

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

2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization EARLY LEARNING COALITION OF MARION COUNTY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2300 SW 17TH ROAD City or town, state or province, country, and ZIP or foreign postal code OCALA FL 34471	D Employer identification number 59-3627759 E Telephone number 352-369-2315 G Gross receipts\$ 37,400,656
F Name and address of principal officer: CARRIE THEALL 2300 SW 17TH RD OCALA FL 34471		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: WWW.ELC-MARION.ORG		L Year of formation: 1999 M State of legal domicile: FL
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE LEADERSHIP AND FOSTER PARTNERSHIPS TO OPTIMIZE A QUALITY EARLY LEARNING ENVIRONMENT FOR OUR CHILDREN THROUGH CHILD CARE, VOLUNTARY PRE-KINDERGARTEN AND PARENT EDUCATION.				
	2 Check this box <input type="checkbox"/> 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	21		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21		
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	48		
	6 Total number of volunteers (estimate if necessary)	6	21		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0		
Revenue		Prior Year		Current Year	
	8 Contributions and grants (Part VIII, line 1h)	21,795,396	37,381,985		
	9 Program service revenue (Part VIII, line 2g)	2,240	300		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,143	8,042		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,168	10,329		
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,809,947	37,400,656		
Expenses		Prior Year		Current Year	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,264,279	16,551,164		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,791,515	2,276,342		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0		
	b Total fundraising expenses (Part IX, column (D), line 25)	0			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	13,552,304	18,664,809		
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	21,608,098	37,492,315		
	19 Revenue less expenses. Subtract line 18 from line 12	201,849	-91,659		
Net Assets or Fund Balances		Beginning of Current Year		End of Year	
	20 Total assets (Part X, line 16)	2,549,020	4,694,519		
	21 Total liabilities (Part X, line 26)	1,891,307	4,128,375		
	22 Net assets or fund balances. Subtract line 21 from line 20	657,713	566,144		

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	Signature of officer CARRIE THEALL Type or print name and title CEO	Date
Paid Preparer Use Only	Print/Type preparer's name HELEN Y. PAINTER, CPA	Preparer's signature Date 05/14/24
	Firm's name PURVIS, GRAY & COMPANY, LLP 2347 SE 17TH STREET Firm's address OCALA, FL 34471	Check <input type="checkbox"/> if self-employed PTIN P00414072 Firm's EIN 59-0548468 Phone no. 352-732-3872

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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 PROVIDE LEADERSHIP AND FOSTER PARTNERSHIPS TO OPTIMIZE A QUALITY EARLY LEARNING ENVIRONMENT FOR OUR CHILDREN THROUGH CHILD CARE, VOLUNTARY PRE-KINDERGARTEN AND PARENT EDUCATION.

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 \$ **30,261,651** including grants of \$ **16,551,164**) (Revenue \$ **300**)
SEE SCHEDULE O

4b (Code:) (Expenses \$ **5,984,960** including grants of \$) (Revenue \$)

THE VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM -- PREPARES EARLY LEARNERS FOR SUCCESS IN KINDERGARTEN AND BEYOND. VPK HELPS BUILD A STRONG FOUNDATION FOR SCHOOL USING EDUCATIONAL MATERIAL CORRESPONDING TO VARIOUS STAGES IN A CHILD'S DEVELOPMENT. TO BE ELIGIBLE, CHILDREN MUST LIVE IN FLORIDA AND BE 4 YEARS OLD ON OR BEFORE SEPT. 1 OF THE CURRENT SCHOOL YEAR. THE COALITION SERVED AN AVERAGE OF 1,797 CHILDREN PER MONTH.

4c (Code:) (Expenses \$ **132,615** including grants of \$) (Revenue \$)

HELP ME GROW (HMG) IS A UNIQUE, COMPREHENSIVE, AND INTEGRATED STATEWIDE SYSTEM DESIGNED TO ADDRESS THE NEED FOR EARLY IDENTIFICATION OF DEVELOPMENTAL AND/OR BEHAVIORAL CONCERNS, AND THEN TO LINK CHILDREN AND THEIR FAMILIES TO COMMUNITY-BASED DEVELOPMENTAL AND BEHAVIORAL SERVICES AND SUPPORTS. THE COALITION SERVED 212 CHILDREN IN 197 FAMILIES DURING THE FISCAL YEAR.

