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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
THE EARLY LEARNING COALITION OF FLAGLER AND VOLUSIA COUNTIES INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
135 EXECUTIVE CIRCLE NO 100

City or town, state or province, country, and ZIP or foreign postal code
DAYTONA BEACH, FL 321148167

D Employer identification number
59-3646549

E Telephone number
(386) 323-2400

G Gross receipts $ 37,891,769

F Name and address of principal officer:
DJ LEBO
135 EXECUTIVE CIRCLE NO 100
DAYTONA BEACH, FL 321148167

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ HTTPS://WWW.ELCFV.ORG/

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2005

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO ENHANCE CHILDREN'S SCHOOL READINESS BY PROVIDING OPPORTUNITIES FOR QUALITY EARLY LEARNING WHILE STRENGTHENING FAMILY STABILITY FOR A HEALTHY COMMUNITY.

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)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	53
6	Total number of volunteers (estimate if necessary)	**6**	40
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	30,553,391	37,878,418
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,346	8,051
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	4,638
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,559,737	37,891,107
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	846,366	6,000,923
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,253,051	2,274,056
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	27,459,413	29,570,922
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	30,558,830	37,845,901
19	Revenue less expenses. Subtract line 18 from line 12	907	45,206

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,627,449	3,038,182
21	Total liabilities (Part X, line 26)	2,369,570	2,735,097
22	Net assets or fund balances. Subtract line 21 from line 20	257,879	303,085

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** 2022-05-16
Signature of officer Date

DJ LEBO CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2022-05-16		P00005496

Firm's name ▶ JAMES MOORE & COPL — Firm's EIN ▶ 59-3204548

Firm's address ▶ 121 EXECUTIVE CIRCLE
DAYTONA BEACH, FL 321141180 — Phone no. (386) 257-4100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

TO ENHANCE CHILDREN'S SCHOOL READINESS BY PROVIDING OPPORTUNITIES FOR QUALITY EARLY LEARNING WHILE STRENGTHENING FAMILY STABILITY FOR A HEALTHY COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

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. Section 501(c)(3) and 501(c)(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 $ 28,367,072 including grants of $ 5,938,906) (Revenue $)

See Additional Data

4b (Code:) (Expenses $ 7,977,472 including grants of $) (Revenue $)

See Additional Data

4c (Code:) (Expenses $ including grants of $) (Revenue $)

See Additional Data

(Code:) (Expenses $ 677,735 including grants of $ 62,017) (Revenue $)

ACCOMPLISHMENTS/MEASUREMENTS/STATISTICSCHILD SCREENING & ASSESSMENT PROGRAM: TO HELP IDENTIFY CHILDREN WHO MAY HAVE SPECIAL NEEDS AND HELPS PARENTS ADDRESS THESE NEEDS EARLY, GIVING CHILDREN THE BEST CHANCE OF SUCCESS IN SCHOOL AND LIFE.IN FISCAL YEAR 2020/2021, THE USER-FRIENDLY APPROACH AND ELCFV STAFF FACILITATING THE SCREENING PROCESS CONTRIBUTED TO SCREENING 4,668 CHILDREN AND A LOW CONSENT DENIAL RATE OF APPROXIMATELY 1.78%. NEW DATA TRACKING ALLOWED ELCFV TO IDENTIFY THE MAJORITY (91%) OF THE "PARENTAL DENIED CONSENT TO SCREEN" WAS DUE TO CHILDREN HAVING ALREADY BEEN IDENTIFIED AS HAVING UNIQUE NEEDS, WERE IN THE PROCESS OF, OR ALREADY RECEIVING SERVICES. OTHER PROGRAM SERVICES:PROVIDER TRAINING: 3,992 TOTAL HOURS TRAINED.CHILD CARE RESOURCE & REFERRAL PROGRAM: THE PROGRAM IS OFFERED TO EVERYONE, REGARDLESS OF INCOME, OFFERS UP-TO-DATE PROVIDER INFORMATION BASED ON INDIVIDUAL NEEDS AS WELL AS REFERRALS FOR FOOD, CLOTHING, SHELTER, TRANSPORTATION, EMPLOYMENT OPPORTUNITIES, TRAINING AND PROFESSIONAL DEVELOPMENT.

4d Other program services (Describe in Schedule O.)

(Expenses $ 677,735 including grants of $ 62,017) (Revenue $)

4e **Total program service expenses ▶** 37,022,279

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
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 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 transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	213		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	53		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
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 account)? . .			**4a**	No
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 (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
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?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
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?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶DJ LEBO 135 EXECUTIVE CIRCLE NO 100 DAYTONA BEACH, FL 321148167 (386) 323-2400

