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Form **990**

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

A	For t	he 2011 calen	dar year, or tax year beginning Jul 1 , 2011	, and ending	Jun 30	, 2012					
В		if applicable	C Name of organization Hillsborough County School Readine	<u> </u>		ntification Number					
_		ddress change	Doing Business As	00 0001101	59-362	6765					
	===	ame change	Number and street (or P O box if mail is not delivered to street addr)	Room/su							
	-	nitial return	1002 E. Palm Avenue	100	(813)	202-1000					
		erminated	City, town or country State		(013)	202 1000					
		mended return	Tampa FL	33605							
	\vdash	pplication pending			H(a) Is this a group return for a						
	□^	pplication pending		1	H(b) Are all affiliates included?						
_	Tav	-exempt status	X 501(c)(3) 501(c) () 4947(a)(1) or		If 'No,' attach a list (see i	nstructions)					
<u>'</u>		•	w.elchc.org			_					
K				·	H(c) Group exemption number						
_	rt I	n of organization	 	Year of Formation	on ZUUI MI State o	f legal domicile FL					
1	1	Summar Briefly desert		oo Cooli	tionle role is	to dovolon					
	'		ibe the organization's mission or most significant activities <u>Ti</u> inister a comprehensive school readines								
Activitles & Governance			delivery system that prepares children								
'na		Drodram.	delivery byseem that prepares children	_co_sac	ceed in school						
Ş.	2	Check this bo	ox I if the organization discontinued its operations or dispo		than 25% of its net ass						
ğ	3		oting members of the governing body (Part VI, line 1a)	300 01 111010	3	18					
9	4	Number of in	dependent voting members of the governing body (Part VI, line	1b)	4	18					
j j			r of individuals employed in calendar year 2011 (Part V, line 2a)		5	0					
, Ę			r of volunteers (estimate if necessary)		6	0					
· <	1		ed business revenue from Part VIII, column (C), line 12		7 8						
<u> </u>	b	Net unrelated	d business taxable income from Form 990-T, line 34		7t						
	_	0			Prior Year	Current Year					
) e	8		s and grants (Part VIII, line 1h)		75,662,902.	73,585,073.					
ָב <u></u>	9	-	vice revenue (Part VIII, line 2g)		624.	145.					
Revenue	10		ncome (Part VIII, column (A), lines 3, 4, and 7d) ie (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		024.	145.					
: ⁻	12		e – add lines 8 through 11 (must equal Part VIII, column (A), line	م 12۱	75,663,526.	73,585,218.					
	13		similar amounts paid (Part IX, column (A), lines 1-3)	C 12)	73,242,937.	-					
	14				13,242,331.	71,333,072.					
	15	Salaries other	to or for members (Part IX, column (A), REACEIVE, lines of compensation, employee benefits (Part IX, column (A), lines of the column (A), lines of	5-1h)	1,034,886.	900,171.					
စ္	l		(0)	ſ	1,054,000.	300,1,1.					
Expenses				0 0 .							
씂			1 1	0. 61	1,086,332.	<u> </u>					
_	17	Other expens	-								
	18		es Add lines 13-17 (must equal Part I Door DEA), line 25)	7	75,364,155.	73,606,751.					
	19	Revenue less	s expenses Subtract line 18 from line 12	ل	299,371.	-21,533.					
Net Assets or Fund Balancos					Beginning of Current Year						
Sala	20		(Part X, line 16)		12,507,142.	7,498,127.					
절	21		es (Part X, line 26)		11,903,650.	6,916,168.					
	22		r fund balances Subtract line 21 from line 20		603,492.	581,959.					
	rt II	Signatur									
Unde	er penal plete D	Ities of perjury, I de Declaration of preparation	leclare that I have examined this return, including accompanying schedules and state arer (other than officer) is based on all information of which preparer has any knowle	ements, and to t	he best of my knowledge and b	elief, it is true, correct, and					
				 -							
c:		Signatu	ure of officer		Date 5/10	72012					
Sig He	jii ro		Tat Share (DIC)		Date 5/15	12013 ector Bd. Membe					
110		Type of	r print name and title	se j	BACCULIVE DID	BA. MEMBE					
_			preparer's name Preparer's signature	Date		PTIN					
,			[6]	5113	Check if						
Pa			Fontana CM LIC	10 113	self employed	P01327163					
	epare e On	4.4									
J 3	- -	Firm's addre			Firm's EIN ►						
		<u> </u>	Clearwater FL 3375	9	Phone no						
May	the l	IRS discuss th	is return with the preparer shown above? (see instructions)			X Yes No					