4d Other program services (Describe on Schedule O.)
(Expenses \$ **379,908** including grants of \$) (Revenue \$)

4e Total program service expenses **36,759,134**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
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	48		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
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			X
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			X
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			X
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			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
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			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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			X
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			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 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 on Schedule O.	21	
1b	Enter the number of voting members included on line 1a, above, who are independent	21	
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
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?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)
- 19** Describe on 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

CARRIE THEALL **2300 SW 17TH RD** **FL 34471** **352-369-2315**
OCALA

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) ROSEANN FRICKS	40.00									
CEO	0.00			X			53,579	0	2,898	
(2) SARAH LANKESTER	40.00									
CEO	0.00			X			32,227	0	0	
(3) TAMARA A. GRANT-POWELL	40.00									
CFO	0.00			X			27,226	0	1,154	
(4) DEANNA JOHNSON	40.00									
CFO	0.00			X			2,859	0	0	
(5) MARITZA ALEJANDRO	0.11									
BOARD MEMBER	0.00	X					0	0	0	
(6) JENNIFER BECK	0.07									
BOARD MEMBER	0.00	X					0	0	0	
(7) EARLENE CARTE	0.11									
BOARD MEMBER	0.00	X					0	0	0	
(8) JENNIFER CHATTERTON	0.04									
BOARD MEMBER	0.00	X					0	0	0	
(9) ELIZABETH CHRYSY	0.07									
BOARD MEMBER	0.00	X					0	0	0	
(10) ROBERT COLEN	1.00									
CHAIR	0.00	X		X			0	0	0	
(11) DOUG DAY	0.11									
BOARD MEMBER	0.00	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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(12) BRENDA FORD	0.33									
VICE CHAIR	0.00	X		X				0	0	
(13) RICHARD FORRESTER	0.11									
BOARD MEMBER	0.00	X						0	0	
(14) MARTY FUQUA	0.05									
BOARD MEMBER	0.00	X						0	0	
(15) HEATHER GAMBLE	0.11									
BOARD MEMBER	0.00	X						0	0	
(16) LOLA GONZALEZ	0.05									
BOARD MEMBER	0.00	X						0	0	
(17) JEANNE HENNINGSEN	0.06									
BOARD MEMBER	0.00	X						0	0	
(18) MARK S LANDER	0.10									
BOARD MEMBER	0.00	X						0	0	
(19) THOMAS LOBIANCO	0.50									
SECRETARY	0.00	X		X				0	0	
1b Subtotal								115,891	4,052	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								115,891	4,052	

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 **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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
MARION COUNTY SCHOOL BOARD OCALA FL 34474	1014 SW 7TH ROAD CHILD CARE SVCS	1,602,818
KIDS ACADEMY INC. OCALA FL 34470	2514 NE 12TH CT CHILD CARE SVCS	1,267,408
FANTASTIKIDS ACADEMY 3, LLC OCALA FL 34470	1606 NE 22ND AVENUE CHILD CARE SVCS	1,219,773
FUTURE STARS PRESCHOOL ACADEMY OCALA FL 34470	2746 NE 14TH ST CHILD CARE SVCS	812,163
ABC ACADEMY OF BELLEVIEW BELLEVIEW FL 34420	13160 SE COUNTY ROAD 484 CHILD CARE SVCS	753,887

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

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(20) JENNIFER MCBRIDE	0.07									
BOARD MEMBER	0.00	X						0	0	0
(21) TODD PANZER	0.35									
TREASURER	0.00	X		X				0	0	0
(22) EVAN PITTS	0.11									
BOARD MEMBER	0.00	X						0	0	0
(23) KATHY ROBBINS	0.20									
PAST VICE CHAIR	0.00	X		X				0	0	0
(24) MICHELLE STONE	0.20									
BOARD MEMBER	0.00	X						0	0	0
(25) CECIL WILSON	0.11									
BOARD MEMBER	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