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN BIRNEY INTERIM CHAIR	1.00	X		X				0	0	0
(2) HEIDI RAND VICE CHAIR	1.00	X		X				0	0	0
(3) KRISTEN PERRY TREASURER	1.00	X		X				0	0	0
(4) PAUL SCHANDEL SECRETARY	1.00	X		X				0	0	0
(5) CATHERINE TWYMAN QUALITY COMMITTEE CHAIR	1.00	X		X				0	0	0
(6) PATRICIA BOSWELL BOARD MEMBER	1.00	X						0	0	0
(7) SHANE CARTER BOARD MEMBER	1.00	X						0	0	0
(8) CAROL COURT BOARD MEMBER	1.00	X						0	0	0
(9) ANDY DANCE BOARD MEMBER	1.00	X						0	0	0
(10) JOHN ENDARA BOARD MEMBER	1.00	X						0	0	0
(11) JENN HALE BOARD MEMBER	1.00	X						0	0	0
(12) BEVERLY JOHNSON BOARD MEMBER	1.00	X						0	0	0
(13) JANINE KILLMER BOARD MEMBER	1.00	X						0	0	0
(14) DONALD O'BRIEN BOARD MEMBER	1.00	X						0	0	0
(15) JENNIFER OVERLEY BOARD MEMBER	1.00	X						0	0	0
(16) PAT PATTERSON BOARD MEMBER	1.00	X						0	0	0
(17) PIROSKA PAZAUREK BOARD MEMBER	1.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NANCY RIZZO BOARD MEMBER	1.00	X						0	0	0
(19) JOEL ROSEN BOARD MEMBER	1.00	X						0	0	0
(20) ALEX SZINEGH BOARD MEMBER	1.00	X						0	0	0
(21) ROGER THAYER BOARD MEMBER	1.00	X						0	0	0
(22) SANDRA EMERY BOARD MEMBER	1.00	X						0	0	0
(23) DJ LEBO CHIEF EXECUTIVE OFFICER	40.00			X				101,767	0	10,684
(24) MELANIE BARCLAY DIRECTOR OF FINANCE	40.00			X				69,130	0	9,250
(25) HEATHER DIRENZO CHIEF OPERATING OFFICER	40.00			X				82,319	0	9,701
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								253,216	0	29,635

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SUNSHINE ACADEMY LLC 1230 PALM COAST PKWY NW PALM COAST, FL 32137	EDUCATIONAL DEVELOPMENT	414,752
KIDS CABANA LEARNING CENTER OF VOLUSIA C 999 THIRD STREET HOLLY HILL, FL 32117	EDUCATIONAL DEVELOPMENT	349,572
KIDS CABANA LEARNING CENTER OF VOLUSIA C 949 BEVILLE ROAD DAYTONA BEACH, FL 32119	EDUCATIONAL DEVELOPMENT	317,064
KRISTIN PELLICER DBA DONYELLES LITT, 400 N PALMETTO STREET BUNNELL, FL 32110	CONTRACTED CHILD CARE PROVIDER	310,226
LITTLE SCHOLARS ACADEMY INVESTMENTS LLC 505 S SPRING GARDEN AVENUE SUITE 1 DELAND, FL 32720	EDUCATIONAL DEVELOPMENT	301,237

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 32

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	9,885			
	b Membership dues	1b				
	c Fundraising events	1c	14,706			
	d Related organizations	1d				
	e Government grants (contributions)	1e	37,786,253			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	67,574			
	g Noncash contributions included in lines 1a - 1f:$	1g				
	h **Total.** Add lines 1a-1f		37,878,418			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,051			8,051
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	7a				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ 14,706 of contributions reported on line 1c). See Part IV, line 18	8a	5,300			
	b Less: direct expenses	8b	662			
	c Net income or (loss) from fundraising events		4,638			4,638
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d					
	12 **Total revenue.** See instructions		37,891,107	0	0	12,689

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,545,552	5,545,552		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	455,371	455,371		
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	273,309	98,236	175,073	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,560,350	1,212,129	348,221	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	29,280	22,746	6,534	
9 Other employee benefits	279,023	216,754	62,269	
10 Payroll taxes	132,094	102,615	29,479	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,200	11,263	3,937	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	129,363	95,857	33,506	
12 Advertising and promotion				
13 Office expenses	75,448	59,932	15,516	
14 Information technology	60,015	46,000	14,015	
15 Royalties				
16 Occupancy	338,050	261,323	76,727	
17 Travel	11,099	10,586	513	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,256		6,256	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,927	21,927		
23 Insurance	20,757	15,434	5,323	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CHILDCARE SERVICES	28,469,602	28,469,602		
b COMMUNITY OUTREACH	168,104	168,104		
c PROVIDER EDUCATION AND	144,477	143,005	1,472	
d EQUIPMENT LEASING	41,030	26,771	14,259	
e All other expenses	69,594	39,072	30,522	
25 **Total functional expenses.** Add lines 1 through 24e	37,845,901	37,022,279	823,622	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	827,423	1	1,396,383
	2	Savings and temporary cash investments	586,273	2	661,952
	3	Pledges and grants receivable, net	775,093	3	0
	4	Accounts receivable, net	319,227	4	823,248
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	68,771	9	35,393
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 360,789			
	b	Less: accumulated depreciation — 10b: 240,133	50,112	10c	120,656
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	550	15	550
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	2,627,449	16	3,038,182
Liabilities	17	Accounts payable and accrued expenses	2,352,649	17	2,645,872
	18	Grants payable		18	
	19	Deferred revenue	16,921	19	89,225
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	2,369,570	26	2,735,097
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	163,835	27	202,747
	28	Net assets with donor restrictions	94,044	28	100,338
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	257,879	32	303,085
	33	Total liabilities and net assets/fund balances	2,627,449	33	3,038,182

Part XI Reconcilliation 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	37,891,107
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,845,901
3	Revenue less expenses. Subtract line 2 from line 1	3	45,206
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	257,879
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	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	303,085

Part 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 ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 59-3646549

Name: THE EARLY LEARNING COALITION OF FLAGLER AND VOLUSIA COUNTIES INC

Form 990, Part III, Line 4a:

SCHOOL READINESS PROGRAMPROGRAM OBJECTIVE: TO PREPARE CHILDREN TO SUCCEED WHEN THEY ENTER SCHOOL; TO ASSIST EARLY LEARNING PROVIDERS IN OFFERING THE HIGHEST QUALITY PROGRAMS POSSIBLE; TO HELP PARENTS UNDERSTAND THEIR ROLE AS THEIR CHILD'S FIRST TEACHERS AND INVOLVE THEM IN THEIR CHILD'S EARLY EDUCATION.SCHOOL READINESS EARLY LEARNING/CARE IS DELIVERED THROUGH A COMPREHENSIVE NETWORK OF 163 CONTRACTED LEGAL SCHOOL READINESS PROVIDERS IN FLAGLER AND VOLUSIA COUNTIES. TO ENSURE PARENTAL CHOICE, PARENTS MAY CHOOSE CARE FROM CONTRACTED SCHOOL READINESS EARLY LEARNING PROVIDERS INCLUDING: LICENSED CENTERS AND FAMILY CHILD CARE HOMES, REGISTERED FAMILY CHILD CARE HOMES, SCHOOL-BASED PROGRAMS, LICENSE-EXEMPT PROGRAMS, AND INFORMAL CHILD CARE THROUGHOUT FLAGLER AND VOLUSIA COUNTIES.SCHOOL READINESS PROGRAMS ARE BROKEN DOWN INTO THREE AREAS: SERVICES FOR CHILDREN, SERVICES FOR FAMILIES, AND SERVICES FOR EARLY LEARNING PROVIDERS.6,948 CHILDREN AGES BIRTH TO NINE YEARS OLD WERE FUNDED FOR CHILD CARE SERVICES. THESE CHILDREN ARE FROM ECONOMICALLY DISADVANTAGES FAMILIES OR AT RISK OF ABUSE OR NEGLECT.

Form 990, Part III, Line 4b:

VOLUNTARY PRE-KINDERGARTEN (VPK) PROGRAM OBJECTIVE: TO PREPARE CHILDREN TO BE READY TO LEARN UPON ENTERING KINDERGARTEN.PROGRAM INFORMATION: VPK IS AVAILABLE TO ALL FLORIDA 4-YEAR-OLDS SINCE THE PASSAGE OF VPK LEGISLATION IN 2005. THE ELCFV IS THE SOLE ADMINISTRATOR OF THE PROGRAM IN FLAGLER AND VOLUSIA COUNTIES. SERVICES INCLUDE VPK PROVIDER RECRUITMENT, PROVIDER TRAINING, CHILD REGISTRATION, AND PROGRAM ASSESSMENT. THE OBJECTIVE OF THIS PROGRAM IS TO PREPARE CHILDREN TO SUCCEED IN SCHOOL.PROGRAM STATISTICS: THE VPK PROGRAM WAS OFFERED THROUGH A NETWORK OF 194 CONTRACTED LEGAL VOLUNTARY PRE-KINDERGARTEN PROVIDERS IN FLAGLER AND VOLUSIA COUNTIES. 3,840 FOUR-YEAR OLDS WERE FUNDED FOR FREE PRE-KINDERGARTEN.

Form 990, Part III, Line 4c:

VOLUNTARY PRE-KINDERGARTEN (VPK) OUTREACH- PROGRAM OBJECTIVE: TO INFORM PARENTS OF THE AVAILABILITY OF THE VPK PROGRAM TO ALL FLORIDA 4-YEAR-OLDS; TO ASSIST VPK PROVIDERS IN MARKETING THEIR VPK PROGRAMS TO PARENTS OF 4-YEAR-OLDS.PROGRAM INFORMATION: COMMUNITY OUTREACH IS REQUIRED TO INFORM PARENTS THE PROGRAM IS AVAILABLE AT NO COST TO ALL FLORIDA 4-YEAR-OLDS. THE 2020/2021 FISCAL YEAR VPK OUTREACH INCLUDED: SERVICE ANNOUNCEMENTS, NEWSPAPER ADVERTISEMENTS, RADIO COMMERCIALS, POSTERS, BROCHURES, FACEBOOK PROMOTIONS AND PROMOTION ON ELCFV WEBSITE.

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
THE EARLY LEARNING COALITION OF FLAGLER AND VOLUSIA COUNTIES INC

Employer identification number
59-3646549

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	25,139,913	24,854,087	26,393,336	30,553,391	37,878,418	144,819,145
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	25,139,913	24,854,087	26,393,336	30,553,391	37,878,418	144,819,145
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.						144,819,145

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .	25,139,913	24,854,087	26,393,336	30,553,391	37,878,418	144,819,145
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	1,460	5,936	5,734	6,346	8,051	27,527
9 Net income from unrelated business activities, whether or not the business is regularly carried on . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						144,846,672

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	99.980 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	99.980 %

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this 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 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c 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.*	3b		
c	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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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		
c	**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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	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 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) 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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV **Supporting Organizations** (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the 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**		
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**		

Section 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**		

Section 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 line 2 above, 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 supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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**		
b	Did the activities described in line 2a 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 lines 3a and 3b 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? *If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
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.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in* ***Part VI****)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in* ***Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035	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 Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
THE EARLY LEARNING COALITION OF FLAGLER AND VOLUSIA COUNTIES INC

Employer identification number
59-3646549

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 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? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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 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 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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.

b If the organization elected, as permitted under FASB 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) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ .....
- b Permanent endowment ▶ .....
- c Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations . . . . . 3a(i)		
(ii) Related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		70,202	70,202	0
d Equipment		207,407	160,215	47,192
e Other		83,180	9,716	73,464
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				120,656

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	37,885,513
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	662		
e	Add lines **2a** through **2d**			2e	662
3	Subtract line **2e** from line **1**			3	37,884,851
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,256		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	6,256
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	37,891,107

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	37,840,307
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	662		
e	Add lines **2a** through **2d**			2e	662
3	Subtract line **2e** from line **1**			3	37,839,645
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	4a	6,256		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	6,256
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	37,845,901

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-3646549

Name: THE EARLY LEARNING COALITION OF FLAGLER AND VOLUSIA COUNTIES INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE COALITION IS GENERALLY EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE COALITION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. THE COALITION'S INCOME TAX RETURNS FOR THE PAST THREE YEARS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES AND MAY CHANGE UPON EXAMINATION.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	DIRECT FUNDRAISING EXPENSES 662.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	DIRECT FUNDRAISING EXPENSES 662.

