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Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

2014
Open to Public Inspection

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15 D Employer Identification number C Name of organization EARLY LEARNING COALITION OF NORTH Check if applicable FLORIDA, INC Address change 59-3691819 Doing business as Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone numbe 904-342-2267 103 2450 OLD MOULTRIE ROAD Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated ST AUGUSTINE 32086 27,271,159 G Gross receipts \$ Amended return Name and address of principal officer X H(a) Is this a group return for subordinates? Yes Application pending DAWN BELL 2450 OLD MOULTRIE ROAD SUITE 103 H(b) Are all subordinates included? If "No," attach a list (see instructions) ST AUGUSTINE 32086 FLX 501(c)(3) 501(c) (4947(a)(1) or) \blacktriangleleft (insert no) 527 Tax-exempt status WWW.ELCNORTHFLORIDA.ORG Website. H(c) Group exemption number Year of formation 2000 X Corporation FL Trust M State of legal domicile Form of organization Association Part I Summary 1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Activities & Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more, net assets 17 3 Number of voting members of the governing body (Part VI, line 1a) 3 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 100 6 Total number of volunteers (estimate if necessary) 6 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 34 7b Pnor Year **Current Year** 26,819, 565 27,258,235 8 Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 1,735 52 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,055 11,189 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 26,825,672 27,271,159 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 26,580,931 26,190,639 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) n 14 Benefits paid to or for members (Part IX, column (A), line 4) 401,764 447,152 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ $233,\overline{230}$ 201,340 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 26,825,633 27,229,423 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 41,736 39 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 2,224,717 1,953,425 20 Total assets (Part X, line 16) 1,865,542 2,095,098 21 Total liabilities (Part X, line 26) 87,883 129,619 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Type or print name and title Print/Type preparer's name Date PTIN Check Paid ED MOSS JR 01/21/16 self-employed P00531414 Preparer MOSS, ASSOCIATES, 59-3017072 KRUSICK æ Firm's EIN ▶ Firm's name Use Only 501 S NEW YORK AVE STE 100 32789-4241 407-644-5811 WINTER PARK, FL Firm's address X Yes No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)

9 F

4d	Other program services (Describe in Sc	chedule O)		
	(Expenses_\$	including grants of \$) (Revenue \$)
4e	Total program service expenses ▶	26,743,754		

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." X complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X candidates for public office? If "Yes," complete Schedule C, Part I 3 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 X 4 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, X Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X complete Schedule D. Part III 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a 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 and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Form 990 (2014) EARLY LEARNING COALITION OF NORTH 59-3691819 Checklist of Required Schedules (continued) Part IV Yes No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X -22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 24a through 24d and complete Schedule K If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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 pnor Forms 990 or 990-EZ? X 25b If "Yes," complete Schedule L, Part I 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or Х 26 disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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) X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L. Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 32 complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 34 or IV, and Part V, line 1 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Х 36 related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37

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

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

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X

Form 990 (2014)

14a

14b

Form 990 (2014) EARLY LEARNING COALITION OF NORTH 59-3691819 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and X 1c reportable gaming (gambling) winnings to prize winners? 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 X 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) X Did the organization have unrelated business gross income of \$1,000 or more during the year? За If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secunties account, or other financial 4a X If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, 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 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b b 5c c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X 7a and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7c required to file Form 8282? 7d If "Yes," indicate the number of Forms 8282 filed during the year 70 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 9a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b Section 501(c)(7) organizations. Enter 10 10a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter 11 11a Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 13b 13c Enter the amount of reserves on hand C

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 or note to any line in this Part VI X Section A. Governing Body and Management Yes No 17 Enter the number of voting members of the governing body at the end of the tax year 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 17 1b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 X 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 9 X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 X 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X a The organization's CEO, Executive Director, or top management official Х 15b Other officers or key employees of the organization 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 X 16a with a taxable entity during the year? 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 take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed FL17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records > 20 2450 OLD MOULTRIE ROAD STE 103 PATRICIA LARKIN