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

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

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					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	37,133,728				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	248,257				
	g Noncash contributions included in lines 1a-1f	1g	\$ 40,147				
	h Total. Add lines 1a-1f		37,381,985				
	Program Service Revenue	2a PROVIDER TRAINING	Business Code	611600	300	300	
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				300			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,024			2,024	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real				
		6a		5,850			
		b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c	5,850				
	d Net rental income or (loss)			5,850		5,850	
	7a Gross amount from sales of assets other than inventory		(i) Securities				
		7a		6,018			
		b Less: cost or other basis and sales exps.	7b				
		c Gain or (loss)	7c	6,018			
	d Net gain or (loss)			6,018		6,018	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
8a							
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
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	11a MISC REVENUE	Business Code	900099	4,479		4,479	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			4,479			
12 Total revenue. See instructions			37,400,656	300	0	18,371	

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	14,997,949	14,997,949		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,553,215	1,553,215		
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	87,311	53,416	33,895	
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	1,845,746	1,455,804	389,942	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	67,571	53,404	14,167	
9 Other employee benefits	140,102	106,530	33,572	
10 Payroll taxes	135,612	103,128	32,484	
11 Fees for services (nonemployees):				
a Management				
b Legal	5,825		5,825	
c Accounting	38,350		38,350	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	872	872		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	17,774,975	17,698,613	76,362	
12 Advertising and promotion				
13 Office expenses	70,325	54,819	15,506	
14 Information technology	149,787	117,338	32,449	
15 Royalties				
16 Occupancy	56,318	47,850	8,468	
17 Travel	13,892	10,607	3,285	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,474	15,590	3,884	
20 Interest	665	441	224	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,618	32,511	13,107	
23 Insurance	30,913	11,885	19,028	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a QUALITY INITIATIVES	382,275	382,243	32	
b IN-KIND	40,148	40,148		
c PARENT EDUCATION	17,232	17,232		
d MISC. EXPENSES	11,900	3,071	8,829	
e All other expenses	6,240	2,468	3,772	
25 Total functional expenses. Add lines 1 through 24e	37,492,315	36,759,134	733,181	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 <input type="checkbox"/> 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 X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	61	1	61	
	2 Savings and temporary cash investments	606,431	2	2,084,528	
	3 Pledges and grants receivable, net	1,180,016	3	1,669,011	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from 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	14,481	9	226,742	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,037,485			
	b Less: accumulated depreciation	10b 417,573	665,530	10c	619,912
	11 Investments—publicly traded securities	82,501	11	94,265	
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,549,020	16	4,694,519		
Liabilities	17 Accounts payable and accrued expenses	1,784,838	17	4,012,999	
	18 Grants payable		18		
	19 Deferred revenue	106,469	19	115,376	
	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	1,891,307	26	4,128,375	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	56,650	27	-2,408	
	28 Net assets with donor restrictions	601,063	28	568,552	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	657,713	32	566,144	
33 Total liabilities and net assets/fund balances	2,549,020	33	4,694,519		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,400,656
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,492,315
3	Revenue less expenses. Subtract line 2 from line 1	3	-91,659
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	657,713
5	Net unrealized gains (losses) on investments	5	90
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	566,144

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990)

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

2022

Open to Public
Inspection

Name of the organization EARLY LEARNING COALITION OF MARION COUNTY, INC.	Employer identification number 59-3627759
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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).)
- 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 **section 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 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 on 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,279,066	17,480,210	19,245,185	21,795,396	37,381,985	112,181,842
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	16,279,066	17,480,210	19,245,185	21,795,396	37,381,985	112,181,842
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						112,181,842

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	16,279,066	17,480,210	19,245,185	21,795,396	37,381,985	112,181,842
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,510	15,893	16,639	9,508	7,874	60,424
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.)	2,728	1,003	4,564	368	4,479	13,142
11 Total support. Add lines 7 through 10						112,255,408
12 Gross receipts from related activities, etc. (see instructions)					12	10,810
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	99.93%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.93%
16a 33 1/3% support test—2022. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2021. 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	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2022. 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	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2021. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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 in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. 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—2021. 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 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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? <i>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.</i>	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)? <i>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).</i>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3	By reason of the relationship described on 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2	Activities Test. <i>Answer lines 2a and 2b below.</i>		
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? <i>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.</i>	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b	
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	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):		
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 (<i>explain in detail in Part VI</i>):		
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 0.85 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	<input type="checkbox"/> 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— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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.)