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
THE EARLY LEARNING COALITION OF FLAGLER AND VOLUSIA COUNTIES INC

Employer identification number
59-3646549

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

Revenue / Direct Expenses		(a) Event #1 DUCK RACE (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	20,006			20,006
	2 Less: Contributions	14,706			14,706
	3 Gross income (line 1 minus line 2)	5,300			5,300
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	662			662
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				662
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				4,638

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

Revenue / Direct Expenses		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information:

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
THE EARLY LEARNING COALITION OF FLAGLER AND VOLUSIA COUNTIES INC

Employer identification number
59-3646549

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 2

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 161

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) CARES EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS	34		170,871		
(2) CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS	30		190,500		
(3) CARES BONUS FOR PROVIDING CHILD CARE FOR ESSENTIAL WORKERS	17		94,000		
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	ELCFV STAFF CONFIRMED THAT THE TRAINING WAS SUCCESSFULLY COMPLETED PRIOR TO ISSUANCE OF STIPEND OR MINI GRANT PAYMENTS TO TEACHERS.

Additional Data

Software ID:
Software Version:
EIN: 59-3646549
Name: THE EARLY LEARNING COALITION OF FLAGLER AND VOLUSIA COUNTIES INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
1890 NSB INC 4530 S RIDGEWOOD AVE PORT ORANGE, FL 32127	83-1255663		43,100				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
A BEAUTIFUL DAY DAYCARE AND PRESCHOOL LLC 220 CASSADAGA RD LAKE HELEN, FL 32744	46-4600828		21,450				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
A SURE FOUNDATION LLC 337 OLD DAYTONA ROAD DELAND, FL 32724	26-0584029		33,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
ALL LEADERS PRE-SCHOOL CORP 2700 ENTERPRISE ROAD ORANGE CITY, FL 32763	46-4130249		47,750				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLGOOD LEARNING 3 INC 712 REED CANAL RD SOUTH DAYTONA, FL 32119	84-4030308		14,240				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
ALLGOOD LEARNING LLC 712 REED CANAL RD SOUTH DAYTONA, FL 32119	84-4030308		35,400				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANDREA ANGELS HOMECARE LLC 4661 HIDDEN LAKES DR PORT ORANGE, FL 32129	82-5125903		15,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
ASC EDUCATIONAL RESOURCES & CONSULTANT LLC 53 N OLD KINGS RD ORMOND BEACH, FL 32174	45-4920620		44,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ATLANTIS MONTESSORI ACADEMY INC 4390 GRAND AVE DELEON SPRINGS, FL 32130	84-2168667		10,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
AWAKENING POTENTIAL LLC 520 HERMITS TRAIL ALTAMONTE SPRINGS, FL 32701	84-2421523		31,400				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BEAUTIFUL BEGINNINGS CHILD CARE CENTER INC 348 S KEECH ST DAYTONA BEACH, FL 32114	46-2717411		28,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
BETHEL CHRISTIAN PRESCHOOL OF NEW SMYRNA BEACH INC 312 N DUSS ST NEW SMYRNA BEACH, FL 32168	82-3180524		20,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS & GIRLS CLUBS OF VOLUSIAFLAGLER COUNTIES INC 101 N WOODLAND BLVD 400 DELAND, FL 32720	59-3158162		120,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
BRIGHT BEGINNINGS OF DELTONA LLC 2955 ENTERPRISE RD SUITE 112 DEBARY, FL 32712	46-4714870		22,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALAVARY ASSEMBLY OF GOD OF ORMOND BEACH FL INC 1687 W GRANADA BLVD ORMOND BEACH, FL 32174	59-1647066		46,350				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
CASANDRA SPRAGUE DBA PLATOS GLAYGROUND 1120 N VOLUSIA AVE ORANGE CITY, FL 32763	82-5494310		22,450				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHABAD LUBAVITCH OF GREATER DAYTONA INC 1079 W GRANADA BLVD ORMOND BEACH, FL 32174	59-3198513		10,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
CHILDRENS COUNTRY CLUB OF DAYTONA BEACH INC 515 NORTH RIDGEWOOD AVE DAYTONA BEACH, FL 32114	56-2418218		31,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHOCHEE LLC 118 OSPREY HAMMOCK TRAIL SANFORD, FL 32771	45-2810661		37,350				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
CHRIST THE KING LUTHERAN SCHOOL LLC 5625 N US HWY 1 PALM COAST, FL 32164	47-2162787		31,480				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMONWEALTH MINISTRIES INC 5231 SOUTH NOVA ROAD PORT ORANGE, FL 32127	59-3609730	501(C)(3)	32,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
COMMUNITY UNITED METHODIST CHURCH OF DEBARY INC 41 W HIGHBANKS RD DEBARRY, FL 32713	59-1116505		17,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CORNERSTONE CHRISTIAN CHURCH OF DELTONA FLORIDA INC 2813 HOWLAND BLVD DELTONA, FL 32725	59-3011928		20,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