32086

AUGUSTINE

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

Check if Schedule O contains a response or note to any line 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the				
	related organizations below dotted tine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(=,	organization and related organizations
(1) NANCY PEARSON		1								
	1.00									
CHAIR	0.00	X		X				0	0	0
(2) RON COLEMAN	}									
	1.00]			_	_
VICE CHAIR	0.00	X		X				0	0	0
(3) CYNTHIA KENT		1						•		
	1.00		l						_	_
MEMBER	0.00	X						0	0	0
(4) BRIAN H GRAHAM										
	1.00					l				
SECRETARY	0.00	X	ļ					0	0	0
(5) VINA DELCOMYM										
	1.00			}					_	
MEMBER	0.00	X.	ļ			\longrightarrow		0	0	0
(6) KRISTI SIMPKINS	4 00									
	1.00								^	•
MEMBER	0.00	X		<u> </u>				0	0	0
(7) AMY LANE	1 00									
	1.00	3,5							0	0
MEMBER	0.00	X	—	_				0	<u> </u>	
(8) MARY ANN HOLANCH	1.00									
\m\m\m	l							o	. 0	0
MEMBER (9) JAMES K JOHNS	0.00	X						U		<u>_</u>
(9) JAMES R JOHNS	1.00									
MENDED	0.00	x						o	0	0
MEMBER (10) ADAM DEPUTY	0.00	^	 			\vdash		0		
(10) ADAM DEPOIT	1.00									
MEMBED	0.00	x						o	0	0
MEMBER (11) MALA RAMOUTAR	0.00	^	\vdash			-				
(II)PALIA KAROOTAK	1.00									
MEMBER	0.00	x						ol	0	0
DAA	0.00			L		ئـــا				Form 990 (2014)

(A) , Name and title	Average hours per week (list any hours for	of	x, unh ficer a	Pos check ess pe nd a d	เรอกเ	than o	an	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	,	organization and related organizations
(12)MICHAEL SIRAGUSA										
MEMBER	1.00 0.00	x						0	o	0
(13) RENEE WILLIAMS	0.00	1			-				<u> </u>	
	1.00								•	
MEMBER	0.00	X	_		_		_	0	0	0
(14) DR. MYRNA ALLEN	1.00									
MEMBER	0.00	x	ĺ					О	0	0
(15) JANET DIXON										
	1.00									
MEMBER	0.00	X				_		0	0	0
(16)APRIL MASTERS	1.00									
MEMBER	0.00	х						o	0	0
(17) CONNIE STOPHEL										
	1.00								0	0
MEMBER (18) JARED DOLLAR	0.00	X						0	0	0
(10) 0111112 20111111	1.00									
SECRETARY	0.00	X		X				0	0	0
(19) DAWN BELL	40.00									
CEO	40.00 0.00			x				83,853	o	0
1b Sub-total	0.00				<u></u>		<u> </u>	83,853		
c Total from continuation shee	ts to Part VII, S	ectic	n A				>			
d Total (add lines 1b and 1c)							<u> </u>	83,853	20.000 (
2 Total number of individuals (incl reportable compensation from ti			to th	ose I	isted	l abo	ve)	who received more than \$10	JO,000 of	
		-4					-1	a as highest companyated		Yes No
3 Did the organization list any for employee on line 1a? If "Yes," or	omplete Schedu	ile J 1	for su	ıch ıı	ndıvı	dual				3 X
4 For any individual listed on line	1a, is the sum of	f repo	ntab	le co	mpe	nsati	ion a	and other compensation from	n the	
organization and related organize individual	zations greater ti	nan ¢	150,	000	7 11	res,	CON	ipiete Schedule 3 for such		4 X
5 Did any person listed on line 1a							•	-	ividual	5 X
for services rendered to the org Section B. Independent Contractor		s, co	ompi	ete S	cne	uuie	J 101	such person		
1 Complete this table for your five	highest comper									······································
compensation from the organiza		npen	satio	n for	the	cale	ndar I			(C)
Name and b	(A) pusiness address							Descript	(B) ion of services	Compensation
								-		
	·····					_	ļ			
							-			
O Table the Colorest		lum or d		- A 1:		1- 11		hated above) who		
2 Total number of independent co received more than \$100,000 of								iisteu auuve) wiiu	0	
DAA										Form 990 (2014)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax (B) Related or (A) (C) Total revenue exempt husiness under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d 27,221,013 1e e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 37,222 1f g Noncash contributions included in lines 1a-1f 27,258,235 Total. Add lines 1a-1f Program Service Revenue Busn Code 2a b С ď f All other program service revenue Total Add lines 2a-2f Investment income (including dividends, interest, 1,735 and other similar amounts) 1,735 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps C Rental inc or (loss) Net rental income or (loss) (i) Securities (ii) Other sales of assets other than inventor b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) \triangleright 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV. line 18 b Less direct expenses c Net income or (loss) from fundraising events • 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 8,272 8,272 11a OTHER PROGRAM REVENUE 2,907 2,907 b MISCELLANEOUS REVENUE 10 10 UNRESTRICTED REVENUE All other revenue 11,189 Total. Add lines 11a-11d 0 27,271,159 11,189 Total revenue. See instructions 1,735

