

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



Return of Organization Exempt From Income Tax

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

2014

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury Information about Form 990 and its Instructions is at www.irs.gov/form990. Internal Revenue Service Inspection 06/30/15 For the 2014 calendar year, or tax year beginning 07/01/14 , and ending D Employer identification number C Name of organization THE EARLY LEARNING COALITION OF Check if applicable SOUTHWEST FLORIDA INC. Address change Doing business as 65-1144775 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite 2675 WINKLER AVE 239-935-6100 300 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated FORT MYERS 33901 42,675,630 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Yes Application pending SUSAN BLOCK 2675 WINKLER AVE H(b) Are all subordinates included? FORT MYERS 33901 If "No," attach a list (see instructions) FLX 501(c)(3) 501(c) (insert no) 4947(a)(1) or **ELCOFSWFL**.ORG Website* H(c) Group exemption number X Corporation Year of formation 2000 Trust Other > Form of organization 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 than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 72 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year **Current Year** 478 41,643, 42,618,106 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 0 10 10 Investment income (Part VIII, column (A), lines 3, 4, and 70 58,874 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c 57,515 12 Total revenue - add lines 8 through 11 (must equal Fart VIII, column (A), line 12) 41,702,362 42,675,630 13 Grants and similar amounts paid (Part IX, column A) lines 12 3 2016 2,144,217 38,152,261 14 Benefits paid to or for members (Part IX, column (A)(Hine 4) 15 Salaries, other compensation, employee benefits (Part). 2,624,412 2,941,191 16a Professional fundraising fees (Part IX, column (A), line 11e b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 1,596,627 36,938,340 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 706,969 42,690,079 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -4,60719 Revenue less expenses Subtract line 18 from line 12 -14.449Beginning of Current Year End of Year 2,921,952 3,105,943 20 Total assets (Part X, line 16) 2,691,111 2,889,551 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 230,841 216,392 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 Type or print name and title

iigh) lere Preparer's signature Pnnt/Type preparer's name PTIN aid P00531414 02/05/16 self-employed W. ED MOSS JR. reparer KRUSICK & ASSOCIATES MOSS 59-3017072 Firm's name Firm's EIN se Only NEW YORK AVE STE 100 WINTER PARK, 32789-4241 407-644-5811 FLX Yes No

ay the IRS discuss this return with the preparer shown above? (see instructions)

or Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

(Expenses \$

e Total program service expenses ▶

Check (Schedulc Contains a response or note to any line in this Part III Briefly describe the organization's mission: SEE SCHEDULE O Old the organization undertake any significant program services during the year which were not lated on the prior form 800 or 990-527 Yes No (If Yes, 'describe these new services on Schedule O. Dut the organization undertake any significant program services during the year which were not lated on the prior form 800 or 990-527 Yes No (If Yes, 'describe these new services on Schedule O. Dut the organization's program service accomplishments for each of its three largest program services. Yes No (If Yes, 'describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(4) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total approaces, and revenue, if ny, for each program service expenses. Section 501(c)(4) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total approaces, and revenue, if ny, for each program service expenses. Section 501(c)(4) and 501(c)(4) organizations are required to the amount of grants and allocations to others, the total approaces, and revenue, if ny, for each program service program services are the total program service program services are the total program service program services. Section 501(c)(4) and 501(c)(4)	12249 02/67/20)6 5 18 PM Form 990 (2014) THE EARLY LEARNING COALITION OF 65-1144775	Page 2
1. Shelly describe the organization's mession: SEE SCHEDULE O 2. Out the organization undertake any significant program services during the year which were not haled on the prior form 990 or 990-827 If "Yes," describe these end services on Schedule O. 3. Did the organization crosse conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Science 501(c)(s) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code:) (Expenses \$ 19,294,811 motioning grants of \$) (Revenue \$) 5. SCHOOL READINESS PROGRAMS — EMPOWERS PARENTS AS A CHILL'S FIRST TEACHER AND HELES THEM PREPARE THEIR CHILDREN TO BE READY FOR SCHOOL. THE PROGRAMS FOCUS ON DEVELOPMENTALLY APPROPRIATE TURRICULUR, APPROPRIATE TO MAKE AN INFORMED CHOICE ABOUT THE EARLY CHILDHOOD PROGRAM THAT BEST FITS THEIR FAMILY'S NEEDS. THE EARLY LEARNING COALITION OF SOUTHWEST FLORIDA BURNANCES THE QUALITY OF CHILDREN'S LIVES IN THE FLORIDA COUNTIES OF COLLIDE, GLADES, HENDRY AND LEE COUNTIES BY CONTRACTING FOR SUBSIDIZED CHILDREN SHOWER PROVIDERS; 7,348 CHILDREN FROM 4,629 FAMILIES PARTICIPATED IN THE SCHOOL READINESS PROGRAM. 4b (Code.) (Expenses \$ 22,205,038 moluding grants of \$) (Revenue \$) VOLUNTARY PRE-KINDERGARTEN (VPK)- A LEGISLATIVELY MANDATED PROGRAM. 4b (Code.) (Expenses \$ 22,205,038 moluding grants of \$) (Revenue \$) VOLUNTARY PRE-KINDERGARTEN (VPK)- A LEGISLATIVELY MANDATED PROGRAM. 4c (Code.) (Expenses \$ 22,205,038 moluding grants of \$) (Revenue \$) VOLUNTARY PRE-KINDERGARTEN SERVICES, THE PROGRAM PROGRAM DESIGNED TO PREFERS PROVIDERS; 7,348 CHILDREN FROM A,600 FAMILIES 4c (Code.) (Expenses \$ 56,515 moluding grants of \$) (Revenue \$) VOLUNTARY PRE-KINDERGARTEN SERVICES, THE STATE—FINDER PROGRAM PROGRAM D		[y]
profession should be supported by the control of th	1 Briefly describe the organization's mission:	
3 Old the organization cease conducting, or make significant changes in how it conducts, any program services? If Yes, "describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code: (Expenses S 19,294,811 including grants of S) (Revenue \$ SCHOOL READINESS PROGRAMS - EMPOWERS PARENTS AS A CHILD'S FIRST TEACHER AND HELPS THEM PREPARE THEIR CHILDREN TO BE READY FOR SCHOOL. THE PROGRAMS FOCUS ON DEVELOPMENTALLY APPROPRIATE CURRICULUM; APPROPRIATE CORRICULUM; APPROPRIATE COUNTIES OF COLLIER, GLADES, HENDRY AND LEE COUNTIES SEY CONTRACTING FOR SUBSIDIZED CHILD CARE SERVICES WITH 275 SCHOOL READINESS PROVIDERS; 7,346 CHILDREN FROM 4,629 FAMILIES PARTICIPATED IN THE SCHOOL READINESS PROGRAM. 4b (Code: () (Expenses \$ 22,205,038 including grants of \$) (Revenue \$ YOLDINTARY PRE-KINDERGARTEN (VPK) - A LEGISLATIVELY MANDATED PROGRAM DESIGNED TO PREPARE EVERLY FOUR-YEAR-OLD IN FLORIDA FOR KINDERGARTEN AND BUILD THE FOUNDATION FOR THEIR EDUCATIONAL SUCCESS. THE VPK PROGRAM GIVES EACH CHILD AN OPPORTUNITY TO PERFORM BESTER IN SCHOOL AND THROUGHOUS EACH CHILD AND APPROPRIATE CURRICULA, SUBSTANTIAL INSTRUCTION PERFORDS, ACCOUNTABILITY, APPROPRIATE CURRICULUM, SUBSTANTIAL INSTRUCTION FOR DIT THE FLORIDA COUNTIES OF COLLIER, GLADES, HENDRY AND LEE COUNTIES BY CONTRACT OF SUBSTANTIAL INSTRUCTION FOR SUBSTANTIAL INSTRUCTION FOR SUBSTANTIAL INSTR	·	Yes X No
If "Yes," describe these changes on Schedule C. Describe the operatization 'spogram service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(4) organizations are required to report the smouth of grants and allocations to others. Section 501(c)(4) organizations are required to report the smouth of grants and allocations to others. Section 501(c)(4) organizations are required to report the smouth of grants and allocations to others. Section 501(c)(4) organization and section 501(c)(4) organization 501(c	3 Did the organization cease conducting, or make significant changes in how it conducts, any program	□ v ▽ u.
49 (Code:)(Expenses S 19,294,811 mcuding grants of S) (Revenue S) SCHOOL READINESS PROGRAMS - EMPOWERS PARENTS AS A CHILD'S FIRST TEACHER AND HELPS THEM PREPARE THEIR CHILDREN TO BE READY FOR SCHOOL. THE PROGRAMS FOCUS ON DEVELOPMENTAILY APPROPRIATE CURRICULUM; APPROPRIATE STAFF TO CHILDREN RATIOS TO ENSURE THE SUCCESS OF EACH CHILD; AND THE ABILITY FOR PARENTS TO MAKE AN INFORMED CHOICE ABOUT THE EARLY CHILDOOD PROGRAM THAT BEST FITS THEIR FAMILY'S NEEDS. THE EARLY LEARNING COALITION OF SOUTHWEST FICRIDA ENHANCES THE QUALITY OF CHILDREN'S LIVES IN THE FICRIDA COUNTIES OF COLLIER, GLADES, HENDRY AND LEE COUNTIES BY CONTRACTING FOR SUBSIDIZED CHILD CARE SERVICES WITH 275 SCHOOL READINESS PROVIDERS; 7,348 CHILDREN FROM 4,629 FAMILIES PARTICIPATED IN THE SCHOOL READINESS PROGRAM. 40 (Code.)(Expenses S 22,205,038 including grants of S) (Revenue S) VOLUNTARY PRE-KINDERGARTEN (VPK) - A LEGISLATIVELY MANDATED PROGRAM DESIGNED TO PREPARE EVERY FOUR-YEAR-OLD IN FLORIDA FOR KINDERGARTEN AND BUILD THE FOUNDATION FOR THEIR EDUCATIONAL SUCCESS. THE VPK PROGRAM GIVES EACH CHILD AN OPPORTUNITY TO PERFORM BETTER IN SCHOOL AND THROUGHOUT LIFE WITH QUALITY PROGRAMS THAT INCLUDE HIGH LITERACY STANDARDS, ACCOUNTABILITY, APPROPRIATE CURRICULA, SUBSTANTIAL INSTRUCTION PERIODS, MANAGEABLE CLASS SIZES , AND QUALIFIED INSTRUCTORS. THE EARLY LEARNING COALITION OF SOUTHWEST FLORIDA ENHANCES THE QUALITY OF CHILDREN'S LIVES IN THE FLORIDA COUNTIES OF COLLIER, GLADES, HENDRY AND LEE COUNTIES BY CONTRACTING FOR VOLUNTARY PREKINDERGARTEN SERVICES, THE STATE-WIDE PROGRAM FOR ALL FLORIDA FOUR YEARS OLDS, IN 261 SITES. 8,730 CHILDREN FROM 8,600 FAMILIES 10 COUNTES BY: MONITOR CONTRACTED VPK CHILD CARE PROVIDERS FOR COMPLIANCE WITH THE VPK COUNTRACT INCLUDING, BUT NOT EXCLUSIVE TO, SCREENING, CREDENTIALING, CLASS RATIOS AS WELL AS GENERAL HEALTH AND SAFETY REQUIREMENTS. OFFER TECHNICAL ASSISTANCE FOR THOSE PROVIDERS WHO ARE OUT OF COMPLIANCE WITH THE VPK CONTRACT. OUTREACH ACTIVITIES AND ADVERTISING TO RAISE PUBLIC AWARENESS OF VOLUNTA	If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by	∐ Yes KA No