CORONADO COMMUNITY UNITED METHODIST CHURCH 201 S PENINSULA AVE NEW SMYRNA BEACH, FL 32169	59-1168971		36,400				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CREATIVE ACADEMY OF THE PERFORMING ARTS 1410 EAST MOODY BLVD BUNNELL, FL 32110	84-2530405		18,240				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
CREATIVE ARTS EARLY LEARNING ACADEMY INC 510 S LAKEVIEW DRIVE LAKE HELEN, FL 32744	47-2478024		36,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CREATIVE KIDS DAYCARE INC 1011 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114	82-4164380		10,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
CREATIVE KIDZ LEARNING CENTER LLC 322 PIERCE AVE DAYTONA BEACH, FL 32114	47-4193156		19,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CROSS CREEK COMMUNITY CHURCH INC 424 LUNA BELLA LANE STE 133 NEW SMYRNA BEACH, FL 32168	81-1834425		12,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
DEBARY SONSHINE ACADEMY INC 76 W HIGHBANKS RD DEBARRY, FL 32713	59-3499558		18,240				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DELAND CHURCH OF GOD INC 401 EAST TAYLOR RD DELAND, FL 32724	59-2401899		20,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
DELAND MONTESSORI SCHOOL INC 509 E PENNSYLVANIA AVE DELAND, FL 32724	82-4003904		15,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DISCOVERY DAYS INSTITUTE OF LEARNING INC 227 N RIDGEWOOD AVENUE EDGEWATER, FL 32132	59-3158940		15,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
DTA ACADEMY INC 1649 PROVIDENCE BLVD DELTONA, FL 32725	20-2990154		35,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EARLY LEARNING ASSOCIATES INC 5822 NOB HILL BLVD PORT ORANGE, FL 32127	45-2685385		64,300				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
EASTER SEAL SOCIETY OF VOLUSIA AND FLAGLER COUNTIES INC PO BOX 9117 DAYTONA BEACH, FL 32120	59-0722785		39,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EASTERSEALS NORTHEAST CENTRAL FLORIDA INC 1219 DUNN AVENUE DAYTONA BEACH, FL 32114	59-0722785	501(C)(3)	61,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
ELEANOR COLBERT LLC 455 S JULIA AVE DELAND, FL 32720	47-2619050		16,075				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EMMAUS LUTHERAN PRESCHOOL INC 2500 SOUTH VOLUSIA AVE ORANGE CITY, FL 32763	20-8659321		27,900				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
FAITH BAPTIST CHURCH 1200 PROVIDENCE BLVD DELTONA, FL 32725	59-1416972		15,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FAMILY HAPPENS HERE TOO INC 1859 PROVIDENCE BLVD DELTONA, FL 32725	46-4856230		33,900				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
FAMILY HAPPENS INC 1382 HOWLAND BLVD DELTONA, FL 32738	45-3203056		34,900				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FIRST BAPTIST CHURCH OF PALM COAST CHRISTIAN SCHOOL INC 6052 PALM COAST PARKWAY PALM COAST, FL 32137	26-0490300		29,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
FIRST PRESBYTERIAN CHURCH OF DEBARY INC 267 E HIGHBANKS RD DEBARRY, FL 32713	59-6046987		14,490				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST PRESBYTERIAN CHURCH OF DELAND FLORIDA INC 724 N WOODLAND BLVD DELAND, FL 32720	59-0838091		36,720				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
FIRST UNITED METHODIST CHURCH OF DELAND FL INC 115 E HOWRY AVENUE DELAND, FL 32724	59-1222318		15,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST UNITED METHODIST CHURCH OF PORT ORANGE INC 405 DUNLAWTON AVE PORT ORANGE, FL 32127	59-0974343		31,900				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
FLAGLER BEACH MONTESSORI SCHOOL 624 S 23RD ST FLAGLER BEACH, FL 32136	26-2852535		10,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FLAGLER COUNTY PUBLIC SCHOOLS 5400 EAST HWY 100 PALM COAST, FL 32164	59-6000060		6,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
FLAGLER COUNTY SCHOOL BOARD 5400 EAST HIGHWAY 100 PALM COAST, FL 32164	59-6000609		160,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FLORIDA UNITED METHODIST CHILDRENS HOME 51 CHILDRENS WAY ENTERPRISE, FL 32725	59-0638479		31,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
FRIENDSHIP ACADEMY INC 404 N CHARLES ST DAYTONA BEACH, FL 32114	59-3504271		16,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GENERATION 2 GENERATION LLC 231 HERNANDEZ AVE ORMOND BEACH, FL 32174	47-1201921		46,350				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
GODS FAMILY BIBLE CHURCH INC 256 OLD BRICK ROAD BUNNELL, FL 32110	20-0485001		31,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GOOD SHEPARD EVENGELICAL LUTHERAN CHURCH 750 HOWLAND BLVD DELTONA, FL 32738	59-2641784		40,850				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
GRACE CHAPEL INC 407 E KENTUCKY AVENUE DELAND, FL 32724	59-2882440		29,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