Form 990 (2011) Hillsborough Count		59-36	2676	65		Page 2
-	ervice Accomplishments					
	response to any question in this Part III					
1 Briefly describe the organization's miss			1			
	to develop and administer a compreher hool time program delivery system that					
See Form 990, Page 2, Part III, Line 1						
3001 0111 330,1 dgc 2,1 di 111, 1110 1	(continued)			-		
2 Did the organization undertake any sig	inificant program services during the year which were not listed	on the prior				
Form 990 or 990-EZ?				Yes	X	No
If 'Yes,' describe these new services of	n Schedule O		_			
3 Did the organization cease conducting,	, or make significant changes in how it conducts, any program s	services?		Yes	X	No
If 'Yes,' describe these changes on Sci	hedule O					
Section 501(c)(3) and 501(c)(4) organi	ervice accomplishments for each of its three largest program se izations and section 4947(a)(1) trusts are required to report the e, if any, for each program service reported	ervices, as mea amount of gra	asured ints an	by ex d allo	pense cation	s to
4a (Code) (Expenses \$	45,674,388. including grants of \$ 44,909,952.) (Revenue	\$			0.)
School Readiness -						
	rs and coordinates child care subsidie			en_		
	ough County. The Coalition provides s	ubsidies	_to_		. _	
approximately 12,000 ch	ildren per month.					
					-	
4b (Code) (Expenses \$	26,707,329. including grants of \$ 26,638,330.) (Revenue	\$			0.)
	rs and coordinates the Voluntary Pre k		 ten			
	e Coalition serves approximately 9,000					
	twork of approximately 350 private ser					
33 311 312 313 331 3 33	3 NOT N. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-red Pro				
4c (Code) (Expenses S	726,851. including grants of \$ 10,790.) (Revenue	s			0)
Quality Counts for Kids		-				
	is_a_voluntary					
	providers that encourages and recognize	es quali				
	providers may be eligible to apply for					
	viding higher quality services to chil					
of the program are:			- 35			
	y of Hillsborough County's early child	 lhood				
education programs.	*	=======================================				
* To provide parents wi	th an easy-to-use tool to identify and	select				
See Form 990, Page 2, Part III, Line 4	c (continued)					
4d Other program services (Describe in S						
	including grants of \$) (Revenue	\$)	
	73,108,568.					
BAA	TEEA0102 07/05/11			Forr	n 990	(2011)

			res	NO
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	4 4		A
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b 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° <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
	c 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	11 c		Х
	d 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	11 d	х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14:	a 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	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, Parts II and IV	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, Parts III and IV	16		Х
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 (see instructions)	17	_	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
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	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
- 1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2011) Hillsborough County School Readiness Coalition, Inc.

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		х
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? <i>If 'Yes,' complete Schedule J</i>	23		х
24 8	a 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
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
i	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
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
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)			<u>-</u>
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
1	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X X
		29		
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		_X_
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
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		х
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		х
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	Х	
BAA		Form	990 ((2011)

Dort V. Statements Departing Other IDS Filings and Tax Compliance	.6765			age :
Part V Statements Regarding Other IRS Filings and Tax Compliance				
Check if Schedule O contains a response to any question in this Part V				لــــــــــــــــــــــــــــــــــــــ
4 5 4 4 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6	- ا		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0	ŀ		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	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		
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 2a	0			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		_X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3ь		
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		Х
b If 'Yes,' enter the name of the foreign country				
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	-	5c		
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? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6a		<u> X</u>
not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c).	-	6b		
• • • • • • • • • • • • • • • • • • • •				
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?	<u> </u>	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<u></u>	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to fill Form 8282?		7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	L	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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?	<u></u>	8		~ ~~
9 Sponsoring organizations maintaining donor advised funds.		-	_	
a Did the organization make any taxable distributions under section 4966?	!	9a	ŀ	
b Did the organization make a distribution to a donor, donor advisor, or related person?	_	9b		
10 Section 501(c)(7) organizations. Enter		30	-	
			1	
		ł		
· · · · · · · · · · · · · · · · · · ·		1		
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			l	
b Gross income from other sources (Do not net amounts due or paid to other sources against 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?	<u> 1</u>	2a	ļ	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			1	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		_		
a Is the organization licensed to issue qualified health plans in more than one state?	<u> 1</u>	3a		
Note. See the instructions for additional information the organization must report on Schedule O		}		
b Enter the amount of reserves the organization is required to maintain by the states in				
which the organization is licensed to issue qualified health plans				
c Enter the amount of reserves on hand		_+		
14a Did the organization receive any payments for indoor tanning services during the tax year?		4a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If No,' provide an explanation in Schedule O	<u> 1</u>	4b		