PART II, LINE 10 - OTHER INCOME DETAIL

FUNDRAISING REVENUES	\$ 4,564
MISC INCOME	\$ 7,740
VENDING	\$ 838

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

2022

Table with 2 columns: Name of the organization (EARLY LEARNING COALITION OF MARION COUNTY, INC.) and Employer identification number (59-3627759)

Organization type (check one):

- Filers of: Section: Form 990 or 990-EZ [X] 501(c)(3) (enter number) organization [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation [] 527 political organization Form 990-PF [] 501(c)(3) exempt private foundation [] 4947(a)(1) nonexempt charitable trust treated as a private foundation [] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

EARLY LEARNING COALITION OF MARION

Employer identification number

59-3627759

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FLORIDA'S OFFICE OF EARLY LEARNING 250 MARRIOTT DRIVE TALLAHASSEE FL 32301	\$ 37,023,954	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2022

Open to Public Inspection

Name of the organization: EARLY LEARNING COALITION OF MARION COUNTY, INC. Employer identification number: 59-3627759

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

Part II Conservation Easements.

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

Form for Part II Conservation Easements, including questions about purpose of easements, monitoring, and expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts.

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 make 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 program
- 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 on 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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		116,960		116,960
b Buildings		856,518	353,566	502,952
c Leasehold improvements				
d Equipment		64,007	64,007	
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **619,912**

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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)		
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)	
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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part I 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	37,400,746
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	90
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	90
3	Subtract line 2e from line 1	3	37,400,656
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	37,400,656

Part II 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	37,492,315
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	37,492,315
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	37,492,315

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.

PART X - FIN 48 FOOTNOTE

THE COALITION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES.

IN ACCORDANCE WITH ASC SECTION 740-10, INCOME TAX UNCERTAINTIES, IT IS THE POLICY OF MANAGEMENT TO EVALUATE ITS TAX POSITIONS ON AN ONGOING BASIS AND TO DISCLOSE ANY SUCH POSITIONS IT BELIEVES WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS AND RELATED NOTES. MANAGEMENT ALSO BELIEVES THAT NO SUCH REQUIRED DISCLOSURES CURRENTLY EXIST.

THE COALITION IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2020. THE COALITION WOULD RECOGNIZE INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2022
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Internal Revenue Service

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Name of the organization EARLY LEARNING COALITION OF MARION COUNTY, INC.	Employer identification number 59-3627759
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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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) A CHILD'S DELIGHT LEARNING CENTER, 5461 SE MARICAMP RD OCALA FL 34480	26-1563124		155,179				COVID ASSISTANCE
(2) ABC ACADEMY CHILD CARE AND LEARNING 13865 SW 36TH AVE RD OCALA FL 34473	14-2011937		341,465				COVID ASSISTANCE
(3) ABC ACADEMY OF BELLEVIEW 13160 COUNTY HIGHWAY 484 BELLEVIEW FL 34420	83-1527117		277,441				COVID ASSISTANCE
(4) ACHIEVE CHILD CARE, INC. 623 NE 27TH AVE OCALA FL 34470	81-1554655		56,442				COVID ASSISTANCE
(5) ADAMS FAMILY DAY CARE HOME 604 SE 49TH AVE OCALA FL 34471	20-8359074		33,915				COVID ASSISTANCE
(6) ALEXANDRIA TANUIS FAMILY HOME DAYCA 3201 NE 34TH ST OCALA FL 34479	84-4358011		31,640				COVID ASSISTANCE
(7) ALL MY CHILDREN FAMILY CHILD CARE L 5490 NW 13TH PL OCALA FL 34482	92-0571592		44,515				COVID ASSISTANCE
(8) ALL STARS LEARNING ACADEMY, LLC 2441 W SILVER SPRINGS BLVD OCALA FL 34475	86-1540104		290,549				COVID ASSISTANCE
(9) ALPHABET LAND LEARNING CENTER 2147 SW HIGHWAY 484 OCALA FL 34473	88-1405166		202,166				COVID ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 16
- 3 Enter total number of other organizations listed in the line 1 table ▶ 83