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GRACE EVANGELICAL LUTHERAN CHURCH 338 OCEAN SHORE BLVD ORMOND BEACH, FL 32176	59-1115622		24,980				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
HAPPY STARS ACADEMY LLC 1400 E MOODY BLVD BUNNELL, FL 32110	28-3322827		16,850				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HLC&T INC 950 N WILLIAMSON BLVD DAYTONA BEACH, FL 32114	26-2342883		45,850				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
HT & LT INC 4010 NOVA RD PORT ORANGE, FL 32127	59-3311021		37,400				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HUEHG CORP 650 NE HOLLADAY STREET SUITE 1400 PORTLAND, OR 97232	47-4478313		65,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
IEDUCATE INC 191 ENDICOTT WAY DELAND, FL 32724	45-3095800		27,900				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

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IMAGINATION STATION INC 510 DUNLAWTON AVENUE PORT ORANGE, FL 32127	59-2448866		20,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
IMAGINATION STATION TOO INC 528 N PENINSULA DRIVE DAYTONA BEACH, FL 32118	59-3425256		31,900				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

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INTERNATIONAL MIRACLE CENTER CHURCH INC 910 BEVILLE RD DAYTONA BEACH, FL 32114	59-3706233		46,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
JAURA INC 404 N ORANGE AVE DELAND, FL 32720	82-4330863		33,750				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JETS DAYCARE INC 1202 EAST LAMBERT ST BUNNELL, FL 32110	26-3399255		45,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
JOURDAN ACADEMY LLC 499 SOUTH NOVA RD ORMOND BEACH, FL 32174	82-3545874		23,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JUNIORVERSITY LEARNING ACADEMY LLC PO BOX 5098 DELTONA, FL 32728	83-1633793		22,750				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
KBEARS HOME CHILD CARE LLC 1859 MANGO TREE DRIVE EDGEWATER, FL 32141	03-0408744		7,750				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

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KCUSA PALM COAST INC 160 BUSINESS CENTER DRIVE ORMOND BEACH, FL 32174	84-4028570		25,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
KEIKIS PLACE INC 2290 FLORIDA DR DELTONA, FL 32738	02-0616702		27,900				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

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KID CITY USA EDGEWATER INC 2311 S RIDGEWOOD EDGEWATER, FL 32141	47-4036567		35,400				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
KID CITY USA SOUTH DAYTONA INC 712 REED CANAL RD SOUTH DAYTONA, FL 32119	84-4030308		10,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

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KIDS CABANA LEARNING CENTER OF VOLUSIA COUNTY LLC 949 BEVILLE RD DAYTONA BEACH, FL 32119	81-3128210		62,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
KIDS JUST WANT TO BE KIDS LLC 152 RIDGEWOOD AVENUE HOLLY HILL, FL 32117	47-5231106		14,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

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KIDS KAMPUS INC PO BOX 372 PIERSON, FL 32180	59-2776685		26,950				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
KIDS KORNER DEVELOPMENT CENTER INC 1400 N CLARA AVENUE DELAND, FL 32720	59-3446051		21,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

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KIDS LIFE LLC 346 N VOLUSIA AVENUE ORANGE CITY, FL 32763	90-0837713		65,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
KIDZ CONNECTION LEARNING CENTER INC 1785 ELKCAM BLVD DELTONA, FL 32725	36-4640284		38,400				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

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KINDER-LAND ACADEMY INC 632 HERBERT STREET PORT ORANGE, FL 32129	26-3292050		20,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
KNIGHTS CHRISTIAN ACADEMY INC 310 DOUGLAS STREET 2ND FL NEW SMYRNA BEACH, FL 32168	46-2713835		10,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

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LA PETITE ACADEMY INC 650 TAYLOR ROAD PORT ORANGE, FL 32127	43-1243221		110,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
LC AND MM ADVENTURES INC 2 OAK VILLAGE DR ORMOND BEACH, FL 32174	83-2504423		27,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

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LEAPS AND BOUNDS LLC PO BOX 2258 WINDERMERE, FL 34786	01-0825576		20,950				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
LEARN N GROW LLC 2219 S WOODLAND BLVD DELAND, FL 32720	47-3201022		29,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

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LEARNING BRIDGE ACADEMY INVESTMENTS INC 1396 ENTERPRISE OSTEEN RD ENTERPRISE, FL 32725	84-5138541		22,750				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
LEARNING BRIDGE ACADEMY LLC 1396 ENTERPRISE OSTEEN RD ENTERPRISE, FL 32725	20-4694307		20,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

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LIL ANGELS CHILDCARE LLC 1087 MASON AVE DAYTONA BEACH, FL 32117	33-1170214		22,750				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
LITTLE EXPLORERS MONTESSORI INC 410 NRIDGEWOOD AVENUE EDGEWATER, FL 32132	59-3337063		21,750				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

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LITTLE FEET ACADEMY OF ORMOND BEACH INC 250 - A NORTH HIGHWAY US 1 ORMOND BEACH, FL 32174	27-2490218		34,400				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
LITTLE HANDS BIG HEARTS LLC 1260 DELTONA BLVD DELTONA, FL 32725	84-5008358		13,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

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LITTLE HEARTS CHILDCARE INC 1637 E NEW YORK AVE DELAND, FL 32724	47-4624029		35,400				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
LITTLE PANDAS CHILD DEVELOPMENT CENTER LLC PO BOX 591 SEVILLE, FL 32190	82-2596335		26,950				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

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LITTLE SCHOLARS ACADEMY INVESTMENTS LLC 505 S SPRING GARDEN AVE STE 102 DELAND, FL 32720	46-5213307		40,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
LIVING FAITH ACADEMY 950 DERBYSHIRE ROAD DAYTONA BEACH, FL 32117	80-0484004		47,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

