) | Other | | | | |
| | | sales of assets | | <u> </u> | | | | | |
| | ь | Less cost or other | | | | | | | |
| | | basis & sales exps | | | | | | | |
| | _ | Gain or (loss) | | | | | | | |
| | | Net gain or (loss) | | 1 | — | | | : | |
| | d 8a | Gross income from fundraising ever | ıte | | | | | | |
| a | va | (not including \$ | 113 | | | | | | |
| ē | | of contributions reported on line 1c) | | | | | | | |
| æ | | See Part IV, line 18 | _ | | | | | | |
| Other Revenue | _ | Less direct expenses | a b | | | | | | |
| ᅙ | | | - 1 | Overte. | | | | | |
| | | Net income or (loss) from fundar Gross income from gaming activities | | EVELIES | | | | | |
| | 9a | | | | | | | | |
| | | See Part IV, line 19 | a b | - | | | | | |
| | | Less direct expenses | - | | • | | | | |
| | | Net income or (loss) from gami | ng acti | vities | | | | | |
| | 10a | Gross sales of inventory, less | | | | | | | |
| | _ | returns and allowances | a | | | | | | |
| | | Less cost of goods sold | b | | | | | | |
| | <u> </u> | Net income or (loss) from sales | | entory | <u> </u> | min- m | | | |
| | | Miscellaneous Revenue | 1 | | Busn. Code | _ | | | |
| | 11a | OTHER INCOME | | | <u> </u> | 979 | 979 | | |
| | b | | | | | | | | |
| | С | | | | | | | | |
| | d | All other revenue | | | | | | | |
| | 0 | Total. Add lines 11a-11d | | | • | 979 | | | |
| | 12 | Total Revenue. See instruction | าร | | > | 13,482,231 | 979 | 0 | 837 |

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).

| | ` All other organizations must c | | | | |
|----------|--|-----------------------|------------------------------|---|--|
| | 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 | | | 1 | |
| 2 | Grants and other assistance to individuals in | | | | |
| - | the U.S. See Part IV, line 22 | 12,998,751 | 12,998,751 | | |
| 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 | | | | · <u>-</u> |
| 6 | Compensation not included above, to disqualified | | | İ | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 046 155 | 20 245 | 450 005 | |
| 7 | Other salanes and wages | 246,157 | 92,260 | 153,897 | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | 8,596 | 3,222 | 5,374 | |
| 9 | Other employee benefits | 34,234 | 12,831 | 21,403 | |
| 10 | Payroll taxes | 20,128 | 7,544 | 12,584 | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 13,500 | 5,060 | 8,440 | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | | | | |
| 12 | Advertising and promotion | 20,038 | 7,510 | 12,528 | |
| 13 | Office expenses | 47,609 | 17,844 | 29,765 | |
| 14 | Information technology | · | , | · · · · · · · · · · · · · · · · · · · | |
| 15 | Royalties | | | | <u> </u> |
| 16 | Occupancy | 31,430 | 11,780 | 19,650 | 787 |
| 17 | Travel | 9,211 | 3,452 | 5,759 | *- |
| 18 | Payments of travel or entertainment expenses | • = = - | , = | , | · · · · |
| - | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 7,791 | 2,920 | 4,871 | |
| 20 | Interest | | | | |
| 20 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 5,142 | 5,142 | | |
| 23 | Insurance | 3,015 | 1,130 | 1,885 | |
| | insulative | 3,013 | 2,230 | | |
| 24 | Other expenses Itemize expenses not | # | | | |
| 4 | covered above (Expenses grouped together | # | | 1 | |
| | | 1 | | 1 | |
| | and labeled miscellaneous may not exceed | ‡ | | 1 | |
| _ | 5% of total expenses shown on line 25 below) | 10,159 | 3,808 | 6 251 | |
| a | WEBSITE & COMPUTER | | 3,808 | 6,351 | |
| b | TELEPHONE | 8,542 | | 5,340 | |
| C | OTHER COSTS | 7,348 | 2,750 | 4,598 | |
| d | PAYROLL PROCESSING | 4,669 | 1,750 | 2,919 | |
| 0 | DUES & MEMBERSHIP | 4,095 | 1,535 | 2,560 | |
| | All other expenses | 161 | 60 | 101 | |
| | Total functional expenses. Add lines 1 through 24f | 13,480,576 | 13,182,551 | 298,025 | |
| 26 | SOP 98-2 Complete this line only if the | | | | |
| | organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| 5AA | fundraising solicitation | | | | Form 990 (20 |