Form 990 (2011) Hillsborough County School Readiness Coalition, Inc. 59-3626765 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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1 a 18 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 18 b Enter the number of voting members included in line 1a, above, who are independent 1_b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct 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 governing documents since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? **8** a Х b Each committee with authority to act on behalf of the governing body? 8 b Х Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c Х 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 Х 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? a The organization's CEO, Executive Director, or top management official 15a Х b Other officers of key employees of the organization 15b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If 'Yes,' did the organization follow 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Florida 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 Another's website X Upon request Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization 1002 E. Palm Avenue, Tampa, ____ FL _ 33605 _ _ _ (813) 204-1748

BAA

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

Check if Schedule O contains a response to any question in this Part VII

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
- 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, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons

Check this box if neither the organization	n nor any r	elated	org			n com	pen	sated any current offic	cer, director, or trustee	;
(A) Name and title	(B) Average hours per week	unles	s per and a	Pos ck me	s bot	an one n an offi ustee)	box, cer	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	adividi el frascee or director	Key employee Officer Institutional faustee Individual trussee Ordinal Sor		Key emphyee	Higt est conntensated employee	<u>ECHINEI</u>	the organization (W-2/1099-MISC)	related organizations (W-2/1099 MISC)	from the organization and related organizations
(1) Donna Kimes										
Board Member	1.00	X						0.	0.	0.
(2) Edward Peachy	.									
Board Member	1.00	X					L_	0.	0.	0.
(3) Dr. Luanne Panacek										
Board Member	1.00	Х						0.	0.	0.
(4) Dr. Shawn Robinson										
Board Member	1.00	X						0.	0.	0.
(5) Michael Bross										_
Board Member	1.00	X						0.	0.	0.
(6) Scott Barrish		i							_	_
Board Member	1.00	Х						0.	0.	0.
(7) Donna Bevis										
Board Member	1.00	X						0.	0.	0.
(8) Sandra Murman										-
Board Member	1.00	Х						0.	0.	0.
(9) Carrie Gassen										
Board Member	1.00	Х						0.	0.	0.
(10) Janet Gregory										
Board Member	1.00	X						0.	0.	0.
(11) Dr. Douglas Holt										
Board Member	1.00	X						0.	0.	0.
(12) Cynthia Rodriguez										
Board Member	1.00	X						0.	0.	0.
(13) Louis A Finney, Jr.										
Board Member	1.00	Х						0.	0.	0.
(14) Marina Harkness										
Board Member	1.00	Х						0.	0.	0.

Part VII Section A. Officers, Directors, Trust	lees, r	\ey			oye C)	es, •	aiic	nignest Com	perisated Emp	loyees	<u> (COI</u>	111)
(A) Name and title	(B) Average hours	box	, unle	Position not check more than one unless person is both an er and a director/trustee)				(D) Reportable compensation from	(E) Reportable compensation from	amo	(F) stimated	ther
	per week (describe hours for related organizations in Sch O)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099 MISC)	ore	npensati from the ganizatio nd relate janizatio	e on ed
(15) Pat Grosz Board Member	1.00	Х						0.	0.			0
(16) Michael J. Reeves Board Member	1.00	x					,	0.	0.			0 .
(17) Filiberto Valero Chair	1.00			х				0.	0.			0
(18) Robert Buesing Secretary	1.00			x				0.	0.			0
(19) David McGerald Executive Director	40.00		-	х				124,336.	0.		12,	
(20)	-											
(21)	_											
(22)	-	 							···			
(23)	-											_
(24)	-											
(25)	-											
1 b Sub-total	<u> </u>	<u> </u>	l	!	<u> </u>	<u> </u>	>	124,336.	0.		12,	402
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	Α.						>	124,336.	0.		12,	402
2 Total number of individuals (including but not limited from the organization ► 1	to thos	se lis	sted	abo	ve) v	who i	rece		00,000 of reportab	le comp		
											Yes	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust <i>dıvıdua</i>	ee, k I	кеу е	empl	loye	e, or	hıg	hest compensated	employee	3	ļ -	X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual	ortable an \$15	con 0,00	nper 0? /:	ısatı f 'Ye	on a	nd o ompl	ther lete	r compensation fro Schedule J for	m	4		- X
 5 Did any person listed on line 1a receive or accrue cofor services rendered to the organization? If 'Yes,' co 	mpens	atior	n fro	m a	ny u	nrela	ated	organization or in	dıvıdual	5		X
Section B. Independent Contractors								· -			<u></u>	
Complete this table for your five highest compensate compensation from the organization. Report compensation.	ed inder isation	oend for ti	ent o	cont alen	racte dar	ors ti year	enc	received more that ling with or within	n \$100,000 of the organization's	ax year		
(A) Name and business addres	s							(B) Description of	of services	Comp	C) ensatio	on
School Board of Hillsbo 901 East Kennedy Blvd. Ta	mpa			FL	. 3	3360	02	Subrecipient	under grant	71,5	59,0	072.
						 -	-					
2 Total number of independent contractors (including t	out not	limit	ed to	n the	nse !	istad	l ah	ove) who received	more than			
\$100,000 in compensation from the organization		mmu	eu il	J HIC	ا عدر	າວເປີດ	au	ove, who received	more than			