Part IX Statement of Functional Expenses

Sect	tion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			e column (A)	
	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					······································
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	26,580,931	26,580,931		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	77,759	18,740	59,019	_
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	055 000	C1 101	104 007	
7	S .	255,288	61,191	194,097	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	00 000	21,357	67,631	
9	Other employee benefits	88,988 25,117	6,028	19,089	
10	Payroll taxes	25,117	0,028	19,009	
11	Fees for services (non-employees) Management				
a	Legal				
	Accounting	18,700	18,700		
	Lobbying				· · · · · · · · · · · · · · · · · · ·
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g					
Ŭ	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	22,443	16,482	5,961	
14	Information technology				
15	Royalties				
16	Occupancy	700	700		
17	Travel	4,359	3,108	1,251	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,481	1,038	2,443	
20	Interest				·····
21	Payments to affiliates	1 170	1 170		
22	Depreciation, depletion, and amortization	1,178 4,737	1,178 1,412	3,325	
23	Insurance	4,737	1,412	3,323	······································
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If	1			
	line 24e amount exceeds 10% of line 25, column	1			
	(A) amount, list line 24e expenses on Schedule O)				
а	SHARED COSTS	144,527	11,734	132,793	
b	SCHOOL READINESS - MEMBER	1,215	1,155	60	
C					
d	Ì				
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	27,229,423	26,743,754	485,669	. 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 following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 802,921 89,735 1 1 Cash-non-interest bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 1,859,336 1,418,138 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventones for sale or use 8 2,992 2,510 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 8,549 other basis Complete Part VI of Schedule D 10a 7,883 1,844 666 b Less accumulated depreciation 10b 10c 11 11 Investments-publicly traded securities 12 Investments-other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 1,953,425 2,224,717 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 81,076 222,446 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 1,784,466 1,872,652 of Schedule D 25 1,865,542 2,095,098 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 87,883 129,619 27 27 Unrestricted net assets Temporanly restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 87,883 129,619 33 33 Total net assets or fund balances 2,224,717 1,953,425 Total liabilities and net assets/fund balances

Form 990 (2014)

om	990 (2014) EARLY LEARNING COALITION OF NORTH 59-3691819			<u> P</u> a	ge 12
Pa	art XI Reconciliation of Net Assets	•			
	Check if Schedule O contains a response or note to any line in this Part XI	···-			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,2		
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,2	29,	<u>423</u>
3	Revenue less expenses Subtract line 2 from line 1	3		41,	<u>736</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		87,	883
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1.	29,	619
Pa	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				
	Chook it Concedure of Software a respective of floor to diff into it time very in-			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
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
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-1332		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)

Department of the Treasury

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.