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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(1) ALZA DAY CARE AND LEARNING CENTER 12887 NE JACKSONVILLE RD SPARR FL 32192	81-1033686		56,327				COVID ASSISTANCE
(2) AMAZING GRACE SAFEHAVEN 2280 SW 80TH AVE OCALA FL 34481	86-1623334		88,396				COVID ASSISTANCE
(3) AMAZING KIDS WORLD ACADEMY, LLC 2801 SW 20TH ST STE 101 OCALA FL 34474	81-2702612		174,742				COVID ASSISTANCE
(4) ANGELA BROOKS FAMILY DAYCARE HOME 5 LARCH TRACK OCALA FL 34480	81-1750702		35,441				COVID ASSISTANCE
(5) ANGELS ARE US DAYCARE 5318 NW 12TH ST OCALA FL 34482	20-5163218		56,938				COVID ASSISTANCE
(6) ANOINTED HANDS DEVELOPMENT CENTRAL 9413 SE MARICAMP RD OCALA FL 34472	85-2158673		102,151				COVID ASSISTANCE
(7) APRIL DESLOOVER D.B.A. MIA BELLA 94 TEAK LOOP OCALA FL 34472	83-4304879		32,440				COVID ASSISTANCE
(8) BARBARA MANUAL D.B.A CRAYOLA KIDZ 2614 NW 21ST ST OCALA FL 34475	42-1669589		56,664				COVID ASSISTANCE
(9) BELLEVIEW PLAYLAND AND LEARNING CEN 7300 E HIGHWAY 25 BELLEVIEW FL 34420	81-5221725		327,027				COVID ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(1) BLESSED TRINITY ANGELS IN ARMS 33 SW 16TH PL OCALA FL 34471	59-3130782	501C3	320,292				COVID ASSISTANCE
(2) BOYS AND GIRLS CLUB OF MARION CO PO BOX 4109 OCALA FL 34481	59-1172127	501C3	290,862				COVID ASSISTANCE
(3) BRIGHT BEGINNING DAYCARE 15 JUNIPER LOOP RUN OCALA FL 34480	80-0833944		38,338				COVID ASSISTANCE
(4) BRIGHT BEGINNINGS LEARNING CENTER, 14950 S US HIGHWAY 441 SUMMERFIELD FL 34491	45-3745758		162,191				COVID ASSISTANCE
(5) BUILDING BLOCKS ACADEMY OF OCALA 920 NE 35TH ST OCALA FL 34479	36-4491241		123,506				COVID ASSISTANCE
(6) CAPSTONE CHILD CARE ACADEMY, LLC 7794 SW 60TH AVE OCALA FL 34476	71-1009301		284,240				COVID ASSISTANCE
(7) CAROUSEL EARLY LEARNING CENTER II, 4350 SE 98TH LN BELLEVIEW FL 34420	81-2807846		117,627				COVID ASSISTANCE
(8) CAROUSEL EARLY LEARNING CENTER, INC 1842 SE 11TH AVE OCALA FL 34471	27-0442408		154,382				COVID ASSISTANCE
(9) CENTER FOR HOLISTIC LEARNING & DEVE 3731 NE 7TH ST OCALA FL 34470-1043	85-4174519		207,813				COVID ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**Grants and Other Assistance to Organizations,
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(1) CLEAR PATH LEARNING CENTER, LLC 14855 NW 55TH AVE RD REDDICK FL 32686	47-3476369		22,000				COVID ASSISTANCE
(2) COLLEGE OF CF LEARNING LAB SCHOOL 3001 SW COLLEGE RD BLDG 18 OCALA FL 34474	59-1213999		106,375				COVID ASSISTANCE
(3) CREATIVE BEGINNINGS PRESCHOOL 5870 SE 85TH LN OCALA FL 34472	27-2843877		463,065				COVID ASSISTANCE
(4) CREATIVE CHRISTIAN PRESCHOOL & LEAR 3310 SE LAKE WEIR AVE OCALA FL 34471	81-3672877		186,045				COVID ASSISTANCE
(5) CREATIVE LEARNING PRESCHOOL, LLC 5285 SW 1ST LN OCALA FL 34474	84-6066060		116,361				COVID ASSISTANCE
(6) DEZ' PLAYLAND AND DAYCARE 3990 NE 4TH TERR OCALA FL 34479	20-2134626		58,813				COVID ASSISTANCE
(7) DR D.D. BROWN CHRISTIAN ACADEMY 921 SW 3RD ST OCALA FL 34471	75-3086242		143,569				COVID ASSISTANCE
(8) EPISCOPAL CHILDREN'S SERVICES, INC. 8443 BAYMEADOWS RD STE 1 JACKSONVILLE FL 32256	59-1146765	501C3	134,810				COVID ASSISTANCE
(9) EXPLORATION STATION, LLC 14785 SW 27TH CT RD OCALA FL 34473	85-2095097		22,000				COVID ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(1) FAMILY TIES CHILD CENTER, INC 3230 SE 58TH AVE OCALA FL 34480	45-2652342		166,471				COVID ASSISTANCE
(2) FANTASTIKIDS ACADEMY 3, LLC 1606 NE 22ND AVE OCALA FL 34470-4760	85-2375695		420,922				COVID ASSISTANCE
(3) FIRST ASSEMBLY CHRISTIAN SCHOOL AND 1827 NE 14TH ST OCALA FL 34470	59-1523279	501C3	316,671				COVID ASSISTANCE
(4) FIRST STEPS EDUCATION OCALA LLC 7880 SW 103RD ST RD OCALA FL 34476	86-2445875		106,529				COVID ASSISTANCE
(5) FIRST STEPS PRESCHOOL @ FIRST BAPTIST 2801 SE MARICAMP RD OCALA FL 34471	59-0737896	501C3	97,508				COVID ASSISTANCE
(6) FLEXX YOUNG ACHIEVERS CENTER 3454 NW 16TH AVE OCALA FL 34475	59-3686196		39,813				COVID ASSISTANCE
(7) FUTURE SCHOLARS ACADEMY OF OCALA, I 5854 SE 5TH ST STE 5 OCALA FL 34472	82-4329923		93,744				COVID ASSISTANCE
(8) FUTURE STARS ACADEMY OF OCALA, LLC 1945 SW 31ST AVE OCALA FL 34474	84-3887272		234,482				COVID ASSISTANCE
(9) FUTURE STARS PRESCHOOL ACADEMY 2746 NE 14TH ST OCALA FL 34470	46-4964116		316,798				COVID ASSISTANCE