| | art X | Balance Sheet | | | | | r age_ii | | | | |
|-----------------------------|-------|---|--|---------------------------------------|---------------------------------------|---------------------------------------|--------------------|--|--|--|--|
| | | | | | (A) Beginning of year | | (B) End of year | | | | |
| | 1 | Cash—non-interest bearing | | | 200 | 1 | 200 | | | | |
| | 2 | Savings and temporary cash investments | | | 34,877 | 2 | 83,540 | | | | |
| | 3 | Pledges and grants receivable, net | | Ī | | 3 | | | | | |
| | 4 | Accounts receivable, net | | | 1,119,742 | 4 | 1,089,788 | | | | |
| | 5 | Receivables from current and former officers, directors, tr | rustees, ke | v l | | | | | | | |
| | | employees, and highest compensated employees. Compl | | · . | | | | | | | |
| | | Schedule L | | | | 5 | | | | | |
| | 6 | Receivables from other disqualified persons (as defined u | under sectio | on | | | | | | | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(E | | | | | | | | | |
| | | Part II of Schedule L | , . | | | 6 | | | | | |
| ats. | 7 | Notes and loans receivable, net | | | | 7 | | | | | |
| Assets | 8 | Inventories for sale or use | | | | 8 | | | | | |
| Ä | 9 | Prepaid expenses and deferred charges | | | | 9 | 3,825 | | | | |
| | 10a | Land, buildings, and equipment cost or | 1 1 | <u> </u> | | | | | | | |
| | ''- | other basis Complete Part VI of Schedule D | 10a | 28,270 | | | | | | | |
| | Ь | Less accumulated depreciation | 10b | 21,377 | 9,475 | 10c | 6,893 | | | | |
| | 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 | | | | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) |) | | 1,164,294 | 16 | 1,184,246 | | | | |
| _ | 17 | Accounts payable and accrued expenses | 58,989 | 17 | 41,932 | | | | | | |
| | 18 | Grants payable | | | 18 | · · · · · · · · · · · · · · · · · · · | | | | | |
| | 19 | Deferred revenue | | | | 19 | | | | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | | | | | |
| Ś | 21 | Escrow or custodial account liability Complete Part IV of | Schedule [| , | | 21 | | | | | |
| Liabilities | 22 | Payables to current and former officers, directors, trustee | | | | | | | | | |
| 逗 | | employees, highest compensated employees, and disqua | | | | | | | | | |
| <u>=</u> | i | persons Complete Part II of Schedule L | | | | 22 | | | | | |
| _ | 23 | Secured mortgages and notes payable to unrelated third | parties | | | 23 | | | | | |
| | 24 | Unsecured notes and loans payable to unrelated third par | | | | 24 | | | | | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 952,869 | 25 | 988,223 | | | | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 1,011,858 | 26 | 1,030,155 | | | | |
| S | | Organizations that follow SFAS 117, check here ▶ 2 | K and | | | | | | | | |
| ည | | complete lines 27 through 29, and lines 33 and 34. | | | | | | | | | |
| <u>ಹ</u> | 27 | Unrestricted net assets | | | 152,436 | 27 | 154,091 | | | | |
| Ba | 28 | Temporarily restricted net assets | | | | 28 | | | | | |
| 힏 | 29 | Permanently restricted net assets | | | | 29 | | | | | |
| <u>,5</u> | | Organizations that do not follow SFAS 117, check her | re 🕨 📋 | | | | | | | | |
| 둗 | | and complete lines 30 through 34. | | | | | | | | | |
| Š | 30 | Capital stock or trust principal, or current funds | | L | | 30 | | | | | |
| set | 31 | Paid-in or capital surplus, or land, building, or equipment | fund | | · · · · · · · · · · · · · · · · · · · | 31 | | | | | |
| AS | 32 | Retained earnings, endowment, accumulated income, or | Retained earnings, endowment, accumulated income, or other funds | | | | | | | | |
| Net Assets or Fund Balances | 33 | Total net assets or fund balances | | 152,436 | | 154,091 | | | | | |
| Ž | 34 | Total liabilities and net assets/fund balances | | | 1,164,294 | 34 | 1,184,246 | | | | |