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Open to Po

Open to Public

OMB No 1545-0047

Internal Revenue Service

Name of the organization

Employer Identification number 59-3691819

	FLORIDA, INC. 59-3691619							
P	art l	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part) See instruction	is
The	orga	nization is not	a private foundation because	it is (For lines 1 through 11, che	eck only o	ne box.)		
1		A church, co	nvention of churches, or asso	ociation of churches described in	section 1	70(b)(1)(A)(i).	
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)							
3				e organization described in sect	ion 170(b)(1)(A)(iii)		
4	\sqcap			in conjunction with a hospital de				oital's name.
	<u></u>	city, and stat	,	o, ao				,
5	\Box	•		f a college or university owned or	r operated	hy a gove	ernmental unit described in	
•	لــا				operateu	by a gove	innertal dist described in	
			(b)(1)(A)(iv). (Complete Part		-4: 470/	h\/4\/A\/.	A	
6	X			vernmental unit described in sec			•	
7	4	•	•	ubstantial part of its support from	i a govern	mentai un	it of from the general public	
	\Box		section 170(b)(1)(A)(vi). (Co		1.5			
8	\vdash			70(b)(1)(A)(vi). (Complete Part I	-			
9				more than 33 1/3% of its suppo				
				ot functions—subject to certain e				
		• •	-	d unrelated business taxable inco			i i tax) from businesses	
40	\Box		-	, 1975 See section 509(a)(2). (- \(4 \)	
10	\vdash	_	•	xclusively to test for public safety				of.
11		-	- •	xclusively for the benefit of, to pe				
				ons described in section 509(a)(HECK
_	\Box		=	ribes the type of supporting orga				
а	Ш			d, supervised, or controlled by its		-		
			• • • •	regularly appoint or elect a majo	onty of the	airectors	or trustees of the supporting	
	\Box	•	You must complete Part IV					
b	لــا			sed or controlled in connection w			•	
				organization vested in the same p	persons in	at control	or manage the supported	
	\Box		s) You must complete Part					
С	LJ		· · ·	orting organization operated in co				
	\Box		* ' ' '	ons) You must complete Part				
d	LJ	• •	• •	supporting organization operated				
				inization generally must satisfy a			ment and an attentiveness	
			•	complete Part IV, Sections A				
е			•	a written determination from the			e I, Type II, Type III	
_		•		ctionally integrated supporting org	ganization			
f			of supported organizations					
g_			ring information about the sup	<u> </u>	T			
(1		of supported anization	(II) EIN	(iii) Type of organization	(iv) is the o	irganization ir governing	(v) Amount of monetary support (see	(vI) Amount of other support (see
	org	Bilizadon		(described on lines 1-9 above or IRC section	1 .	ment?	instructions)	instructions)
				(see instructions))				
					Yes	No		
(A)								
					 			
(B)								
(C)	(C)							
								
(D)					1			
					 			
(E)							• •	
				,	 			
			, ,		1.			

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.)

	1 4.1.11 11 11 11 11 11 11 11 11 11 11 11 1				<u>-</u>		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	13,108,438	12,754,467	12,656,619	26,819,565	27,258,235	92,597,324
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	13,108,438	12,754,467	12,656,619	26,819,565	27,258,235	92,597,324
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		***************************************				
6	Public support. Subtract line 5 from line 4						92,597,324
Sec	tion B. Total Support	1	•				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	13,108,438	12,754,467	12,656,619	26,819,565	27,258,235	92,597,324
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	178	58	55		1,735	2,026
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	9,037				11,189	20,226
1	Total support. Add lines 7 through 10						92,619,576
2	Gross receipts from related activities, etc. (see instructions)				12	11,189
3	First five years. If the Form 990 is for the o	organization's first, s	econd, third, fourth	ı, or fifth tax year as	s a section 501(c)(3)	_
	organization, check this box and stop here						>
Sec	tion C. Computation of Public Su	pport Percenta	ge				
4	Public support percentage for 2014 (line 6,	column (f) divided by	y line 11, column (i	7))		14	99.98%
5	Public support percentage from 2013 Schei	dule A, Part II, Ime 1	4			15	99.99%
6a	33 1/3% support test—2014. If the organic	zation did not check	the box on line 13,	and line 14 is 33 1	/3% or more, chec	k this	► च र
	box and stop here. The organization qualif						▶ [X
b	33 1/3% support test—2013. If the organic				33 1/3% or more,		. □
_	check this box and stop here. The organization				406 11 44		
7a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac	ts-and-circumstance	es test The organ	ization qualifies as	a publicly supporte	:u	▶ □
	organization	2 If the assessment	and not shook a b	ov on line 12 16a	16b or 17a and lu	ne	, _
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization r						•
	Explain in Part VI how the organization mee					l v	
	supported organization	no ne racio-anu-cii	complainces lest	organization q	2200 20 a paono	•	▶ □
8	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b. 1	17a, or 17b, check	this box and see		_
-	instructions			, , , , , , , , , , , ,			▶ [

Page 3

Part III

Schèdule A (Form 990 or 990-EZ) 2014 EARLY LEARNING COALITION OF NORTH

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.)