1. 4	TO VIII Statement of Nevenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f h Total. Add lines 1a-1f	73,585,073.			
PROGRAM SERVICE REVENUE	Business Code 2a b c d e f All other program service revenue g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents b Less rental expenses	145.	0.	0.	145.
	c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities			-	-
	10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory ► Miscellaneous Revenue Business Code				
	b c d All other revenue e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	73,585,218.	0.	0.	145.

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)

	Check if Schedule O contains a re	esponse to any question	in this Part IX		
	not include amounts reported on lines 7b, 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 United States See Part IV, line 21	71,559,072.	71,559,072.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	127,788.	80,111.	47,677.	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	519,287.	319,018.	200,269.	0.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	253,096.	166,806.	86,290.	0.
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	Management				
ŧ	Legal [
•	Accounting	66,300.	0.	66,300.	0.
(i Lobbying	_			
•	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
ç	Other	687,472.	671,898.	15,574.	0.
12	Advertising and promotion	27,017.	26,508.	509.	0.
13	Office expenses	127,590.	114,278.	13,312.	0.
14	Information technology				
15	Royalties				
16	Occupancy	89,417.	67,179.	22,238.	0.
17	Travel	25,168.	15,125.	10,043.	0.
18	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	9,313.	334.	8,979.	0.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ā	Maintenance Contracts	51,387.	46,965.	4,422.	0.
	Telephone	6,247.	5,503.	744.	0.
C	: Postage & Shipping	5,143.	3,343.	1,800.	0.
c	Printing & copying	11,113.	7,570.	3,543.	0.
€	All other expenses	36,585.	24,858.	11,727.	0.
25	Total functional expenses Add lines 1 through 24e	73,606,751.	73,108,568.	498,183.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here X if following				
	SOP 98-2 (ASC 958-720)	0.	0.	0.	0
	301 30-2 (A3C 300-720)	<u> </u>	0.1	<u> </u>	<u>0.</u>

Part X		Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			1	
	2	Savings and temporary cash investments		6,219,947.	2	1,282,968.
	3	Pledges and grants receivable, net		6,277,683.	3	6,208,185.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	s, trustees, key employees, I of Schedule L		5	
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contrisponsoring organizations of section 501(c)(9) voluntar organizations (see instructions)	buting employers and		6	
Š	7	Notes and loans receivable, net			7	
A S S E T	8	Inventories for sale or use			8	
Š	9	Prepaid expenses and deferred charges	[9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 40,525.			
	E	Less accumulated depreciation	10ы 35,769.	9,512.	10 c	4,756.
	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	2,218.
	16	Total assets. Add lines 1 through 15 (must equal line 3	34)	12,507,142.	16	7,498,127.
	17	Accounts payable and accrued expenses	·	67,840.	17	81,352.
	18	Grants payable			18	
	19	Deferred revenue			19	893,710.
Ļ	20	Tax-exempt bond liabilities			20	
A B	21	Escrow or custodial account liability Complete Part IV	/ of Schedule D		21	
LLIT	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified persof Schedule L	tees, key employees, sons Complete Part II		22	
- 1	23	Secured mortgages and notes payable to unrelated this	rd parties		23	
E S	24	Unsecured notes and loans payable to unrelated third	· · -		24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Comp	s to related third parties	11 025 010		5 041 106
	26	Total liabilities. Add lines 17 through 25	blete Part X of Schedule D	11,835,810.	25	5,941,106.
	20	Organizations that follow SFAS 117, check here	X and complete lines	11,903,650.	26	6,916,168.
N E T		27 through 29 and lines 33 and 34.	A and complete lines	:		
Ą	27	Unrestricted net assets		603,492.	27	581,959.
ASSETS	28	Temporarily restricted net assets	-	003,492.	28	301,939.
Š	29	Permanently restricted net assets	ŀ		29	
Q R	23	Organizations that do not follow SFAS 117, check her	re ► ☐ and complete		29	
		lines 30 through 34.	e - and complete			
DZC	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipme	ent fund		31	
Ã	32	Retained earnings, endowment, accumulated income,	F		32	
B4」420m の	33	Total net assets or fund balances	or other fullus	603 402	$\overline{}$	501 050
ES			}	603,492.	33	581,959.
J	34	Total liabilities and net assets/fund balances		12,507,142.	34	7,498,127.