Form **990** (2009)

| огт | 990 (2009) EARLY LEARNING COALITION OF PUTNAM 59-3691819 | | P <u>a</u> | ge 1 2 | | | |
|-----|--|----|------------|---------------|--|--|--|
| Pa | rt 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 | | | | | | |
| 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? | | | | | | |
| 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 | X | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | | | |
| | Schedule O | | | | | | |
| d | 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 | | | | | | |
| | 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 Single Audit Act and OMB Circular A-133? | 3a | X | | | | |
| | | | | | | | |

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

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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

EARLY LEARNING COALITION OF PUTNAM

AND ST. JOHNS COUNTIES

Employer identification number 59-3691819

| P | art I | Reason for Public Charity Status (All organizations must complete this part.) See instructions. | | | | | | | | | | | |
|------|--|---|---------------------------------|---|------------|------------------------|-----------|---------------------|-----------|-------------------------|--------------|----------|----------|
| he | orgar | nization is not a | private foundation because | it is (For lines 1 through 11, che | ck only or | ne box) | | | | | | | |
| 1 | \sqcap | | | ciation of churches described in | _ | | A)(i). | | | | | | |
| 2 | | A school desc | cribed in section 170(b)(1)(A |)(ii). (Attach Schedule E) | | | | | | | | | |
| 3 | П | | | e organization described in secti | on 170(b) | (1)(A)(iii) | | | | | | | |
| 4 | H | • | | in conjunction with a hospital de | | | | (A)(iii). | Enter th | e hospi | ıtal's name. | | |
| · | | city, and state | | | | | | A,,,. | | ·- ·· | , | | |
| 5 | \Box | • | | a college or university owned or | operated | by a gove | mmenta | ıl unıt de | scobed | ın | | | |
| Ŭ | Ш | • | b)(1)(A)(iv). (Complete Part I | - | оролаков | 2, a gove | | | | | | | |
| 6 | \Box | , | | · / vernmental unit described in sec | tion 170(| h\/1\/A\/v | Α. | | | | | | |
| 7 | X | | • | ubstantial part of its support from | - | , | • | n the de | neral nu | iblic | | | |
| • | | • | section 170(b)(1)(A)(vi). (Co | | i a govern | memar an | 01 01. | i iiic gc | norui po | | | | |
| 8 | | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) | | | | | | | | | | | |
| 9 | \vdash | • | | | • | ntribution | s memb | ershin f | ees and | d arnee | | | |
| • | ш | 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 organizated and operated exclusively to test for public safety See section 509(a)(4). | | | | | | | | | | | | |
| 11 | An organization organized and operated exclusively to test for public safety. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the | | | | | | | | | | | | |
| • | L | purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section | | | | | | | | | | | |
| | 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h | | | | | | | | | | | | |
| | | a Type I b Type II c Type III—Functionally integrated d Type III—Other | | | | | | | | | | | |
| е | | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified | | | | | | | | | | | |
| | persons other than foundation managers and other than one or more publicly supported organizations described in section | | | | | | | | | | | | |
| | 509(a)(1) or section 509(a)(2) | | | | | | | | | | | | |
| f | | If the organiza | ation received a written deteri | mination from the IRS that it is a | Type I, Ty | pe II, or T | ype III s | upportin | g | | | | |
| | | organization, | check this box | | | | | | | | | | |
| g | | Since August | 17, 2006, has the organization | on accepted any gift or contributi | on from a | ny of the | | | | | | | |
| | | following per | sons? | | | | | | | | | | |
| | | (i) A persor | who directly or indirectly cor | itrols, either alone or together wi | th persons | s describe | d in (ii) | | | | | Yes | No |
| | | and (III) b | pelow, the governing body of | the supported organization? | | | | | | | 11g(i) | <u> </u> | <u> </u> |
| | | (ii) A famıly | member of a person describe | ed in (i) above? | | | | | | | 11g(ii) | <u>L</u> | <u> </u> |
| | | (iii) A 35% c | ontrolled entity of a person de | escribed in (i) or (ii) above? | | | | | | | 11g(iii | | <u></u> |
| h | | Provide the f | ollowing information about the | e supported organization(s) | | | | | _ | | | | |
| (i) | Name | e of supported | (II) EIN | (iii) Type of organization | 1 ' ' | organization | | ou notify | | ls the | (vil) Am | | |
| | org | anization | | (described on lines 1–9 above or IRC section | | sted in your document? | | nization in of your | organizat | on in col zed in the | sup | ort | |
| | | | | (see instructions)) | governing | | supp | oort? | U | S? | [| | |
| | | | | | Yes | No | Yes | No | Yes | No | | | _ |
| | | | | | | | | | | | <u> </u> | | |
| | | | | | - | | | | <u> </u> | | | | |
| | | | | | | | | | | | | | |
| | | | | - | | | | <u> </u> | | | | | |
| | | | | | | | | | <u> </u> | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | <u> </u> | | | | | | | | |
| Γota | ıl | | | | 1 | | | | | | | | |