	tion A. Public Support						<u></u>
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				<u> </u>		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
С	Add lines 7a and 7b		<u></u>				
8	Public support (Subtract line 7c from		1				
	line 6)	<u> </u>	<u> </u>	<u> </u>	<u>1</u>	<u> </u>	
	tion B. Total Support	T				1 1 2001	(D. T.). I
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	L	l	L	<u> </u>	<u> </u>	
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, four	h, or fifth tax year	as a section 501(c)((3)	> [
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2014 (line 8,	column (f) divided	by line 13, column	(f))		15	%
16	Public support percentage from 2013 Sche					16	%
Sec	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2014 (lin	ne 10c, column (f) o	divided by line 13, o	olumn (f))		17	<u>%</u>
8	Investment income percentage from 2013	Schedule A, Part III	, line 17			18	%_
19a	33 1/3% support tests—2014. If the organ						. سا
	17 is not more than 33 1/3%, check this box		=				- ▶ []
þ	33 1/3% support tests—2013. If the organ						
	line 18 is not more than 33 1/3%, check this	•					
DΛ	Private foundation If the organization did	not abook a boy or	s inn 14 10a or 10	in chack this have	and cap inetructions	,	▶

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E, If you checked 11d of Part I, complete Sections A and D, and complete Part V)

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action. (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		
	2_		
	20		
	3a		
	3b		
	3с		
	4a		
	4b		
	40		
i			
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8	_	
	9a		
	9b_		
	9c		
	10a		
			
orn	10b n 990	or 990-E	Z) 2014

Schadula &	1 (Form	agn	or 9	90-F71	201

3a

Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2014 EARLI LEARNING COALITION OF			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 2			
other Type III non-functionally integrated supporting organizations must complete Sections Section A - Adjusted Net Income	A through	(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recovenes of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integrated Type	e III supp	orting organization (see	

Schedule A (Form 990 or 990-EZ) 2014

instructions)

`ab`aa	Jule A (Form 990 or 990-EZ) 2014 EARLY LEARNING (CALITION OF NOR	TH 59-3691	Ω19 Poge 7
	t V Type III Non-Functionally Integrated 509(a)(3			819 Page 7
	tion D - Distributions	o oupporting Organizati	Continued)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	noses		- January Tour
	Amounts paid to perform activity that directly furthers exempt purpos			
_	organizations, in excess of income from activity	oo or oupported		
3	Administrative expenses paid to accomplish exempt purposes of sup	poorted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organi	zation is responsive		
	(provide details in Part VI) See instructions	,		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014	i e		
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
1	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section			
	D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)	`		
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c			
8	Breakdown of line 7			

Schedule A (Form 990 or 990-EZ) 2014

b

d Excess from 2013 e Excess from 2014 Schedule A (Form 990 or 990-EZ) 2014 EARLY LEARNING COALITION OF NORTH

59-3691819

Page 8

VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information (See instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME

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20,226

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047

Open to Public

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

Inspection

				oyer identification number		
	ARLY LEARNING COALITION OF NORTH	50-3	3691819			
	LORIDA, INC. Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" to F	nds or Other Similar Funds or Ac				
		(a) Donor advised funds	(1) Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that t	he assets held in donor advised				
	funds are the organization's property, subject to the organization's exclusive			Yes No		
6	Did the organization inform all grantees, donors, and donor advisors in w					
	only for chantable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose				
	conferring impermissible private benefit?			Yes No		
P#	Conservation Easements. Complete if the organization answered "Yes" to F	orm 990, Part IV, line 7				
1	Purpose(s) of conservation easements held by the organization (check a	ll tha <u>t a</u> pply)				
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically importa	ant land :	area		
	Protection of natural habitat	Preservation of a certified historic st	ructure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conserv	ation contribution in the form of a conservatio	n 			
	easement on the last day of the tax year			Held at the End of the Tax Year		
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b	··· ··		
C	Number of conservation easements on a certified historic structure include		2c			
d	Number of conservation easements included in (c) acquired after 8/17/06	s, and not on a	2d			
	historic structure listed in the National Register	accushed or terminated by the organization d	·			
3	Number of conservation easements modified, transferred, released, extin	iguished, of terminated by the organization of	uring the			
	tax year ► Number of states where property subject to conservation easement is lo	nated •				
4 5	Does the organization have a written policy regarding the periodic monitor					
3	violations, and enforcement of the conservation easements it holds?	milg, mapestori, rianding of		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year				
·		g contentation occomione coming the year				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	nservation easements during the year				
0	Does each consensation easement reported on line 2(d) shows satisfy the	requirements of section 170/b\/4\/B\/i\				
0	Does each conservation easement reported on line 2(d) above satisfy the and section 170(h)(4)(B)(ii)?	s requirements of section 170(f)(4)(b)(i)		Yes No		
9	In Part XIII, describe how the organization reports conservation easemer	its in its revenue and expense statement, and	1			
3	balance sheet, and include, if applicable, the text of the footnote to the or					
	organization's accounting for conservation easements	.				
Pa	rt III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F		nilar A	ssets.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not		e sheet	<u>-</u>		
	works of art, historical treasures, or other similar assets held for public ex					
	public service, provide, in Part XIII, the text of the footnote to its financial					
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to r		neet			
	works of art, historical treasures, or other similar assets held for public ex					
	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 o	her similar assets for financial gain, provide t	he			
	following amounts required to be reported under SFAS 116 (ASC 958) re	lating to these items				
а	Revenue included in Form 990, Part VIII, line 1		•	\$		