BAA

Form **990** (2011)

Form 990 (2011) Hillsborough County School Readiness Coalition, Inc.	<u>59-362676.</u>	5	Ра					
Part XI Reconciliation of Net Assets								
Check if Schedule O contains a response to any question in this Part XI			_	$\Box\Box$				
	1 1							
1 Total revenue (must equal Part VIII, column (A), line 12)	1	73,58	85 <u>,</u> 2	18.				
2 Total expenses (must equal Part IX, column (A), line 25)								
3 Revenue less expenses Subtract line 2 from line 1								
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60	03,4	92.				
5 Other changes in net assets or fund balances (explain in Schedule O)	5		_					
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5!	81,9	59.				
Part XII Financial Statements and Reporting								
Check if Schedule O contains a response to any question in this Part XII				\Box				
_ \ _			Yes	No				
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			1					
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				i				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
b Were the organization's financial statements audited by an independent accountant?		2b	Х					
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c	Х					
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		^		1100				
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both	ssued 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 Audit Act and OMB Circular A-133?	the Single	3a	Х					
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3b	х					
BAA		Form	990 (2011)				

TEEA0112 07/06/11

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name o	f the	e organization					-		Employer	r identificat	tion number			
Hil	ls			iness Coalition					59-3626765					
Part	1	Reason for Publ	ic Charity Status	(All organizations	must o	comple	ete this	part.)	See II	nstruct	ions	_		
The o	rga	nization is not a privat	e foundation because	it is (For lines 1 through	gh 11, cl	heck onl	y one bo	ox)						
1		A church, convention	of churches or assoc	iation of churches desci	ribed in :	section	170(b)(1)(A)(i).						
2		A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E)									
3		A hospital or a coope	rative hospital service	e organization described	d in sect	ion 170(b)(1)(A)	(iii).						
4				in conjunction with a ho					b)(1)(A)(iii) Ente	er the hospi	tal's		
		name, city, and state		•										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)													
6														
-	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)													
8	닏	•		0(b)(1)(A)(vi). (Complete		•								
9	9 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 organ	nized and operated ex	clusively to test for pub	olic safet	y See s	section 5	509(a)(4)).					
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h													
	a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Other													
е														
f														
g		Since August 17, 200	6, has the organization	on accepted any gift or	contribu	ition fror	n any of	the follo	owing pe	ersons?			_	
												Yes	No	
		(i) A person who d below, the gove	lirectly or indirectly co rning body of the sup	introls, either alone or to ported organization?	ogether	with per	sons des	scribed i	n (II) an	d (III)	11 g (i)			
		(ii) A family member	er of a person describ	ed in (i) above?							11 g (ii)			
		(iii) A 35% controlle	ed entity of a person o	lescribed in (i) or (ii) ab	ove?						11 g (iii)			
h		Provide the following	information about the	supported organization	n(s)									
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (Is the zation in (i) listed in overning ment?	the organ	ou notify ization in n (i) of upport?	colun	ation in nn (i) ed in the	(vii) Amour	nt of supp	port	
					Yes	No	Yes	No	Yes	No				
<u>(A)</u>							ļ							
(B)														
(1)						-					_			
(C)											_			
(D)	_													
<u>(E)</u>														
Total		3333					:							

Schedule A (Form 990 or 990-EZ) 2011 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 checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