EARLY LEARNING COALITION OF PUTNAM Schedule A (Form 990 or 990-EZ) 2009 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 10,369,663 11,380,127 11,929,260 12,181,846 13,480,415 59,341,311 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 10,369,663 11,380,127 11,929,260 12,181,846 13,480,415 59,341,311 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 59,341,311 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 10,369,663 Amounts from line 4 11,380,127 11,929,260 12,181,846 13,480,415 59,341,311 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 463 4,897 1,513 837 7,710 sources 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) Total support. Add lines 7 through 10 11 59,349,021 12 12 Gross receipts from related activities, etc. (see instructions) 979 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 99.99% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 99.98% 16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box X and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

18

59-3691819

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 7a received from disqualified persons Amounts included on lines 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 Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on Other income Do not include gain or 12 loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 17 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule A (Form 990 or 990-EZ) 2009 EARLY LEARNING COALITION OF PUTNAM

59-3691819

Page 4

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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 2009

Open to Public Inspection

Employer identification number Name of the organization EARLY LEARNING COALITION OF PUTNAM AND ST. JOHNS COUNTIES 59-3691819 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) 2 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 Preservation of certified historic structure Protection of natural habitat 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 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 2d 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 taxable year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 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 Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 2 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

| | | NING COALIT | | | 59-369 | | | Page 2 |
|-------------|---|----------------------------|--------------------------|------------------|-------------|--|----------------|-------------|
| Pa | rt III Organizations Maintaining (| | | | | | ets (continue | ed) |
| 3 | Using the organization's acquisition, accession, collection item's (check all that apply) | and other records, check | k any of the following t | that are a si | gnıficant u | se of its | | |
| а | Public exhibition | d Loan | or exchange program | ns | | | | |
| b | Scholarly research | e Othe | | | | | | |
| С | Preservation for future generations | | | | | | _ | |
| 4 | Provide a description of the organization's collect Part XIV | ctions and explain how th | ney further the organiz | ation's exen | npt purpos | e ın | | |
| 5 | During the year, did the organization solicit or re assets to be sold to raise funds rather than to be | | | | r | | Yes | s No |
| Pa | rt IV Escrow and Custodial Arrai | | _ | ation ansv | wered "Y | es" to For | m 990, Part | |
| | Is the organization an agent, trustee, custodian | | | assets not | | | | |
| | included on Form 990, Part X? | or other intermediary for | continuations of other | 400010 1101 | | | Yes | s □ No |
| b | If "Yes," explain the arrangement in Part XIV and | d complete the following | table | | | | | |