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LOS PENTECOSTALES DE DELTONA INC 2000 HOWLAND BLVD DELTONA, FL 32738	59-2957316		18,450				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
LOVELY DAYCARE & LEARNING CENTER INC 1009 ALTA DRIVE HOLLY HILL, FL 32117	59-3597628		7,075				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOVING ARMS LEARNING CENTER LLC 825 BIG TREE RD SOUTH DAYTONA, FL 32119	47-5551349		21,750				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
LUZIA ELIZABETE TIX AMADO SILVEIRA 46 RYECLIFFE DRIVE PALM COAST, FL 32164	01-1644503		5,225				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
M & K ENTERPRISES OF VOLUSIA COUNTY INC 217 N STONE ST DELAND, FL 32720	20-0660943		18,240				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
MG ENTERPRISES OF FLORIDA 825 S SPRING GARDEN AVE DELAND, FL 32720	81-5464533		34,900				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MT CALVARY ACADEMY 700 BELLEVUE AVE DAYTONA BEACH, FL 32114	59-2951361		34,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
MY SCHOOL PRESCHOOL INC PO BOX 1126 NEW SMYRNA BEACH, FL 32170	06-1666026		9,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW HOPE BAPTIST CHURCH 2855 LAKE HELEN-OSTEEN RD DELTONA, FL 32738	59-3295588		26,900				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
NEW HORIZON'S YOUTH ACADEMY INC 2820 DOYLE ROAD - UNIT 8/9 DELTONA, FL 32738	84-5194194		12,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW LEAF MONTESSORI LLC 215 SOUTH LAKEVIEW DRIVE LAKE HELEN, FL 32744	82-2218877		10,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
NEXT GENERATION ACADEMY LLC 601 8TH ST HOLLY HILL, FL 32117	47-2491886		28,740				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NOEL FAMILY CHILDCARE EDUCATIONAL PLACE 2214 VICTORY PALM DRIVE EDGEWATER, FL 32141	55-0917998		14,575				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
OUR LADY OF THE LAKES CATHOLIC CHURCH 1310 MAXIMILLIAN STREET DELTONA, FL 32725	59-1312328		32,400				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OUR SAVIORS EV LUTHERAN CHURCH INC 1715 TAYLOR RD PORT ORANGE, FL 32128	59-2489168		42,750				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
P&R LITTLE ANGELS ACADEMY INC 1100 E MOODY BLVD BUNNELL, FL 32110	47-1084860		18,450				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PAGE CORPORATION OF CENTRAL FLORIDA PO BOX 5428 DELTONA, FL 32728	20-1246704		12,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
PALM COAST COMMUNITY SCHOOL INC 1 PINE LAKES PKWY N PALM COAST, FL 32137	83-3720039		46,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PALM COAST UNITED METHODIST CHURCH INC 5200 BELLE TERRE PARKWAY PALM COAST, FL 32137	59-2953251		45,350				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
PINE RIDGE FELLOWSHIP UNITED METHODIST CHURCH INC 935 HOWLAND BLVD DELTONA, FL 32738	59-3662768		12,900				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PORT ORANGE CHURCH OF THE NAZARENE INC 840 TAYLOR RD PORT ORANGE, FL 32127	59-6543227		29,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
PORT ORANGE PRESBYTERIAN INC 4662 SOUTH CLYDE MORRIS BLVD PORT ORANGE, FL 32129	59-2233064		16,240				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PRECIOUS ANGELS LEARNING CENTER INC 1003 E MOODY BLVD STE AB BUNNELL, FL 32110	46-0946220		24,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
PRECIOUS LITTLE MOMENTS LLC 209 SOUTH SPRING GARDEN AVE STE A DELAND, FL 32720	46-2625169		18,450				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PUERTA DEL CIELO ASSEMBLY OF GOD INC 2790 ENTERPRISE ROAD ORANGE CITY, FL 32763	90-0286143		16,700				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
PURE IN HEART CHRISTIAN ACADEMY & PERFORMING ARTS CENTER 121 SOUTH PALMETTO AVENUE DAYTONA BEACH, FL 32114	81-5385173		29,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RICH BEE INC 362 HAND AVENUE ORMOND BEACH, FL 32174	47-1999141		29,400				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
RIVIERA PRESCHOOL LLC 302 N CAUSEWAY NEW SMYRNA BEACH, FL 32169	47-4377596		17,750				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RONALD WHEAT DBA KID CITY USA DELAND 2 INC 238 S AMELIA AVE DELAND, FL 32724	82-3230839		22,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
STEAM STATION CORP 1248 TURNBULL BAY RD NEW SMYRNA BEACH, FL 32168	85-1330244		12,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SALTY MINISTRIES INC 200 E GRANADA BLVD STE 206 ORMOND BEACH, FL 32176	20-4735568		27,480				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
SANDCASTLE LEARNING CENTER INC 4590 CLYDE MORRIS BLVD PORT ORANGE, FL 32129	59-2914923		42,850				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SANTUARIO LAS ESCRITURAS INC 1233 BRAMLEY LN DELAND, FL 32720	77-0699631		24,750				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
SHERI A JACKSON DBA JACKSON LARGE FAMILY CHILDCARE HOME 675 S BOUNDARY AVE DELAND, FL 32720	47-3999100		8,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SMART START ACADEMY INVESTMENTS LLC 1883 SOUTH VOLUSIA AVE ORANGE CITY, FL 32763	45-4886948		40,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
SOUTH DAYTONA CHRISTIAN SCHOOL INC 2121 KENILWORTH AVENUE SOUTH DAYTONA, FL 32119	59-1352906		16,490				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST MARK BY THE SEA EVAGELICAL LUTHERAN CHURCH INC 303 PALM COAST PARKWAY NE PALM COAST, FL 32137	59-6545995		30,400				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
ST ELIZABETH ANN SETON CATHOLIC SCHOOL 4600 BELLE TERRE PKWY STE B PALM COAST, FL 32164	59-1839035		6,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST PAUL CATHOLIC SCHOOL 317 MULLALLY STREET DAYTONA BEACH, FL 32114	59-3143652		6,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
ST PAULS EPISCOPAL CHURCH INC 1650 LIVE OAK STREET NEW SMYRNA BEACH, FL 32168	59-0898882		17,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST PETER CATHOLIC SCHOOL 421 W NEW YORK AVE DELAND, FL 32720	59-0875771		12,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
SUNSHINE ACADEMY LLC 1230 PALM COAST PKWY NW PALM COAST, FL 32137	61-1532307		48,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SUNSHINE ACADEMY INVESTMENTS LLC 1696 PROVIDENCE RD DELTONA, FL 32725	46-5686024		42,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
SUNSHINE ACADEMY OF FLAGLER INC 170 OLD KINGS ROAD SOUTH FLAGLER BEACH, FL 32136	59-3613981		47,750				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SUNSHINE HOUSE DAYCARE CENTERS INC 109 E PARK AVE EDGEWATER, FL 32132	59-2880345		20,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
TOP CHRISTIAN LIFE CENTER INC 330 S THOMPSON ST DELAND, FL 32720	46-4918653		11,625				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