			• •	'			
Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	69,826,775.	73,797,678.	75,570,588.	75,662,902.	73,585,073.	368,443,016.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			, , , , , , , , , , , , , , , , , , , ,	,		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	69,826,775.	73,797,678.	75,570,588.	75,662,902.	73,585,073.	368,443,016.
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						368,443,016.
<u>Sec</u>	tion B. Total Support	,	ſ ''		T	T	,
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	69,826,775.	73,797,678.	75,570,588.	75,662,902.	73,585,073.	368,443,016.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,697.	1,791.	1,287.	624.	145.	9,544.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						368,452,560.
12	Gross receipts from related activ	ities, etc (see insti	ructions)			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, or	fifth tax year as a	section 501(c)(3)	▶ []
Sec	tion C. Computation of Pu	blic Support P	ercentage	-			
	Public support percentage for 20	- ·	•	e 11, column (f))		14	100.00%
15	Public support percentage from 2	2010 Schedule A, I	Part II, line 14			15	100.00%
16 a	33-1/3% support test $-$ 2011. If t and stop here. The organization	the organization di qualifies as a publ	d not check the bolicly supported org	ox on line 13, and ganization	the line 14 is 33-	1/3% or more, che	eck this box
b	33-1/3% support test — 2010. If t and stop here. The organization	the organization di- qualifies as a publ	d not check a box icly supported org	on line 13 or 16a ganization	, and line 15 is 33	3-1/3% or more, cl	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts∙ar	nd-circumstances'	test, check this b	ox and stop here.	Explain in Part IV	10% / how ►
	10%-facts-and-circumstances te or more, and if the organization is organization meets the 'facts-and	meets the 'facts-ar d-circumstances' te	nd-circumstances' est The organizat	test, check this b tion qualifies as a	ox and stop here. publicly supported	Explain in Part I\ d organization	/ how the ►
18 84 A	Private foundation. If the organiz	zation did not chec	k a box on line 13	3, 16a, 16b, 17a, o			uctions DOD ET 2011

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support							
	ndar year (or fiscal yr beginning in) -	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4 5	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 a Amounts included on lines 1, 2, and 3 received from disqualified persons							
•	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)			ž s		~		
	tion B. Total Support							
	idar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1	(f) Total
10	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources a Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add Ins 9, 10c, 11, and 12)							
	First five years. If the Form 990 organization, check this box and	stop here		l, third, fourth, or	fifth tax year as a	section 501	(c)(3)	▶ □
	tion C. Computation of Pul							
	Public support percentage for 20	•	•	13, column (f))			15	ક
	Public support percentage from 2						16	ક
Sec	tion D. Computation of Inv							
17	Investment income percentage for			•	n (f))	ļ	_17	_
	Investment income percentage from						18	<u> </u>
	33-1/3% support tests – 2011. If is not more than 33-1/3%, check	this box and stop	here. The organiz	ation qualifies as	a publicly support	ted organiza	tion	▶
	33-1/3% support tests — 2010. If line 18 is not more than 33-1/3%	the organization of , check this box a	nd stop here. The	x on line 14 or line organization qual	ะ เรล, and line 16 ifies as a publicly	is more that supported or	rganization	ano ►
20	Private foundation. If the organiz	ation did not chec	k a box on line 14	, 19a, or 19b, che	eck this box and se	ee instructioi	ns	▶ 🗍

Schedule A	<u>(Form 990 or 9</u>	990-EZ) 201	Hills	sborough	County :	School Re	eadiness	Coalitio	n,Inc.	59-3626	765	Page 4
Part IV	Supplement Part II, line (See Instru	ital Inform 17a or 11 ctions).	nation. C 7b; and F	omplete Part III, III	this par ne 12. A	rt to prov Also com	vide the on the one of	explanat s part fo	ons requ r any ado	red by P litional in	art II, line 1 formation.	0;
												
												
												
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Hillsborough County School Readiness Coalition, Inc. 59-3626765 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 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? No Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 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 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenues included in Form 990, Part VIII, line 1 ▶\$ b Assets included in Form 990, Part X ▶\$