| • | ii res, explain the arrangement iii at 200 and | s complete the tollowing | (45)0 | | | | Amount | |
| С | Beginning balance | | | | | 1c | | |
| | Additions during the year | | | | | 1d | | |
| 9 | Distributions during the year | | | | | 1e | | |
| f | 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 | | | | | | - | |
| Pa | rt V Endowment Funds. Comple | te if organization a | nswered "Yes" to | Form 99 | 90, Part | IV, line 10. | | |
| | | (a) Current year | (b) Prior year | (c) Two ye | ars back | (d) Three years | back (e) Four | years back |
| 1a | Beginning of year balance | | | | | , | | |
| b | Contributions | | | | | | | ····· |
| С | Net investment earnings, gains, | | | | | | | |
| | and losses | | | ļ | | ······································ | | |
| d | Grants or scholarships | | | | | ······································ | | |
| е | Other expenditures for facilities | | | | 1 | | | |
| | and programs | | | | | | | |
| f | Administrative expenses | | | ļ | | ··· | | |
| g | End of year balance | <u> </u> | | | | | | |
| 2 | Provide the estimated percentage of the year er | | | | | | | |
| а | Board designated or quasi-endowment ▶ | % | | | | | | |
| | Permanent endowment ▶ % | | | | | | | |
| | Term endowment ▶ % | | | | | | | |
| За | Are there endowment funds not in the possession | on of the organization tha | at are neid and admini | sterea for tr | ie | | Г | Van I Na |
| | organization by (i) unrelated organizations | | | | | | | Yes No |
| | • | | | | | | 3a(i) | |
| h | (ii) related organizations | ted as required on Scho | dula D2 | | | | 3a(ii) 3b | |
| 4 | If "Yes" to 3a(ii), are the related organizations list Describe in Part XIV the intended uses of the or | | | | | | [30] | |
| | rt VI Investments—Land, Buildin | | |) Part X | line 10 | | | |
| | Description of investment | (a) Cost or other basis | (b) Cost or oth | | | ımulated | (d) Book v | /alue |
| | 2000 | (investment) | basis (other | | | ciation | (2, 223%) | |
| 1a | Land | <u> </u> | | - - | · | | | |
| | Buildings | | 1 | | | | | |
| | Leasehold improvements | | | | | | | |
| | Equipment | | 28 | ,270 | | 21,377 | | 6,893 |
| | Other | | | | | | | |
| | . Add lines 1a through 1e (Column (d) must equ | al Form 990, Part X, colu | umn (B), line 10(c)) | | | > | | 6,893 |
| | | | | *** | | - | hedule D (Form | |

| Schedule D (Form 990) 2009 EARLY LEARNING COALIT | | 59-3691819 | Page 3 |
|---|---------------------------------|----------------------------|---------------------------------------|
| Part VII Investments—Other Securities. See Form 990 | , Part X, line 12. | | |
| (a) Description of security or category | (b) Book value | (c) Method of valuation | n |
| (including name of security) | _ | Cost or end-of-year market | value |
| Financial derivatives | | | <u> </u> |
| 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, line 13. | | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation | n |
| | | Cost or end-of-year market | value |
| | | | · · · · · · · · · · · · · · · · · · · |
| | | | |
| | | | - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Ì | | <u>.</u> |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Part X, line 15. | | | |
| (a) Description | | (1 | b) Book value |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | | > | |
| Part X Other Liabilities. See Form 990, Part X, line 25 | | | |
| 1 (a) Description of liability | (b) Amount | | |
| Federal income taxes | | | |
| DUE TO RELATED PARTIES | 988,223 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | L | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 988,223 | | |
| 2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's liability for uncertain tax positions under FIN 48 | ation's financial statements th | nat reports the | |