SCHOOL READINESS PROGRAMS - EMPOWERS PARENTS AS A CHILD'S FIRST TEACHER AND HELPS THEM PREPARE THEIR CHILDREN TO BE READY FOR SCHOOL. THE PROGRAMS FOCUS ON DEVELOPMENTALLY APPROPRIATE CURRICULUM; APPROPRIATE STAFF TO CHILDREN RATIOS TO ENSURE THE SUCCESS OF EACH CHILD; AND THE ABILITY FOR PARENTS TO MAKE AN INFORMED CHOICE ABOUT THE EARLY CHILDHOOD PROGRAM THAT BEST FITS THEIR FAMILY'S NEEDS. THE EARLY LEARNING COALITION OF SOUTHWEST FLORIDA ENHANCES THE OUALITY OF CHILDREN'S LIVES IN THE FLORIDA COUNTIES OF COLLIER, GLADES, HENDRY AND LEE COUNTIES BY CONTRACTING FOR SUBSIDIZED CHILD CARE SERVICES WITH 275 SCHOOL READINESS PROVIDERS; 7,348 CHILDREN FROM 4,629 FAMILIES PARTICIPATED IN THE SCHOOL READINESS PROGRAM. 4b (Code.) (Expenses \$ 22,205,038 including grants of \$) (Revenue \$) VOLUNTARY PRE-KINDERGARTEN (VPK) - A LEGISLATIVELY MANDATED PROGRAM DESIGNED TO PREPARE EVERY FOUR-YEAR-OLD IN FLORIDA FOR KINDERGARTEN AND BUILD THE FOUNDATION FOR THEIR EDUCATIONAL SUCCESS. THE VPK PROGRAM GIVES EACH CHILD AN OPPORTUNITY TO PERFORM BETTER IN SCHOOL AND THROUGHOUT LIFE WITH QUALITY PROGRAMS THAT INCLUDE HIGH LITERACY STANDARDS, ACCOUNTABILITY, APPROPRIATE CURRICULA, SUBSTANTIAL INSTRUCTION PERIODS, MANAGEABLE CLASS SIZES , AND QUALIFIED INSTRUCTORS. THE EARLY LEARNING COALITION OF SOUTHWEST FLORIDA ENHANCES THE QUALITY OF CHILDREN'S LIVES IN THE FLORIDA COUNTIES OF COLLIER, GLADES, HENDRY AND LEE COUNTIES BY CONTRACTING FOR VOLUNTARY PREKINDERGARTEN SERVICES, THE STATE-WIDE PROGRAM FOR ALL FLORIDA FOUR YEARS OLDS, IN 261 SITES 8,730 CHILDREN FROM 8,600 FAMILIES 1ccdd.) (Expenses \$ 56,515 including grants of \$) (Revenue \$) OUTREACH & AWARENESS: 1cc Code) (Expenses \$ 56,515 including grants of \$) (Revenue \$) 1ccdd. (Code) (Expenses \$ 56,515 including grants of \$) (Revenue \$) 1cc Code) (Expenses \$ 56,515 including grants of \$) (Revenue \$) 1cc Code) (Expenses \$ 56,515 including grants of \$) (Revenue \$) 1cc Code) (Expenses \$ 56,515 including grants of \$) (Revenue \$) 1cc Code) (Expenses \$ 56,5	the total expenses, and revenue, if any, for each program service reported	
VOLUNTARY PRE-KINDERGARTEN (VPK) - A LEGISLATIVELY MANDATED PROGRAM DESIGNED TO PREPARE EVERY FOUR-YEAR-OLD IN FLORIDA FOR KINDERGARTEN AND BUILD THE FOUNDATION FOR THEIR EDUCATIONAL SUCCESS. THE VPK PROGRAM GIVES EACH CHILD AN OPPORTUNITY TO PERFORM BETTER IN SCHOOL AND THROUGHOUT LIFE WITH QUALITY PROGRAMS THAT INCLUDE HIGH LITERACY STANDARDS, ACCOUNTABILITY, APPROPRIATE CURRICULA, SUBSTANTIAL INSTRUCTION PERIODS, MANAGEABLE CLASS SIZES, AND QUALIFIED INSTRUCTORS. THE EARLY LEARNING COALITION OF SOUTHWEST FLORIDA ENHANCES THE QUALITY OF CHILDREN'S LIVES IN THE FLORIDA COUNTIES OF COLLIER, GLADES, HENDRY AND LEE COUNTIES BY CONTRACTING FOR VOLUNTARY PREKINDERGARTEN SERVICES, THE STATE-WIDE PROGRAM FOR ALL FLORIDA FOUR YEARS OLDS, IN 261 SITES. 8,730 CHILDREN FROM 8,600 FAMILIES 1c (Code.) (Expenses \$ 56,515 including grants of \$) (Revenue \$) OUTREACH & AWARENESS: THE EARLY LEARNING COALITION OF SOUTHWEST FLORDA ENHANCES THE QUALITY OF CHILDREN'S LIVES IN THE FLORIDA COUNTIES OF COLLIER, GLADES, HENDRY AND LEE COUNTIES BY: MONITOR CONTRACTED VPK CHILD CARE PROVIDERS FOR COMPLIANCE WITH THE VPK CONTRACT INCLUDING, BUT NOT EXCLUSIVE TO, SCREENING, CREDENTIALING, CLASS RATIOS AS WELL AS GENERAL HEALTH AND SAFETY REQUIREMENTS. OFFER TECHNICAL ASSISTANCE FOR THOSE PROVIDERS WHO ARE OUT OF COMPLIANCE WITH THE VPK CONTRACT. OUTREACH ACTIVITIES AND ADVERTISING TO RAISE PUBLIC AWARENESS OF VOLUNTARY PRE-KINDERGARTEN	SCHOOL READINESS PROGRAMS - EMPOWERS PARENTS AS A CHILD'S FIRST HELPS THEM PREPARE THEIR CHILDREN TO BE READY FOR SCHOOL. THE P FOCUS ON DEVELOPMENTALLY APPROPRIATE CURRICULUM; APPROPRIATE ST CHILDREN RATIOS TO ENSURE THE SUCCESS OF EACH CHILD; AND THE AB PARENTS TO MAKE AN INFORMED CHOICE ABOUT THE EARLY CHILDHOOD PR BEST FITS THEIR FAMILY'S NEEDS. THE EARLY LEARNING COALITION OF FLORIDA ENHANCES THE QUALITY OF CHILDREN'S LIVES IN THE FLORIDA COLLIER, GLADES, HENDRY AND LEE COUNTIES BY CONTRACTING FOR SUB CHILD CARE SERVICES WITH 275 SCHOOL READINESS PROVIDERS; 7,348	PROGRAMS PAFF TO SILITY FOR ROGRAM THAT SOUTHWEST COUNTIES OF SIDIZED CHILDREN
OUTREACH & AWARENESS: THE EARLY LEARNING COALITION OF SOUTHWEST FLORDA ENHANCES THE QUALITY OF CHILDREN'S LIVES IN THE FLORIDA COUNTIES OF COLLIER, GLADES, HENDRY AND LEE COUNTIES BY: MONITOR CONTRACTED VPK CHILD CARE PROVIDERS FOR COMPLIANCE WITH THE VPK CONTRACT INCLUDING, BUT NOT EXCLUSIVE TO, SCREENING, CREDENTIALING, CLASS RATIOS AS WELL AS GENERAL HEALTH AND SAFETY REQUIREMENTS. OFFER TECHNICAL ASSISTANCE FOR THOSE PROVIDERS WHO ARE OUT OF COMPLIANCE WITH THE VPK CONTRACT. OUTREACH ACTIVITIES AND ADVERTISING TO RAISE PUBLIC AWARENESS OF VOLUNTARY PRE-KINDERGARTEN	VOLUNTARY PRE-KINDERGARTEN (VPK) - A LEGISLATIVELY MANDATED PROG TO PREPARE EVERY FOUR-YEAR-OLD IN FLORIDA FOR KINDERGARTEN AND FOUNDATION FOR THEIR EDUCATIONAL SUCCESS. THE VPK PROGRAM GIVES CHILD AN OPPORTUNITY TO PERFORM BETTER IN SCHOOL AND THROUGHOUT QUALITY PROGRAMS THAT INCLUDE HIGH LITERACY STANDARDS, ACCOUNTA APPROPRIATE CURRICULA, SUBSTANTIAL INSTRUCTION PERIODS, MANAGEA SIZES, AND QUALIFIED INSTRUCTORS. THE EARLY LEARNING COALITION SOUTHWEST FLORIDA ENHANCES THE QUALITY OF CHILDREN'S LIVES IN TO COUNTIES OF COLLIER, GLADES, HENDRY AND LEE COUNTIES BY CONTRACTION VOLUNTARY PREKINDERGARTEN SERVICES, THE STATE-WIDE PROGRAM FOR	BUILD THE EACH LIFE WITH BILITY, BLE CLASS OF HE FLORIDA TING FOR ALL FLORIDA
CHILDREN'S LIVES IN THE FLORIDA COUNTIES OF COLLIER, GLADES, HENDRY AND LEE COUNTIES BY: MONITOR CONTRACTED VPK CHILD CARE PROVIDERS FOR COMPLIANCE WITH THE VPK CONTRACT INCLUDING, BUT NOT EXCLUSIVE TO, SCREENING, CREDENTIALING, CLASS RATIOS AS WELL AS GENERAL HEALTH AND SAFETY REQUIREMENTS. OFFER TECHNICAL ASSISTANCE FOR THOSE PROVIDERS WHO ARE OUT OF COMPLIANCE WITH THE VPK CONTRACT. OUTREACH ACTIVITIES AND ADVERTISING TO RAISE PUBLIC AWARENESS OF VOLUNTARY PRE-KINDERGARTEN)
d Other program services (Describe in Schedule O)	CHILDREN'S LIVES IN THE FLORIDA COUNTIES OF COLLIER, GLADES, HER COUNTIES BY: MONITOR CONTRACTED VPK CHILD CARE PROVIDERS FOR COMPLIANCE WIS CONTRACT INCLUDING, BUT NOT EXCLUSIVE TO, SCREENING, CREDENTIA RATIOS AS WELL AS GENERAL HEALTH AND SAFETY REQUIREMENTS. OFFER TECHNICAL ASSISTANCE FOR THOSE PROVIDERS WHO ARE OUT OF WITH THE VPK CONTRACT. OUTREACH ACTIVITIES AND ADVERTISING TO RAISE PUBLIC AWARENESS VOLUNTARY PRE-KINDERGARTEN	NDRY AND LEE TH THE VPK ALING, CLASS COMPLIANCE