Schedule D (Form 990) 2011 Hills: Part III Organizations Mainta				59-362 Other Similar Ass			Page 2 ed)
3 Using the organization's acquisiti		•				, .	
items (check all that apply)	,			nat are a orginilarit acc	01 110 0011		•
a Public exhibition		=	or exchange programs				
b Scholarly research		e Other					
c Preservation for future gener		ann and avalera bav.	Alexa di saleza de a ser	-4!	_		
4 Provide a description of the organ Part XIV					ın		
5 During the year, did the organiza assets to be sold to raise funds r.	tion solicit or rec ather than to be	eive donations of art, maintained as part of	historical treasures, or the organization's colle	other similar ction?	Yes		No
Part IV Escrow and Custodia line 9, or reported an	I Arrangemei amount on Fo	nts. Complete if orm 990, Part X,	the organization an line 21.	swered 'Yes' to For	m 990,	Part	īV,
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, o	r other intermediary	for contributions or other	r assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and	complete the followin	g table [.]				
					Amount		
c Beginning balance				1 c			
d Additions during the year				1 d			
e Distributions during the year				1e			
f Ending balance		000 Dard V 1 013		<u> 1f </u>] v		7
2a Did the organization include an a b If 'Yes,' explain the arrangement		990, Part X, line 217			Yes		_j No
Part V Endowment Funds. Co		organization an	swered 'Yes' to For	m 990 Part IV line	10		
Tare V Endowment ands. Oc	(a) Current yea				(e) Fou	ır vears	hack
1 a Beginning of year balance	(a) ourroin you	(b) (not you	(c) Two yours buch	(u) Three years back	3	ii yours	- Duon
b Contributions		-			<u>*</u>		
c Net investment earnings, gains, and losses							
d Grants or scholarships	·····				 		
e Other expenditures for facilities					 		
and programs							
f Administrative expenses q End of year balance						*	r
2 Provide the estimated percentage	of the current w	ear and halance (line	1a column (a)) hald as	<u> </u>	<u> </u>		
a Board designated or quasi-endow	=	ear end balance (iine &	rg, column (a)) nelu as	•			
b Permanent endowment							
c Temporarily restricted endowmer	nt ►	8					
The percentages in lines 2a, 2b,	and 2c should eq	ual 100%					
3a Are there endowment funds not ii			hat are held and adminis	stered for the	_		
organization by	p				\	es	No_
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
b If 'Yes' to 3a(II), are the related o	_	•			3b		
4 Describe in Part XIV the intended							
Part VI Land, Buildings, and			T T		40.5		
Description of property	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bo	ok val	ue
1 a Land	<u> </u>						
b Buildings	-			10.001			
c Leasehold improvements	<u> </u>		23,780.	19,024.	_	4,	<u>756.</u>
d Equipment	<u> </u>		16,745.	16,745.			0.
e Other Total. Add lines 1a through 1e (Column		Form 000 - Do-t V -	olumn (D) (r== 10(=))	•			75.
BAA	rr (u) must equal	TOTHE 550, FAREA, CO	ייניוווו (ם), וווופ וט(כ).)		ule D (For		756.
				Scheu	aic a (1 01	・ハ・フラし	1, 2011

TEEA3302 01/16/12

² FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Schedu	le D (Form 990) 2011 Hillsborough County School Readiness Coalit	tion, Inc.	59-3626	5765	Page 4
Part 2	KI Reconciliation of Change in Net Assets from Form 990 to Audited Finance	cial Statements			
1 T	otal revenue (Form 990, Part VIII, column (A), line 12)			73,58	5,218.
2 T	otal expenses (Form 990, Part IX, column (A), line 25)			73,60	6,751.
3 €	xcess or (deficit) for the year Subtract line 2 from line 1			-2	1,533.
4 N	et unrealized gains (losses) on investments		Γ		
5 D	onated services and use of facilities		Г		
6 lr	vestment expenses				
7 P	rior period adjustments				
	ther (Describe in Part XIV)		T		
	otal adjustments (net) Add lines 4 through 8				
	xcess or (deficit) for the year per audited financial statements. Combine lines 3 a	and 9		-2	1,533.
	KII Reconciliation of Revenue per Audited Financial Statemen		r Return		
	otal revenue, gains, and other support per audited financial statements	•	1	73,58	5,218.
	mounts included on line 1 but not on Form 990, Part VIII, line 12				
	et unrealized gains on investments	2a			
	onated services and use of facilities	2b			
	ecoveries of prior year grants	2c			
	ther (Describe in Part XIV)	2d			
	dd lines 2a through 2d	<u> </u>			
			 	72 50	E 210
	ubtract line 2e from line 1	I I	3	13,38	5,218.
	mounts included on Form 990, Part VIII, line 12, but not on line 1				
	evestment expenses not included on Form 990, Part VIII, line 7b	4a			
	ther (Describe in Part XIV)	4b			
	dd lines 4a and 4b		4c		
	otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5		5,218.
	KIII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses	per Retur		
	otal expenses and losses per audited financial statements		1_1_	<u>73,60</u>	<u>6,751.</u>
2 A	mounts included on line 1 but not on Form 990, Part IX, line 25	1 1			
a D	onated services and use of facilities	2a			
b P	rior year adjustments	2b			
c C	ther losses	2c			
d C	ther (Describe in Part XIV)	2d			
eА	dd lines 2a through 2d		2e		
3 S	ubtract line 2e from line 1		3	73,60	6,751.
4 A	mounts included on Form 990, Part IX, line 25, but not on line 1:				
	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
	ther (Describe in Part XIV)	4b			
c A	dd lines 4a and 4b		4c		
5 T	otal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	73,60	6,751.
Part 2	(IV Supplemental Information				
Comple Part V, any ade	te this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line ditional information	III, lines 1a and 4; Part es 2d and 4b Also compl	IV, lines 1b a ete this part	and 2b; to provide	
Pt_I	V Line 11f The Organization is exempt from Federal	income taxes und	er Sectio	n 5 <u>01 (c)</u>	(3) of
	the Internal Revenue Code and from state	income_taxes_unde	r similar	<u>provisi</u>	ons of
	the Florida Income Tax Code. Accordingly	y, no provision fo	r_income	taxes ha	<u>is been</u>
- - -	included in the accompanying financial state	tements. The Organ	ization 15	s subject	to the
	accounting standards on accounting for			~	
	does not believe it has taken any tax positi			~	
	of uncertainty. The Organization's income			ter_fisca	<u>il year</u>
	ended June 30, 2007 remain subject	to examination.			