che	edule D (Form 990) 2014 EARLY LEA	ARNING COAL	LITI	ON OF N	ORTH	59-3	3691819		Page
P	art III Organizations Maintaining	Collections of	Art, F	listorical Ti	reasures,	or Othe	r Similar Assets	(continue	ed)
3	Using the organization's acquisition, accessio collection items (check all that apply)	n, and other records	check a	any of the follow	wing that are	a significa	nt use of its		
а	Public exhibition	d 🗍	Loan o	exchange pro	grams				
b		e T	Other	and and pro-	3				
С			G						
4	Provide a description of the organization's coll	ections and explain l	now they	further the ord	ranization's	evemnt nur	nose in Part		
·	XIII	collons and explain	1011 (110)	, rainier the org	garneation o	cxcpr par	pode iii i ait		
5	During the year, did the organization solicit or	receive donations of	art hist	orical treasures	s or other si	mılar			
	assets to be sold to raise funds rather than to							Yes	. ☐ No
Pa	art IV Escrow and Custodial Arr			organization o	00,1001.071				
	Complete if the organization 990, Part X, line 21	_	to Fo	rm 990, Par	t IV, line 9	9, or repo	orted an amount	on Form	
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ry for co	ntnbutions or o	ther assets	not			
	included on Form 990, Part X?							Yes	No.
b	If "Yes," explain the arrangement in Part XIII a	nd complete the folio	wing tal	ole					
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e	·	
f	Ending balance						1f		
2a	Did the organization include an amount on For	m 990, Part X, line 2	1, for es	crow or custod	lial account l	liability?	<u></u>	Yes	No
	If "Yes," explain the arrangement in Part XIII								П
	ert V Endowment Funds.		•			•			
	Complete if the organization	answered "Yes"	to Fo	m 990, Par	t IV, line 1	0 '			
		(a) Current year	(b) Pnor year	(c) Two ye	ears back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance								-
b	Contributions	-							
С	Net investment earnings, gains, and								
	losses				İ				
d	Grants or scholarships							1	
е	Other expenditures for facilities and programs								
f	Administrative expenses								
	End of year balance						.,		
2	Provide the estimated percentage of the currer	nt year end balance (line 1a	column (a)) he	ld as				·
а	Board designated or quasi-endowment	%	19,	(-),					
	Permanent endowment ▶ %								
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	equal 100%							
3a	Are there endowment funds not in the possess		n that a	re held and ad	ministered fo	or the			
	organization by							T	es No
	(i) unrelated organizations							3a(i)	-
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations li	sted as required on :	Schedul	e R?				3b	_
	Describe in Part XIII the intended uses of the o							<u> </u>	
	rt VI Land, Buildings, and Equip							 	
_	Complete if the organization		to For	m 990 Part	IV. line 1	1a See	Form 990 Part X	line 10	
	Description of property	(a) Cost or other b		(b) Cost or o			ccumulated	(d) Book val	
•		(investment)		(b) cost of c			preciation	(-) Doon van	
12	Land	1		\- "."		 	·		
	Buildings				8,549	1	7,883		666
	Leasehold improvements			 	0,049		,,,,,,,	 .	500