including grants of \$ 41,556,364

) (Revenue \$

P	Part IV Checklist of Required Schedules			<u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	i
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		1	
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			ł
	Part III	5		X
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	1		
	"Yes," complete Schedule D, Part I	6	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8_	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	1		
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or		ł	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	L	X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	İ	1]
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	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	•		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
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? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		ļ	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d			Ĭ	'
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>_x</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X	
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	11f		<u> </u>
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	li	- 1	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
}	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
la	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,	ļ i		
	fundraising, business, investment, and program service activities outside the United States, or aggregate	ا ا	ł	₹7
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>x</u>
1	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	ا ا		v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	<u> </u>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40	ļ	v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>x</u>
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>x</u>
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		ĺ	v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
	If "Yes," complete Schedule G, Part III	19	-+	$\frac{x}{x}$
3	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	Λ

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

_ <u>P</u> ,	art IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	}		1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	—
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22	-	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	employees? If "Yes," complete Schedule J	23	-	X
24a	· · · · · · · · · · · · · · · · · · ·		1	1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		1	
	through 24d and complete Schedule K If "No," go to line 25a	24a	 	X
b	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	Ì	1	ì
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1	1	1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
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?	J		
	If "Yes," complete Schedule L, Part I	25b	<u>l</u>	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			Τ
	current or former officers, directors, trustees, key employees, highest compensated employees, or	i	ľ	
	disqualified persons? If "Yes," complete Schedule L, Part II	26	ļ	X
?7	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	1	1	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
:8	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			I
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28ь		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		\vdash	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	x
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	\top	X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		t	
•	conservation contributions? If "Yes," complete Schedule M	30	Ì	х
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31	i	x
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			 -
-	complete Schedule N, Part II	32	ļ	x
,	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	J-2		
l	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
١,	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	55		
l '	or IV, and Part V, line 1	34	[,	X
١.	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<u> </u>	X
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ļ
!		350	_	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ı
l	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			37
	Part VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		"	
I	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

P.a	art V Statements Regarding Other IRS Filings and Tax Compliance			Ш
	Check if Schedule O contains a response or note to any line in this Part V		Yes	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	54	res	No
b				
c				
Ū	reportable garning (gambling) winnings to prize winners?	1c	x	Ī
2a		***************************************		
		72		I
b		2b	X	Ţ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	The state of the s	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		ļ	
	account)?	4a		X_
b	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			l
	(FBAR)		1	,
5a				X
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	ļ!	<u> </u>
6a		!		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
þ			1 1	ĺ
_	gifts were not tax deductible?	<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).			É
а	- · · · · · · · · · · · · · · · · · · ·		1	70
L	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
С	required to file Form 8282?	70		x
а	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
đ e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	·	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		$\frac{1}{x}$
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as real			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Forr		$\neg \neg$	
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	Ī	
)	Sponsoring organizations maintaining donor advised funds.			***********
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
J	Section 501(c)(7) organizations. Enter		1	
а	Initiation fees and capital contributions included on Part VIII, line 12		Ī	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		1	
	Section 501(c)(12) organizations. Enter		ŧ	
а	Gross income from members or shareholders 11a		ŧ	
b	Gross income from other sources (Do not net amounts due or paid to other sources		I	
	against amounts due or received from them) [11b]		ŧ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Э	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	
,	Is the organization licensed to issue qualified health plans in more than one state?	13a		
3	Note. See the instructions for additional information the organization must report on Schedule O.	138		
)	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans		1	
	Enter the amount of reserves on hand		1	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes" has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

	1 990 (2014) THE EARLY LEARNING COALITION OF 65-1144775		<u> </u>				age (
P;	Governance, Management, and Disclosure For each "Yes" response to lines 2 through	-					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	Sched	dule O.	See ins	truc	tions.	_
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI						X
<u>Sec</u>	tion A. Governing Body and Management					[V	T
4.	Enterthy and of the company of the governing hady at the and of the towns	مه ا	19	["		Yes	No
1a	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	1a	19				l
	if the governing body delegated broad authority to an executive committee or similar		ļ				Ī
	committee, explain in Schedule O	}					Ī
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19				1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						I
-	any other officer, director, trustee, or key employee?			f	2		x
3	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?			ì	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				5		X
6	Did the organization have members or stockholders?				6		X
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?			<u> _ </u>	'a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			ĺ		1	[
	stockholders, or persons other than the governing body?				'b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year be	y the fo	ollowing			:	
а	The governing body?				la	X	ļ
b	Each committee with authority to act on behalf of the governing body?			<u> [</u>	b	X	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at)		i	7.7
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	a a l Da			9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Inter	iai re	evenu	e Code.	' _ (V	NI.
۸۵	Did the organization have local chapters, branches, or affiliates?			T ₄	0a	Yes	No X
0a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			<u> </u>	va		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			1	оь		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?			1a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				-		
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			1:	2a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflic	ts?		2b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this was done			1:	2c	<u>x</u>	
3	Did the organization have a written whistleblower policy?			_ 1	3	X	
4	Did the organization have a written document retention and destruction policy?			1	4	X	
5	Did the process for determining compensation of the following persons include a review and approval by					Į	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ŧ		#	
а	The organization's CEO, Executive Director, or top management official			11	_	X	
b	Other officers or key employees of the organization			1	5b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					Ī	
ia	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					ŧ	v
	with a taxable entity during the year?			16	ia		<u> </u>
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					· ·	
				ء أ	.	Ť	
	organization's exempt status with respect to such arrangements?			16	00		
<u> 10</u>	List the states with which a copy of this Form 990 is required to be filed FL						
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)	(3)s on	lv)				
	available for public inspection. Indicate how you made these available. Check all that apply.	(O) O O I	.1/				
	X Own website X Another's website X Upon request Other (explain in Schedule O)						
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	olicv. a	nd				
	financial statements available to the public during the tax year	-,, u					
	State the name, address, and telephone number of the person who possesses the organization's books and records	>					
CC	TTER, NGA 2675 WINKLER AVE						
	MYERS FL 3390	1		239-9	35	6-61	L00

Form 000 (2014)	янт	EART.Y	T.FARNING	COALITION	OF
-orm 990 (2014)	111111	FULLI	TITIETTATA	COMPTION	OE.

65	_1	1	1	Λ,	77	E
רח	_ ,		4	4	, ,	~

Page 7

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII 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	bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			is both an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) PATTI YOUNG		 							
	1.00				1	1	i		
1EMBER	0.00	X			L		0	0	0
(2) DR. DENIS WRIGHT									
	1.00]			}	1			_
EMBER	0.00	X					0	0	0
(3) MAGGIE STEVENS	1 00								
	1.00	.							
EMBER 4) CURT NEARY	0.00	X				 	0	0	0
4) CURT NEARI	1.00					1 1			
EMBER	0.00	x				1 1	o	o	0
5) VICTOR MRAZ	0.00					 		_	
0,00000000000000000000000000000000000	1.00								
EMBER	0.00	x					l ol	0	0
6) JENNIFER LANGE									
·	1.00								
EMBER	0.00	X					0	o	0
7) GERRY POPPE									
}	1.00			į					
HAIR	0.00	X					0	0	0
3) JOE PATERNO									
1	1.00						إ		_
ECRETARY	0.00	X					0	0	0
)PETER SEIF	1 00					li			
	1.00						ا	0	^
REASURER OUT TO	0.00	X		\dashv			0	0	0
) SHERRIE QUEVEDO	1.00								
MBER	0.00	x		i			o	o	0
) JANE LANE	0.00							<u>_</u>	
, , , , , , , , , , , , , , , , , , , ,	1.00			ĺ					
MBER	0.00	$ \mathbf{x} $					o	o	0
							<u></u>	<u>_</u>	Form 990 (2014)