Schedule D	(Form 990) 2011	Hillsborough Co	ounty School Read Ontinued)	diness Coalitio	on, Inc.	59-3626765	Page 5
Part XIV	Supplementa	I Information (co	ontinued)				
		-				-	
. 							
- -							
						-	
- -		_					
				_	_		_ _

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.

201

OMB No 1545-0047

Open to Public Inspection

Employer Identification number 59-3626765 **ջ** □

Hillsborough County School Readiness Coalition, Inc. Part I General Information on Grants and Assistance

X Yes Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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. Part II can be duplicated if additional space is needed	21 for any recipient to a space	that received me is needed	ved more than \$5,000. C	heck this box if no	this box if no one recipient received more th	ceived more than \$	\$5,000.
1 (a) Name and address of organization or government	(b) 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
(1) School Dist_of_Hills Coun 901_East_Kennedy_Boulevar Tampa FL 33602	0990009-65	School District	71,559,072.	0.	N/A	n/a	SR; VPK, Match
(2)							
(3)							
(4)							
(5)							
(6)							
				:			
ω							
(8)							
2 Enter total number of section 501(c)(3) and government organizations in	3) and government or	ganizations listed in	sted in the line 1 table			A	

Schedule 1 (Form 990) (2011)

TEEA3901 06/01/11

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

(b) Number of recipients recipients	Part III can be duplicated if additional space is needed.				
1		(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
,					
2					
3					
4					
S					
9					
7					
Partive Supplemental Information. Complete this part to		the information	required in Par	provide the information required in Part I, line 2, and any other additional information	additional information.
Pt_I_Line_2The_following_are_various	too1s	_for_monitoring		subrecipients and vendors	
Pt_I_Line_2to_ensure_that_the_contrac	contractor is		_its_portion_	conducting its portion of the sponsored	
Pt_I_Line_2activity_in_compliance_wit	nce_with_the_terms	of I	_the_Coalition's_Grant:	s_Grant:	
Pt_I Line_2*review_of_contract_servi	lo lo	<u>requirements a</u>	and performance outcomes	ce_outcomes	
Pt_I Line_2*review_of_progress_r	s_reports_and	documentation;	<u>ion;</u>		
	billings and	the	supporting documentation	tation	
accompanying_reimbursement	rsement_reguests;	sts:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	its_and_evaluate	ate_any_fin	_any_finding_contained	ed_therein;	
*perform on-site visits:	sits:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	ıd_programmatic_	ic_records;	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 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) BAA	(Continuation Sheet	0			Schedule I (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
Hillsborough County School Readiness Coalition, Inc.	59-3626765
Pt_VI, Line 11a Form 990 is prepared by a CPA. 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, Line 12c All new Board members backgrounds are reviewed	
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 required
to sign a conflict of interest statement that	is_collected_and
maintained as part of the agency's records.	
Pt_VI, 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	
Pt_VI, Line 19 The Organization's governing documents, confli	ct_of_interest
policy, and financial statements are available	to the public
upon_request.	

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 O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4c (continued)

^{*} To provide financial support to maintain and/or improve quality to providers serving children receiving school readiness financial assistance.

59-3626765

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

*observe	e operations
*inspect	*inspect facilities to ensure compliance with program requirements
* intervie	cerview staff to ensure they are informed of and carry out program policy and regulations
Monitorir	toring follow-up is done to ascertain corrective action has been done
for any r	any problems or deficiencies that may have been identified.
Adequate	quate documentation is required and maintained to ensure monitoring
າສຸດຕວນກາ	centring as planned.