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**SCHEDULE I
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(1) GOD'S GIFTS CHRISTIAN ACADEMY, LLC 2303 NE JACKSONVILLE RD OCALA FL 34470	84-3009862		53,891				COVID ASSISTANCE
(2) GOD'S GIFTS PRESCHOOL LLC 2303 NE JACKSONVILLE RD OCALA FL 34470	87-2967199		52,631				COVID ASSISTANCE
(3) GRACE CHRISTIAN SCHOOL OF OCALA, 4410 SE 3RD AVE OCALA FL 34480	20-0581148	501C3	184,889				COVID ASSISTANCE
(4) GRACEWAY ACADEMY PRESCHOOL 2255 SE 38TH ST OCALA FL 34480	59-1664567	501C3	153,110				COVID ASSISTANCE
(5) HAPPY HEARTS KINDERGARTEN INC 208 SE TUSCAWILLA AVE OCALA FL 34471	59-0737886	501C3	241,523				COVID ASSISTANCE
(6) HEAVENLY SENT KIDS & CO 65 WILLOW ROAD OCALA FL 34472	38-4008000		43,440				COVID ASSISTANCE
(7) HIGHLANDS BAPTIST LEARNING CENTER 3530 SE FT KING ST OCALA FL 34470	59-0816083	501C3	137,104				COVID ASSISTANCE
(8) IMAGINATION STATION LEARNING ACADEM 1250 NE 35TH ST OCALA FL 34479	47-2224971		110,078				COVID ASSISTANCE
(9) K & S KIDZ CHRISTIAN ACADEMY, LLC 3601 S PINE AVE OCALA FL 34471	83-4138033		185,672				COVID ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(1) KID CITY USA ANTHONY 9355 NE JACKSONVILLE RD ANTHONY FL 32617	87-1316279		105,111				COVID ASSISTANCE
(2) KID CITY USA 2ND ST 2125 NE 2ND ST OCALA FL 34470	87-2387355		262,597				COVID ASSISTANCE
(3) KID CITY USA 35TH ST- OCALA 180 SW 35TH ST OCALA FL 34471	86-3721838		164,245				COVID ASSISTANCE
(4) KID CITY USA OCALA 819 SE 1ST TR OCALA FL 34470	85-3910963		189,488				COVID ASSISTANCE
(5) KIDS ACADEMY INC 2514 NE 12TH CT OCALA FL 34470	59-3525502		374,601				COVID ASSISTANCE
(6) KIDS KAMPUS OF CALA HILLS, INC. 2130 SW 22ND PL OCALA FL 34471	26-1082265		324,003				COVID ASSISTANCE
(7) KIDS PREP ACADEMY PO BOX 830656 OCALA FL 34483	59-2288085	501C3	216,897				COVID ASSISTANCE
(8) KIDZ R US CHILDCARE & LEARNING CENT 520 SW 10TH PL UNIT 105 OCALA FL 34471	80-0791355		89,419				COVID ASSISTANCE
(9) KINDEROO CHILDRENS ACADEMY INC 5180 SW 60TH AVE OCALA FL 34474	90-0067303		265,564				COVID ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(1) KINGS FAMILY HOME DAYCARE LLC 2849 NE 98TH LANE ANTHONY FL 32617	88-1481150		23,640				COVID ASSISTANCE
(2) LAKETHA WELCOME FAMILY DAYCARE HOME 2827 NE 24TH PL OCALA FL 34470	46-4485326		52,332				COVID ASSISTANCE
(3) LITTLE JEM STONES, INC 2832 NE JACKSONVILLE RD OCALA FL 34470	06-1809437		159,547				COVID ASSISTANCE
(4) LITTLE JEM STONES ACADEMY #3 11364 ROBINSON LN DUNNELLON FL 34431	11-3648477		158,947				COVID ASSISTANCE
(5) LITTLE WINGS OF FAITH LEARNING CENT 5066 SE 64TH AVENUE RD OCALA FL 34472	59-3461567		110,883				COVID ASSISTANCE
(6) MARION COUNTY SCHOOL BOARD 1014 SW 7TH RD OCALA FL 34474	59-6000734	GOV	60,662				COVID ASSISTANCE
(7) MARY'S FAMILY CHILDCARE, INC. 200 WILLOW RD OCALA FL 34472	30-0563062		60,287				COVID ASSISTANCE
(8) MIA BELLA DAYCARES, INC. 14 TEAK LN OCALA FL 34472	47-1093150		32,440				COVID ASSISTANCE
(9) MONTESSORI PREPARATORY SCHOOL OF 2967 E SILVER SPRINGS BLVD OCALA FL 34470	59-3588103		234,840				COVID ASSISTANCE