Part VI) Section A. Officers	, Directors, Tru	stee	s, Ke	y Eı	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)	
. (A)	(B)	l			C)			(D)	(E)	(F)
Name and title	Average hours per	(4	o not		ition more	than o	ne	Reportable compensation	Reportable compensation from	Estimated amount of
	week	bo	x, unle	ess pe	rson ı	s both	an	from	related	other
•	(list any hours for				Irecto	r/truste		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	탈	l insti	Officer	eg	[종률	🖁	(W-2/1099-MISC)	(,	organization
	organizations below dotted	ect dua	ution	<u> </u>	emp	oyee	ĕ			and related organizations
	line)	Individual trustee or director	喜	ŀ	Key employee) and	Ì			
		l e	nstitutional trustee			Highest compensated employee]			
(12) ASHLEY HOUK		-		<u> </u>	 	<u> </u>	<u> </u>			
(12)ASHLET HOOK	1.00									
MEMBER	0.00	x						0	o	lo
13) TRINA PUDDEFOOT			 	\vdash	<u> </u>		_	<u>~</u>		
(10) 22122112	1.00					'				
VICE CHAIR	0.00	x				l		0	o	o
14) ANDREW WOZNIAK										
.,,-=::	1.00					l	į	ţ		
MEMBER	0.00	X	ľ					0	0	o
15) MAUREEN UNGAREAN										
·	1.00				ļ			,		
1EMBER	0.00	X		ì				0	0	0
16) MARSHALL BOWER				_				•		
,	1.00		i							
ÆMBER	0.00	X						0	0	0
17) JILL TURNER										
·	1.00									
TEMBER	0.00	X				<u></u>		0	0	0
8) ROBERT KOSIBA										-
	1.00									
EMBER	0.00	X	L					0	0	0
9) PAT DOBBINS		ĺ							·	
	1.00									
EMBER	0.00	X						0	0	0
lb Sub-total							>	224 4 4 4		——————————————————————————————————————
c Total from continuation shee	ts to Part VII, S	ectio	n A				•	224,163		
d Total (add lines 1b and 1c)			4 - 4 -				<u> </u>	224,163	20.000 - 6	
? Total number of individuals (inclined reportable compensation from the compensation from the compensation).			10 tm	ose i	istec	abo	vejv	wno received more than \$10	10,000,01	
Teportable compensation from t	no organization i									Yes No
Did the organization list any for	•					•	oloye	ee, or highest compensated		
employee on line 1a? If "Yes," o									. 0	3 X
For any individual listed on line organization and related organiz									n the	
individual	tations greater ti	10.14	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	000:		,	0011	ipiete defledule à loi sacil		4 X
Did any person listed on line 1a			•				-	•	ividual	
for services rendered to the org		s," co	omple	ete S	che	dule .	J for	such person		5 X
ction B. Independent Contractor										
Complete this table for your five compensation from the organization	highest compen	sate	d ind satio	eper n for	iden The	t con caler	traci ndar	tors that received more than	1 \$100,000 of	
	(A) ousiness address	<u>.po.,</u>	<u> </u>	11101		04.01	- COL		(B) on of services	(C) Compensation
					21	/ 1	λM	SEY WAY	on of services	Compensation
VELLINGTON ACADEMY, I FORT MYERS		3	390		, 2 4	ר ד		AYCARE		600 400
ALL ABOARD PRESCHOOL					91	R	-	SANTA BARBARA PL	·	688,133
CAPE CORAL	. ਜ਼ਬ	3	399			" 7		AYCARE		664 996
EHIGH CHILD CARE CEN					EН	IGH		VE SE		664,286
LEHIGH ACRES		3	39:					AYCARE		562 649
PEN DOORS PRESCHOOL		<u> </u>			173	2 1		BLVD		563,648
LEHIGH ACRES	FL	3	39.			7		AYCARE		501,008
UADALUPE CENTER, INC			<u></u> -		09	но		CIRCLE		301,008
:MMOKALEE		3	414		_	1		AYCARE		426,735
Total number of independent co					ited	to the				320,133
received more than \$100,000 of	compensation f	rom 1	he o	rgan	ızatio	on 🕨		-, ····-	5	
										Form 990 (2014)

Part VII Se	ction A. Officers	, Directors,	Truste	es, l	Key	Em	plo	yees	s <u>,</u> ar	nd Highest Compensated	Employees (continued)				
. (A Name a		(B) Average hours per week (list any hours for		box, u	ot che inless r and	per: a dir	ion nore son :	than o	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		Estin amor ott compe	F) nated unt of ner nsation	
		related organization below dotte line)	or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organi and n		
(12) SUSAN B	LOCK	40.0	1												
CEO		0.0	0	4	_ 2	K				113,794	<u> </u>	Щ			0
13) NGA COT	TER	40.0				١		,				Ì			
CFO		0.0			,	ĸ				110,369	o	ď			0
14)					-	1									
15)					\downarrow	1						 			
19)		<u> </u>													
16)															
17)					+										- · · · · · · · · · · · · · · · · · · ·
18)					+							-		<u> </u>	
9)			_		+	-			 -						
										224,163		<u> </u>			
1b Sub-total c Total from co	ontinuation shee	ts to Part V	II. Sect	ion .	Δ				>	224,163			——		
	nes 1b and 1c)								<u> </u>						
	of individuals (inc mpensation from t			d to	thos	e lis	sted	l abo	ve) v	who received more than \$10	00,000 of				
Did the organ		mer officer,	dırecto						oloye	ee, or highest compensated			3	Yes	No
										and other compensation from applete Schedule J for such	n the		4		
for services re	endered to the org	anization? If	ccrue ("Yes,"	comp com	ens plete	atio e Sc	n fr	om a dule .	ny u J for	unrelated organization or ind such person	ıvidual		5		
Complete this	table for your five	highest con	npensa	ted ii	nder	en	den	t con	trac	tors that received more than	\$100,000 of				
compensation		ation_Report (A) business address		ensa	lion	tor	the	caler	ndar	year ending with or within the	ne organization's tax year (B) on of services	— -	7	(C) mpensat	
		•	·											препос	<u> </u>
				_									1		
										······································					
														-	
	of independent co								se	listed above) who					
													Fon	_n 990	(2014)

Par	ţ ¥	III Staten Check	nent of Reve of Schedule (e nue O cont	ains a	response o	r note to any line i	in this Part VIII		
		+					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue and Other Similar Amounts	b c d e	All other contribution and similar amounts	ues vents zations (contributions) s, gifts, grants,	1a 1b 1c 1d 1e 1f 1f \$		618,106				######################################
a g	h	Total. Add line	s 1a-1f			<u> </u>	42,618,106			
gram Service Revenue	2a b c d	All other program		2110		Busn. Code				
Ĕ,	f a		am service rever	lue						
	3 4 5	Investment inc	ome (including o			▶	9			9
-	5	Royalles	(i) Real		(n) 1	Personal				
	6a b c	Gross rents Less rental exps Rental inc or (loss)								
	d 7a	Net rental inco Gross amount from sales of assets other than inventory	me or (loss) (i) Secunties		(11)) Other				
	b c	Less cost or other basis & sales exps Gain or (loss)								¥ ¥ ¥ ¥ ¥ ¥ * * * * * * * * * * * * *
Ì	d	Net gain or (los	ss)			<u> </u>				
Pariston .	8a	(not including \$	om fundraising ever eported on line 1c) 18							
		Less. direct ex		b			1			1
<u> </u>			(loss) from fund		vents_	•			***************************************	
		Gross income from See Part IV, line Less: direct ex		s a b						‡ ‡ ‡ ‡ ‡
			(loss) from gam	٠.	ities	<u> </u>				
1	10a	Gross sales of returns and allo	inventory, less owances	a						
		Less cost of g	oods sold (loss) from sale:	L	ntorv		Ť			Ť
 -	<u> </u>		cellaneous Revenue			Busn Code				
1	11a	OTHER MIS	CELLANEOUS	REVENU	E		57,515	57,515		
	b					<u> </u>				
ļ	C					 				
	đ	All other reven					57,515			
		Total. Add line	s 11a–11d . See instructio <u>r</u>	19			42,675,630			9
تا	2	Total levellue	. Jee manuchor							Form 990 (2014)