| che | dule D (Form 990) 2009 EARLY LEARNING COALTION OF | PUINAM | 23-3031013 | | Page 4 |
|-------|---|--------------------|------------------|----------|--------------|
| Pa | rt XI Reconciliation of Change in Net Assets from Form 990 | to Audited Fin | ancial Statement | s | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1 | | 13,482,231 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 2 | | 13,480,576 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | 3 | 4 | 1,655 |
| 4 | Net unrealized gains (losses) on investments | | 4 | 4 | |
| 5 | Donated services and use of facilities | | 5 | 4 | <u>.</u> |
| 6 | Investment expenses | | 6 | 4 | |
| 7 | Prior period adjustments | | 7 | 4 | |
| 8 | Other (Describe in Part XIV) | | 8 | 4 | |
| 9 | Total adjustments (net) Add lines 4 through 8 | | 9 | _ | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and | | | _ | 1,655 |
| | Reconciliation of Revenue per Audited Financial Staten | nents With Rev | | | 13 400 001 |
| 1 | Total revenue, gains, and other support per audited financial statements | | _1 | - | 13,482,231 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | 11 | | 1 | |
| | Net unrealized gains on investments | 2a | | 1 | |
| | Donated services and use of facilities | 2b | | 1 | |
| | Recoveries of prior year grants | 2c | | | |
| | Other (Describe in Part XIV) | 2d | | 1 | |
| 0 | Add lines 2a through 2d | | 26 | \neg | 12 400 001 |
| 3 | Subtract line 2e from line 1 | 1 1 | 3 | 4 | 13,482,231 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | 1 | |
| b | Other (Describe in Part XIV) | _4b | | 1 | |
| С | Add lines 4a and 4b | | 40 | _ | |
| | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | | | 13,482,231 |
| Pa | rt XIII Reconciliation of Expenses per Audited Financial State | ments With Ex | xpenses per Retu | rn | 10 100 556 |
| 1 | Total expenses and losses per audited financial statements | | <u> </u> | | 13,480,576 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | 1 1 | | 1 | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | 1 | |
| 0 | Add lines 2a through 2d | | 26 | | |
| 3 | Subtract line 2e from line 1 | 1 1 | 3 | 4 | 13,480,576 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | 1 | |
| b | Other (Describe in Part XIV) | 4b | | 1 | |
| C | Add lines 4a and 4b | | 40 | <u>:</u> | |
| | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 | | 13,480,576 |
| | art XIV Supplemental Information | | | | |
| om | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, li | nes 1a and 4, Part | IV, lines 1b | | |
| nd : | 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, li | nes 2d and 4b Also | o complete | | |
| nis p | part to provide any additional information | | | | |
| | | | | | |
| | | | | | |
| | | | | _ | |
| | | | | _ | |
| | | | | | |
| | | | | _ | - |
| | | | | _ | |
| • | | | _ | | _ |
| | | | | _ | |
| | | | | _ | |
| | | | | | |

| Schedule D (Fo | rm 990) 2009 | EARLY | LEARNING | COALITION OF | PUTNAM | 59-3691819 | Page 5 |
|----------------|--------------|--------------|---------------------------|--------------|--------|---------------|---------------------------------------|
| Part XIV | Suppleme | ental Inform | LEARNING nation (continue | ed) | | | |
| | | | .,1 | | | - | · · · · · · · · · · · · · · · · · · · |
| | • | | | | | | |
| | | | | | | | |
| • | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | . – – – – – | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | _ | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | - | | | |
| | | | | | | | |