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MS. SHIRLEY CAMPBELL FAMILY DAY CAR 2213 SW 7TH ST OCALA FL 34471	35-2405100		24,000				COVID ASSISTANCE
(2) NANA'S INFANTS AND CHILDREN LEARNIN 2801 SW 20TH ST SUITE 101 & 104 OCALA FL 34471	92-1006980		123,132				COVID ASSISTANCE
(3) OCALA FIRST PRESCHOOL, LLC 1126 E SILVER SPRINGS BLVD OCALA FL 34471	47-1504826	501C3	147,596				COVID ASSISTANCE
(4) PLAY ACADEMY 9264 SE MARICAMP RD OCALA FL 34471	47-5048685		315,918				COVID ASSISTANCE
(5) PONDER'S CHRISTIAN LEARNING CENTER L 3602 SE 7TH ST OCALA FL 34471	81-1803542		260,483				COVID ASSISTANCE
(6) PRECIOUS ANGELS LEARNING ACADEMY 232 MARION OAKS DR OCALA FL 34473	82-5221725		293,415				COVID ASSISTANCE
(7) PRECIOUS GIFTS FAMILY CHILD CARE 2817 NW 4TH AVE OCALA FL 34475	81-1454321		59,955				COVID ASSISTANCE
(8) PRESCHOOL AT THE SPRINGS 5424 SE 58TH AVE OCALA FL 34480	59-3330235		155,335				COVID ASSISTANCE
(9) PROMISELAND ACADEMY 3732 NE 7TH ST OCALA FL 34470	59-6543215		57,724				COVID ASSISTANCE