Part IX Statement of Functional Expenses

Sec	ction 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a response	omplete all columns. All other	organizations must comple	ete column (A).	
<u></u>		(A)	(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		i	1	
	and domestic governments See Part IV, line 21	38,152,261	38,152,261		
2	Grants and other assistance to domestic	1			
	individuals. See Part IV, line 22			<u></u>	
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	224,163	160,586	63,577	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and]			
	persons described in section 4958(c)(3)(B)		1		
7	Other salaries and wages	2,193,576	1,571,436	622,140	· · · · · · · · · · · · · · · · · · ·
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	319,281	228,727	90,554	
10	Payroll taxes	204,171	146,264	57,907	
11	Fees for services (non-employees)	· · · · · · · · · · · · · · · · · · ·			·
а					
b	· · · · · · · · · · · · · · · · · · ·				
C	_ •				
d					
e		-			
f	Investment management fees		-		
g	· .				
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	7,699	7,699		
13	Office expenses	18,516	14,893	3,623	
14	Information technology	10,510	14,093	3,023	
5	Royalties				
6	Occupancy	38,285	25,675	12,610	
7	Travel	34,425	29,150	5,275	
R		34,423	29,130	5,275	
,	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				····
2	•	12,057	6,631	E 406	
3	Depreciation, depletion, and amortization Insurance	12,037	0,631	5,426	
3 4	Other expenses Itemize expenses not covered				
*	above (List miscellaneous expenses in line 24e. If	1		1	
	line 24e amount exceeds 10% of line 25, column			<u> </u>	
	·	ŧ		1	
-	(A) amount, list line 24e expenses on Schedule O) MATCH	692,917	692,917		
a b	SHARED COSTS	471,082	302,813	169 260	
	PROGRAM CONSULTANTS	115,764	95,447	168,269	
ч С	OTHER EXPENSES	112,198	91,515	20,317	
ď	The state of the s	93,684		20,683	
e	All other expenses	42,690,079	30,350 41,556,364	63,334	
<u>'</u>	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	72,030,019	41,330,304	1,133,715	0
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)		Ì		

Form 990 (2014)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 637,105 580,034 Cash-non-interest bearing 2 Savings and temporary cash investments 2,245,354 1,843,258 Pledges and grants receivable, net 3 119,782 196,279 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 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 Inventories for sale or use 92,917 103,020 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 62,932 other basis. Complete Part VI of Schedule D 10a 62,932 12,057 50,875 10b b Less: accumulated depreciation 11 11 Investments—publicly traded securities Investments—other securities See Part IV, line 11 12 12 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 6,878 89,461 15 Other assets. See Part IV, line 11 15 2,921,952 3,105,943 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 2,477,413 2,714,358 17 17 Accounts payable and accrued expenses 18 18 Grants payable 227 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 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 175,193 213,471 25 of Schedule D 2,691,111 2,889,551 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. 230,841 216,392 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 216,392 3,105,943 230,841 33 Total net assets or fund balances 2,921,952 Total liabilities and net assets/fund balances 34

	n 990 (2014) THE EARLY LEARNING COALITION OF 65-1144775			Page 12
P	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	42,67	5,630
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,69	0,079
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	4,449
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23	0,841
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior 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	21	6,392
Pa	art XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			,	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		— I I	‡
	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			<u> </u>
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			1
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.			1
	Separate basis Consolidated basis Both consolidated and separate basis			ı
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1 1	j
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	İ
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			Ţ
	the Single Audit Act and OMB Circular A-133?		3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		T	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	
				990 (2014)
			, 51141	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

2014 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

THE EARLY LEARNING COALITION OF

Employer iden

gov/form990. Inspection
Employer identification number

			SOUTHWEST FI	CORIDA	INC.			65-1	L144775
P	art (Reas	son for Public Charity	Status (/	All organizations	must co	omplete	this part.) See instruc	ctions.
The	orga	nization is not	t a private foundation because	eitis (Forli	nes 1 through 11, ch	eck only o	ne box)		
1		A church, co	onvention of churches, or asse	ociation of c	hurches described in	section	170(b)(1)	(A)(i).	
2		A school des	scribed in section 170(b)(1)(A)(ii). (Attac	h Schedule E)				
3	Ц	A hospital or	r a cooperative hospital service	e organizati	on described in sect	ion 170(l	o)(1)(A)(ii	i).	
4		A medical re	esearch organization operated	l ın conjunct	ion with a hospital de	escribed in	n section	170(b)(1)(A)(iii). Enter the	hospital's name,
	_	city, and stat	te						
5		An organizat	tion operated for the benefit o	f a college c	or university owned or	r operated	d by a gov	rernmental unit described in	
			(b)(1)(A)(iv). (Complete Part	•					
6			ate, or local government or go					•	
7	X		tion that normally receives a s			n a gover	nmental u	nit or from the general publi	C
			section 170(b)(1)(A)(vi). (C						
8	Щ		y trust described in section 1						
9	Ш		tion that normally receives. (1						
			n activities related to its exem						
			gross investment income an					o11 tax) from businesses	
10	\Box		the organization after June 30 non organized and operated e			•	•	/a\/4\	
11	H		ion organized and operated e						
• •	LJ		publicly supported organization						
			es 11a through 11d that desc						J. Check
а			pporting organization operate					_	
_	ш		d organization(s) the power to				-		na
			You must complete Part IV			,		or macross of mis support	•9
b		•	ipporting organization supervi	•		vith its sup	ported or	ganization(s), by having	
			anagement of the supporting			-	•	• • • • • •	
			(s) You must complete Par						
C		Type III fund	ctionally integrated. A suppo	orting organi	zation operated in co	nnection	with, and	functionally integrated with,	
		its supported	organization(s) (see instructi	ons) You n	nust complete Part	IV, Section	ons A, D,	and E.	
d	Ш	Type III non-	-functionally integrated. As	supporting o	rganızatıon operated	ın connec	ction with	its supported organization(s)
			nctionally integrated. The orga						
			(see instructions) You must						
е	_		ox if the organization received					e I, Type II, Type III	
		-	ntegrated, or Type III non-fund	ctionally inte	grated supporting org	ganization	t		
f	_		r of supported organizations ving information about the sur	norted oraș	unization(e)				
<u>g</u> "		of supported	(ii) EIN	<u> </u>	ype of organization	(iv) Is the organization (v) Amount of monetary			1
117		anization	(II) EIN		spee of organization subset on lines 1–9		(iv) Is the organization (v) Amount of monetary (v listed in your governing support (see other		
				1	ve or IRC section	docu	ment?	instructions)	instructions)
				(Se	ee instructions))	Yes	No		
)		· · · · · · · · · · · · · · · · · · ·				· -			
							İ		
)					· ·				
_							İ		
)									
_	_								
)									
		-				<u> </u>			
ı									
				: · · · · · · · · · · · · · · · · · · ·	- *	ļ		· · · · · · · · · · · · · · · · · · ·	
						Į i			1

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.)

<u> 5e</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")	43,696,836	41,724,173	42,462,981	41,643,478	42,618,106	212,145,574
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	43,696,836	41,724,173	42,462,981	41,643,478	42,618,106	212,145,574
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.						212,145,574
	tion B. Total Support	,					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	43,696,836	41,724,173	42,462,981	41,643,478	42,618,106	212,145,574
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27	10	7	10	9	63
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)	68,661	65,788	100,742	58,874		294,065
1	Total support. Add lines 7 through 10						212,439,702
2	Gross receipts from related activities, etc. (see instructions)				12	57,515
3	First five years. If the Form 990 is for the o	organization's first, se	econd, third, fourth,	or fifth tax year as	a section 501(c)(3)) ——-	
	organization, check this box and stop here						▶ □
ec	tion C. Computation of Public Su	pport Percenta	ge				
1	Public support percentage for 2014 (line 6,	column (f) dıvıded by	line 11, column (f))		14	99.86%
5	Public support percentage from 2013 Scheo					15	99.86%
зa	33 1/3% support test—2014. If the organiz			and line 14 is 33 1/3	3% or more, check	this	
	box and stop here. The organization qualifi						► X
b	33 1/3% support test—2013. If the organiz				33 1/3% or more,		
	check this box and stop here. The organiza			_			▶ 🗌
'a	10%-facts-and-circumstances test—201					S	
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact organization	ts-and-circumstances	s" test The organiz	ation qualifies as a	publicly supported		▶ □
b	10%-facts-and-circumstances test—201	3. If the organization	did not check a box	x on line 13, 16a, 1	6b, or 17a, and line	!	
	15 is 10% or more, and if the organization m	neets the "facts-and-o	circumstances" test	t, check this box an	nd stop here.		
	Explain in Part VI how the organization mee	ts the "facts-and-circ	umstances" test. T	he organization qua	alifies as a publicly		
	supported organization						▶ []
	Private foundation. If the organization did	not check a box on lii	ne 13, 16a, 16b, 17	a, or 17b, check th	is box and see		_
	instructions						▶ 🗍