| ¥ |
|-----|
| 4 |
| Ξ |
| 5 |
| 20 |
| 717 |
| 7 |
| 74 |
| 52 |
| |

SCHEDULE I (Form 990)

orm 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

2009
Open to Public Inspection

| | Velide Sel vice | | | | | | | | |
|---------------------|---|---|-------------------------------------|--|---|---|---|------------------------------------|--------|
| Name of the | Name of the organization EARLY LEARNING COALITION OF | | PUTNAM | Į | | Employer 5.9 - 3.6 | Employer identification number 59 - 3 691 81 9 | با | |
| Parti | General Info | Ssistance | | | | | | | |
| 1 Doe the Des | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | mount of the gran | its or assistant funds in | ance, the grantees' elig the United States | ibility for the grants or | assistance, and | | Yes | % X |
| 1 66 | 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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed | ernments and ipient that rec fadditional sp | A Organizatived moderns | zations in the Uni ore than \$5,000. C eeded | ited States. Complete this box if not not not not not not not not not not | plete if the orga to one recipient | nization answe received more | red "Yes" to than \$5,000. Use | |
| - | (a) Name and address of organization or government | (p) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 Ent | Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations | anizations | | | | | | | |

Schedule I (Form 990) 2009

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

59-3691819 Schedule I (Form 990) 2009 EARLY LEARNING COALITION OF PUTNAM

Page 2 · ·

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of 148,972 5,116,892 7,732,887 Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (c) Amount of cash grant (b) Number of recipients Н ~ Н SCHOOL READINESS GRANTS (a) Type of grant or assistance LOCAL MATCH VPK GRANTS Part IV Part III

Schedule I (Form 990) 2009

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047 2009

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

Open to Public Inspection

Name of the organization

EARLY LEARNING COALITION OF PUTNAM AND ST. JOHNS COUNTIES

Employer identification number 59-3691819

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES THE ORGANIZATION'S MISSION IS TO SERVE PARENTS. CAREGIVERS AND EDUCATORS OF CHILDREN AGES BIRTH TO PRE-KINDERGARTEN BY MANAGING AND EVALUATING EARLY CHILD CARE AND EARLY CHILDHOOD EDUCATION PROGRAMS THROUGH A QUALITY SCHOOL READINESS DELIVERY SYSTEMS IN PUTNAM & ST. JOHNS COUNTIES.

FORM 990, PART III, LINE 4B - SECOND ACHIEVEMENT NUMBER OF CHILDREN SERVED IN VPK WERE 2,134.

FORM 990. PART VI. LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL.

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

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS. THE PROCESS INCLUDES USE OF A STANDARD EVALUATION FORM, AND SALARY INCREASES OTHER STAFF MEMBERS ARE ARE PRESET, DEPENDING ON THE EVALUATION SCORING. SIMILARLY EVALUATED BY THE EXECUTIVE DIRECTOR. IN ADDITION, ALL EVALUEES

Page 2

Name of the organization

EARLY LEARNING COALITION OF PUTNAM

Employer identification number 59-3691819

ARE REQUIRED TO PROVIDE A SELF ASSESSMENT ON THE OFFICIAL EVALUATION FORM,
AND ALSO TO WRITE AN EMPLOYEE PLAN FOR THE UPCOMING YEAR FOR GROWTH AREAS
AND NEW CHALLENGES. COMPENSATION IS THEN APPROVED BY THE COMPENSATION
COMMITTEE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

12247' EARLY LEARNING COALITION OF PUTNAM

59-3691819

Federal Statements

FYE: 6/30/2010

12/17/2010 11:14 AM

Taxable Interest on Investments

| Description | Amount | Unrelated Business Code | Exclusion Code | Postal Code | Acquired after 6/30/75 |
|-----------------|------------|-------------------------|----------------|----------------|------------------------|
| INTEREST INCOME | \$ 837 | | 14 | | |
| TOTAL | \$ 837 | | | | |