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TEMPLE BETH - EL 579 N NOVA RD ORMOND BEACH, FL 32174	59-6192854		19,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
THE CHILDREN'S HOUSE OF ORMOND BEACH INC 55 N WASHINGTON ST ORMOND BEACH, FL 32174	59-3414414		15,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE CHILDRENS WORKSHOP INC 506 LINCOLN AVENUE ORMOND BEACH, FL 32174	20-5850326		27,480				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
THE CHILES ACADEMY INC 868 GEORGE W ENGRAM BLVD DAYTONA BEACH, FL 32114	32-0015498		34,100				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE HOUSE NEXT DOOR INC 804 NORTH WOODLAND BOULEVARD DELAND, FL 32720	59-1675284		33,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
THE LAUNDRY DEPOT CORPORATION 148 SWEET BAY AVENUE NEW SMYRNA BEACH, FL 32168	59-2635950		18,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE LEARNING TREE LLC 2111 SOUTH RIDGEWOOD AVE - UNIT 11 12 EDGEWATER, FL 32141	38-4131866		10,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
THE LIVING CORNERSTONE INC 1835 TAYLOR RD PORT ORANGE, FL 32129	59-3039465		19,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE MAINS & JOHNSON CORPORATION 465 S VOLUSIA AVE ORANGE CITY, FL 32763	26-1992167		18,450				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
TIMMECKOS PLACE OF LEARNING INC 872 HOLLYWOOD ST DAYTONA BEACH, FL 32117	26-3714176		15,250				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TO BEE OR NOT TO BEE INC 483 N LAKEVIEW DRIVE LAKE HELEN, FL 32744	83-2307348		19,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
TREEHOUSE LEARNING CENTER LLC 1421 JACKSON AVE DAYTONA BEACH, FL 32117	82-1599262		24,750				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRINITY CHRISTIAN ACADEMY OF DELTONA INC 875 ELKCAM BLVD DELTONA, FL 32725	59-1617945		17,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
TRINITY HILL ENTERPRISES INCORPORATED 228 MASON AVE HOLLY HILL, FL 32117	26-4520310		31,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TWINKLE TOES ELC INC 399 N ORANGE AVE ORANGE CITY, FL 32763	59-3738036		40,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
TWO BY TWO PRESCHOOL OF ORMOND BEACH LLC 1035 W GRANADA BLVD ORMOND BEACH, FL 32174	83-0881633		22,950				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VOLUSIA COUNTY SCHOOLS 200 NORTH CLARA AVE DELAND, FL 32720	59-6000884		745,830				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
VOLUSIAFLAGLER FAMILY YOUNG MENS CHRISTIAN ASSOC INC 148 W TURGOT AVE EDGEWATER, FL 32132	59-3284968		58,500				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WEE KARE EARLY LEARNING CENTER 371 MAIN ST ENTERPRISE, FL 32725	82-3236454		37,000				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS
WHITE CHAPEL CHURCH OF GOD INC 1730 S RIDGEWOOD AVE SOUTH DAYTONA, FL 32119	59-1288721		46,850				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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YOUNG MINDS LEARNING ACADEMY INC 353 S HALIFAX DR ORMOND BEACH, FL 32176	90-0701064		18,700				CARES & CRRSA EMERGENCY FUNDING FOR EARLY LEARNING/CHILD CARE PROVIDERS

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
THE EARLY LEARNING COALITION OF FLAGLER AND VOLUSIA COUNTIES INC

Employer identification number
59-3646549

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	UNDER ARTICLE V OF THE ORGANIZATION'S ARTICLES OF INCORPORATION, THE MEMBERS OF THE CORPOR ATION'S BOARD VOTE NEW MEMBERS ONTO THE BOARD. COUNTY COMMISSIONERS, SCHOOL DISTRICTS, HEA LTH DEPARTMENTS AND THE GOVERNOR ALSO APPOINT BOARD MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE COMMITTEE REVIEWS THE 990. AFTER THE FINANCE COMMITTEE'S REVIEW IS COMPLETED A COPY OF THE FORM 990 IS PROVIDED TO THE FULL BOARD OF DIRECTORS PRIOR TO BEING FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO ANNUALLY SIGN A NEW CONFLICT OF INTEREST AND DISCLOSURE STATEMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	CHIEF EXECUTIVE OFFICER COMPENSATION - THIS WAS DETERMINED BY A COMPARATIVE ANALYSIS OF CE O/ED'S IN THE COUNTY AS WELL AS ACROSS THE STATE AMONG OTHER ED'S OF ELC'S. IN ADDITION, T HE EDUCATION AND EXPERIENCE WAS TAKEN UNDER CONSIDERATION. THE EXECUTIVE COMMITTEE, ACTING AS THE PERSONNEL COMMITTEE, MAKES A RECOMMENDATION TO THE FULL BOARD OF DIRECTORS. THIS P ROCESS WAS DOCUMENTED BY THE HUMAN RESOURCES DEPARTMENT. OTHER OFFICERS & KEY EMPLOYEES- A COMPENSATION SALARY SCALE WAS PREPARED BASED ON COMPARATIVE DATA STATE-WIDE AND WITHIN TH E COUNTY FOR LIKE POSITIONS, AS WELL AS EDUCATION AND EXPERIENCE FOR ENTRY LEVEL TO DIRECT OR LEVEL POSITIONS. MANAGEMENT MAKES THE FINAL DECISION. THIS PROCESS IS DOCUMENTED BY THE HUMAN RESOURCES DEPARTMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART XII, LINE 2A	THE PROCESS FOR THE SELECTION AND SUPERVISION OF THE ORGANIZATION'S INDEPEDENT AUDITOR HAS REMAINED CONSISTENT WITH THE PRIOR YEAR.