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.)

							
	tion A. Public Support	T	r				
ale	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						
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						
3	Public support (Subtract line 7c from						
	line 6)	<u> </u>				L1	
	tion B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(a) 2012	(4) 2012	(2) 2014	(f) Total
aici	Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
•				<u></u>			
)a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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						
2	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
•	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for the organization, check this box and stop here	_	second, third, fourti	n, or fifth tax year a	s a section 501(c)(3)	▶ □
	ion C. Computation of Public Su		age				
	Public support percentage for 2014 (line 8,			f))		15	%
	Public support percentage from 2013 Sche					16	%
<u>≥</u> C1	ion D. Computation of Investme	nt Income Perc	centage				
	Investment income percentage for 2014 (lin	ne 10c, column (f) d	ivided by line 13, co	olumn (f))		17	%
	Investment income percentage from 2013					18	%
3	33 1/3% support tests—2014. If the organ						
	17 is not more than 33 1/3%, check this box						▶ □
	33 1/3% support tests—2013. If the organ						
	line 18 is not more than 33 1/3%, check this						▶
	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	o, check this box ar	nd see instructions		▶

Part IV Supporting Organizations

determine whether the organization had excess business holdings)

(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.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and comp	lete Part V.)		
ec	tion A. All Supporting Organizations	-		
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	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.	1		
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).	2		•
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
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	3ь	İ	
С	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.	3с	1	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	33		
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a	Ì	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	1.5		
	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.	4b	1	
С	Did the organization support any foreign supported organization that does not have an IRS determination	1		
	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)			
	purposes	4c	İ	
5a	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,		1	
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action		1	
	was accomplished (such as by amendment to the organizing document)	5a	İ	
b	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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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.	6	İ	
7	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)	7	ĺ	
3	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).	8		
a	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			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	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.	96		
С	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.	9c	İ	
а	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.	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to			

	tule A (Form 990 or 990-EZ) 2014 THE EARLY LEARNING COALITION OF 65-11447	75		Page 5
Pa	rt IV Supporting Organizations (continued)			
		F	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
h	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b	 -	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ion B. Type I Supporting Organizations	11c	<u> </u>	L
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Vac	No.
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	F	Yes	No
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1 1		
<u>Sect</u>	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		.	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1	
octi	supported organizations played in this regard on E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a b	The organization satisfied the Activities Test. Complete line 2 below			
c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions			
·	The organization supported a governmental entity Describe in Fart Virtow you supported a government entity (see instructions	1.		
2 A	activities Test. Answer (a) and (b) below.	Г	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	- 1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			······································
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	Ī	
b	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	3ь	1	

instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	<u>inizatio</u>	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 2	20, 1970.	See instructions. All	
other Type III non-functionally integrated supporting organizations must complete Sections	A throug	h E	
Section A - Adjusted Net Income	i	(A) Prior Year	(B) Current Year
		(A) THOI TELL	(optional)
1 Net short-term capital gain	1 1		
2 Recoveries of pnor-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	1 1		
collection of gross income or for management, conservation, or	1 1		
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) Prior 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)			
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)			
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 Recoveries 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 Typ	e III suop	orting organization (see	

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

12149 02/05/20 3 5 18 PM

Schedule A (Form 990 or 990-EZ) 2014 THE EARLY LEARNING COALITION OF

65-1144775

Page 8

Part 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

\$ 294,065

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Assets included in Form 990, Part X

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

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.

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

OMB No 1545-0047

Schedule D (Form 990) 2014

Name of the organization Employer identification number THE EARLY LEARNING COALITION OF SOUTHWEST FLORIDA INC. 65-1144775 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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? Yes No 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) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. art III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. a 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 XIII, the text of the footnote to its financial statements that describes these items. 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: Revenue included in Form 990, Part VIII, line 1

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

P	ert III Organizations Maintainir	ng Collections of	Art, Hist	orical Tr	easures,	or Othe	<u>r Simila</u>	r Asse	ets (continu	ed)	
3	Using the organization's acquisition, access collection items (check all that apply).	ion, and other records,	check any	of the follow	ving that are	a significar	nt use of it	s			
а	Public exhibition	d 🗌	Loan or exc	change prog	grams						
b	Scholarly research	e 🗍	Other								
С	Preservation for future generations	_									
4	Provide a description of the organization's co	ollections and explain I	now they fur	ther the org	anızation's e	exempt pur	pose in Pa	art			
	XIII.										
5	During the year, did the organization solicit of	or receive donations of	art, historic	al treasures	, or other sir	mılar					
	assets to be sold to raise funds rather than t	o be maintained as pa	rt of the org	anızatıon's (collection?					s [No
Pa	art IV Escrow and Custodial Ar	rangements.									
	Complete if the organization	on answered "Yes'	' to Form	990, Par	t IV, line 9	or repo	rted an	amour	nt on Form		
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custod	ian or other ıntermedıa	ry for contri	butions or o	ther assets	not			_	_	_
	included on Form 990, Part X?								Y€	s	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table.				_				
							<u>_</u>		Amoun	<u> </u>	
С	Beginning balance						L	1c			
d	Additions during the year							1d			
е	Distributions during the year						L	1e			
	Ending balance						L	1f			
	Did the organization include an amount on F					-			Ye	s 📙	No
	If "Yes," explain the arrangement in Part XIII	Check here if the exp	lanation has	s been prov	ided in Part	XIII					<u> </u>
Pa	ert V Endowment Funds.	1.054	. ~			_					
	Complete if the organization										
	ŀ	(a) Current year	(b) Pn	or year	(c) Two ye	ars back	(d) Three	e years bad	ck (e) Four	years b	ack
	Beginning of year balance				<u> </u>		<u></u>				
	Contributions		_								
C	Net investment earnings, gains, and										
	losses				· · · · · · · · · · · · · · · · · · ·						
	Grants or scholarships	-			 						
е	Other expenditures for facilities and										
_	programs		i 		<u> </u>		<u> </u>				
	Administrative expenses										
_	End of year balance				!						
	Provide the estimated percentage of the curr		line 1g, coil	umn (a)) nei	id as:						
	Board designated or quasi-endowment	%									
	Permanent endowment > %	%									
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shot	• •									
2.5	Are there endowment funds not in the posse		n that are h	old and ada	munictored fo	r the					
)a	organization by:	SSION OF the Organization	ni tilat ale i	iciu aliu aui	illilistered it	i tile			Г	Yes	No
	(i) unrelated organizations								3a(i)	163	110
	(ii) related organizations								3a(ii)		
h	If "Yes" to 3a(II), are the related organizations	s listed as required on .	Schedule R	2					3b	\dashv	
	Describe in Part XIII the intended uses of the			•					<u> </u>		
_	rt VI Land, Buildings, and Equ		HOTIK TOTICO								
~~.	Complete if the organization		to Form 9	990, Part	IV. line 1	1a. See l	orm 99	0. Part	t X. line 10.		
	Description of property	(a) Cost or other b		(b) Cost or of			ccumulated		(d) Book v	alue	
	•	(investment)		(othe	er)		preciation	}			
a	Land				· ····				···		
	Buildings										
	Leasehold improvements										
	Equipment				62,932		12,	057	5	0,8	75
	Other										
	Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X	, column (B)), line 10c)				•	5	0,8	75

65-1144775

Page 2

_	(a) Description of liability	(b) Book value
<u>1)</u>	Federal income taxes	
2)	PAYROLL LIABILITIES	175,193
<u>3)</u>		
1)		
<u>5)</u>		
<u>3)</u>		
<u>')</u>		
3)		
<u>))</u>		
ta	I. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	175,193

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the anization'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 3

<u>4a</u> 4b

Part XIII Supplemental Information.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Subtract line 2e from line 1

b Other (Describe in Part XIII)c Add lines 4a and 4b

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

42,690,079

42,690,079

3

4c

5

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

65-1144775

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE I (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.