666

d Equipment

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

Schedule D (È	Form 990) 2014 EARLY LEARNING COALI	TION OF NORTH	59-3691819	Page
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" t	o Form 990, Part IV, line 1	1b. See Form 990, Part X, line	12
	(a) Description of security or category	(b) Sook value	(c) Method of valuation	<u> </u>
	(including name of security)		Cost or end-of-year market value	e
(1) Financial of	derivatives			
(2) Closely-he	eld equity interests			
(3) Other	• •			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				·
(G)				
(H)				
Total. (Columi	n (b) must equal Form 990, Part X, col_(B) line 12) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" t	o Form 990, Part IV, line 1	1c See Form 990, Part X, line	13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	8
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				<u>.</u>
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.	- F 000 Dod IV line 1	1d Can Farm 000 Dart V line	. 15
	Complete if the organization answered "Yes" to	o Form 990, Part IV, line 1		Book value
	(a) Description		(0)	BOOK VAILLE
(1)				
(2)			-	
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X	Other Liabilities.			
· mvx··	Complete if the organization answered "Yes" to line 25	o Form 990, Part IV, line 1	1e or 11f See Form 990, Part	Χ,
 I.	(a) Description of liability	(b) Book value		·····
(1) Federal				
->	TO RELATED PARTIES	1,872,652		
(3)		, ,		
(4)				
(5)				
(6)				,
			•	•
(7) (8)				۲,

1,872,652

(9)

Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 2. Liability for uncertain tax positions. In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII

5

27,271,159

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 27,271,159 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a 2b b Donated services and use of facilities c Recovenes of prior year grants 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 2e 27,271,159 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII) 4b c Add lines 4a and 4b 4c

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990. Part IV. line 12a

	Complete if the organization answered Tes to Form	990, Part IV, line IZa		
1	Total expenses and losses per audited financial statements		1	27,229,423
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	,	3	27,229,423
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18))	5	27,229,423

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

PART X - FIN 48 FOOTNOTE

THE COALITION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; THEREFORE NO INCOME TAX PROVISION IS REQUIRED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

MANAGEMENT HAS ANALYZED ITS VARIOUS FEDERAL AND STATE FILING POSITIONS AND BELIEVES THAT ITS INCOME TAX FILING POSITIONS AND DEDUCTIONS ARE WELL DOCUMENTED AND SUPPORTED, AND THAT NO ACCRUALS FOR TAX LIABILITIES ARE NECESSARY. THEREFORE, NO RESERVES FOR UNCERTAIN INCOME TAX POSITIONS HAVE BEEN RECORDED.

Schedule D (Form 990) 2014 EARLY LEARNING COALITION OF NORTH

59-3691819

Page 5

Part XIII Supplemental Information (continued)

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SCHEDULE 1 (Form 990)

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

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

Open to Public Inspection 2014

OMB No 1545-0047

2 ×

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Employer Identification number Yes 59-3691819 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed ▶ Information about Schedule I (Form 990) and its Instructions is at www.irs.gov/form990. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▶ Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States EARLY LEARNING COALITION OF NORTH General Information on Grants and Assistance the selection criteria used to award the grants or assistance? FLORIDA, INC. Department of the Treasury Internal Revenue Service Name of the organization Part Part II

(h) Purpose of grant or assistance non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance (d) Amount of cash grant (c) IRC section if applicable (p) EIN (a) Name and address of organization or government € (2) 9 3 8 (2) ල € 6

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2014)

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SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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 ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990. Inspection

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service Name of the organization

EARLY LEARNING COALITION OF NORTH

Employer Identification number 59-3691819

FLORIDA, INC.

FORM 990 - ORGANIZATION'S MISSION

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 QUALITY SCHOOL READINESS DELIVERY SYSTEMS IN BAKER, BRADFORD, CLAY, NASSAU, PUTNAM & ST. JOHNS COUNTIES.

FORM 990, PART VI, LINE 11B - 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 NORTH FLORIDA 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 CEO. ELC NORTH FLORIDA PROVIDES SERVICES TO THE COUNTIES OF BAKER, BRADFORD, CLAY, NASSAU, PUTNAM AND ST. JOHNS.

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

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

EARLY LEARNING COALITION OF NORTH

Employer identification number

59-3691819

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.