▶ Attach to Form 990.

OMB No

Open to Public

• •

Department of the Treasury Internal Revenue Service	•	▶ Information about	Schodule	► Attach to Form 990. Schodule I (Form 990) and its instructions in at many instructions.	990.	9,000		Open to Public
	THE EARLY LEADNING	MOTHT TACO	DE LE	(i diii 330) alid iis ii	ISLI UCHOLIS IS AL WW	W.IIS.gov/rormssu.		Inspection
	FLORIDA 1	COMPLITION NC.	ď				<u></u>	Employer identification number ・ Aちー1144775
Part i General li	General Information on Grants and Assistance	Assistance						0115544
1 Does the organization r the selection criteria us 2 Describe in Part IV the	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	amount of the grar se? toring the use of gra	its or assistant funds in	ance, the grantees' elig the United States	ibility for the grants or	assistance, and		X Yes
Part II Grants ar	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	mestic Organi received more t	zations a han \$5,00	Ind Domestic Gov	vernments. Compute duplicated of additional designations of the second designation of the second	olete if the organional space is no	nization answe	red "Yes" to Form 990,
1 (a) Name and a	(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
(1) REDLANDS CHRISTIAN	TIAN					Onici		
IMMOKALEE	FL 34142			2,056,412				VPK
(2) CHILD CARE PAYMENTS	MENTS							
				36,095,849				
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ganizations listed in	the line 1 ta	able				•
3 Enter total number of ot	Enter total number of other organizations listed in the line 1 table	l table				,		•
POF Paperwork Reduction A	For Faperwork Keduction Act Notice, see the Instructions for Form 990. DAA	or Form 990.						Schedule I (Form 990) (2014)

E 65-1144775

Schedule I (Form 990) (2014) THE EARLY LEARNING COALITION OF

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV ဖ

SCHEDULE O (Form 990 or 990-EŽ) 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.

2014

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

THE EARLY LEARNING COALITION OF SOUTHWEST FLORIDA INC.

Employer Identification number 65–1144775

FORM 990 - ORGANIZATION'S MISSION

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO ENHANCE THE QUALITY OF CHILDREN'S LIVES BY PROVIDING FAMILIES, EARLY CHILDHOOD EDUCATORS, CARE-GIVERS AND COMMUNITY PARTNERS IN COLLIER, GLADES, HENDRY AND LEE COUNTIES, WITH OPPORTUNITIES TO POSITIVELY IMPACT THE FUTURE. THE EARLY LEARNING PROGRAMS HAVE HIGH QUALITY STANDARDS, COMPREHENSIVE SERVICES, SEAMLESS DELIVERY SYSTEMS WITH DIVERSE SETTINGS, AND WELL-EDUCATED, COMPETENT STAFF. THE DELIVERY SYSTEMS FOR SCHOOL READINESS PROGRAMS ARE COMPRISED OF CHILD CARE PROVIDERS AND OF SCHOOL-BASED SITES OPERATED BY PUBLIC AND NONPUBLIC SCHOOLS.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT PARTICIPATED IN THE VPK PROGRAM.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

- · OFFERING PROFESSIONAL DEVELOPMENT TO EARLY LEARNING/EARLY CARE

 PROFESSIONALS SO THAT THEY MAY ENGAGE IN CONTINUOUS QUALITY IMPROVEMENT

 INITIATIVES TO UPGRADE THEIR PROGRAMS.
- · ENROLLING CHILDREN IN CONTRACTED PROGRAMS THAT HAVE BEEN INSPECTED FOR HEALTH AND SAFETY ISSUES AND ASSESSED FOR THE QUALITY OF THEIR PROGRAMS.
- · SCREENING CHILDREN FOR HEARING AND VISION CONCERNS.
- SCREENING CHILDREN TO DETERMINE IF THEY ARE DEVELOPING TYPICALLY, AND PROVIDING SUPPORT FOR CHILDREN WHO SCORE BELOW THE TYPICALLY DEVELOPING

Name of the organization

THE EARLY LEARNING COALITION OF

Employer Identification number

65-1144775

RANGE.

- ASSESSING STUDENT LEARNING BY DOING PRE AND POST TESTS WITH CHILDREN TO DETERMINE ADVANCES IN THEIR SKILL AND KNOWLEDGE AS A RESULT OF PARTICIPATION IN THE SUBSIDIZED CHILD CARE PROGRAM KNOWN AS SCHOOL READINESS.
- SUPPORTING CHILDREN'S LITERACY DEVELOPMENT THROUGH THE LITERACY BUDDIES

 PROGRAM BY PAIRING CHILDREN IN CARE WITH COMMUNITY VOLUNTEERS WHO AGREED

 TO RECEIVE THREE LETTERS FROM THE CHILD REQUESTING A PARTICULAR BOOK OR A

 BOOK ABOUT A PARTICULAR SUBJECT.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS SENT TO MEMBERS OF THE FINANCE AND EXECUTIVE COMMITTEES FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

IF A CONFLICT ARISES, BOARD MEMBER SHALL DISCLOSE ORALLY THE NATURE OF THE

CONFLICT AND ABSTAIN FROM DISCUSSION AND VOTING ON THE MATTER AND COMPLETE

A CONFLICT OF INTEREST FORM.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
CEO POSITION IS BASED ON COMPARABLE CEO/EXECUTIVE DIRECTOR POSITION OF
OTHER EARLY LEARNING COALITIONS AND NOT-FOR-PROFIT ORGANIZATIONS IN THE
SERVICE AREA WITH SIMILAR DUTIES AND SIMILAR SIZE AND BUDGETS. ASSIGNED HR
STAFF WILL CONTACT THE ORGANIZATIONS FOR COMPARABILITY DATA AND/OR USE THE
INTERNET TO QUERY FOR INFORMATION. IN ADDITION, HR STAFF WILL GO TO
GUIDESTAR.COM TO REVIEW FORM 990 SUBMITTED BY OTHER EARLY LEARNING
COALITIONS AND NOT-FOR-PROFIT ORGANIZATIONS TO REVIEW COMPARABLE POSITION

THE EARLY LEARNING COALITION OF

Employer identification number 65-1144775

COMPENSATION. HR STAFF MAY PROCEED WITH A COMPENSATION SURVEY OR STUDY AND/OR REQUEST FOR AN INDEPENDENT CONSULTANT FOR ASSISTANCE. HR STAFF RECOMMENDS COMPENSATION TO THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

DIRECTOR/MANAGER POSITIONS ARE BASED ON COMPARABLE POSITIONS OF OTHER EARLY

LEARNING COALITIONS AND NOT-FOR-PROFIT ORGANIZATIONS IN THE SERVICE AREA

WITH SIMILAR DUTIES. ASSIGNED HR STAFF WILL CONTACT THE ORGANIZATIONS FOR

COMPARABILITY DATA AND/OR USE THE INTERNET TO QUERY FOR INFORMATION. IN

ADDITION, HR STAFF WILL OF TO GUIDESTAR.COM TO REVIEW FORM 990 SUBMITTED BY

THE EARLY LEARNING COALITIONS TO REVIEW COMPARABLE POSITION COMPENSATION.

HR STAFF RECOMMENDS COMPENSATION TO THE CEO.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATMENTS ARE ON THE ORGANIZATION'S WEBSITE. THESE DOCUMENTS ARE
ALSO AVAILABLE UPON REQUEST.