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2022
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization EARLY LEARNING COALITION OF MARION COUNTY, INC.	Employer identification number 59-3627759
--	---

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) KIDS ZONE LEARNING CENTER 17278 SW 36TH AVE RD OCALA FL 34473	20-8607948		100,280				COVID ASSISTANCE
(2) SEED - SHORES EARLY EDUCATION DEVELOPMENT 674 SILVER RD OCALA FL 34472	59-1776057		149,165				COVID ASSISTANCE
(3) SPIRIT OF LOVE CHILDCARE CENTERS, INC 4628 W ANTHONY RD OCALA FL 34475	46-3700963		128,645				COVID ASSISTANCE
(4) ST. JOHN LUTERAN CHURCH AND SCHOOL 1915 SE LAKE WEIR AVENUE OCALA FL 34471	59-1367531	501C3	154,280				COVID ASSISTANCE
(5) ST. PAUL'S CHRISTIAN SCHOOL 800 SE 41ST AVE OCALA FL 34471	59-1656014	501C3	353,281				COVID ASSISTANCE
(6) STEPPING STONES CHRISTIAN ACADEMY, INC 5302 SE 110TH ST BELLEVIEW FL 34420	82-3001574		351,253				COVID ASSISTANCE
(7) TELLAS CHILDREN PRESCHOOL, INC 12124 SE HIGHWAY 464 OCCLAWAHA FL 32179	59-3695605		171,025				COVID ASSISTANCE
(8) TINY HANDS LEARNING CENTER, LLC 5760 SE 41ST ST UNITS B & C OCALA FL 34480	85-2326992		138,646				COVID ASSISTANCE
(9) TODDLER TOWN ACADEMY, LLC 2650 NW 2ND ST STE 200 OCALA FL 34475	81-4977838		149,617				COVID ASSISTANCE

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2022
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization EARLY LEARNING COALITION OF MARION COUNTY, INC.	Employer identification number 59-3627759
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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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TRIUMPHANT TOTS, INC 1425 NE 63RD ST OCALA FL 34479	26-2794334		76,431				COVID ASSISTANCE
(2) WEST FAMILY LEARNING CENTER EAST, L 1601 NE 25TH AVE STE 301 OCALA FL 34470	81-1326656		139,100				COVID ASSISTANCE
(3) WEST FAMILY LEARNING CENTER II, INC 4785 SE 102ND PL BELLEVIEW FL 34420	46-4880821		206,615				COVID ASSISTANCE
(4) WILMA MARTIN FAMILY DAYCARE HOME 4575 NW 160TH ST REDDICK FL 32686	88-2898920		29,013				COVID ASSISTANCE
(5) WILSON'S LOVABLE DAYCARE, LLC PO BOX 102 SPARR FL 32192	82-5414548		65,511				COVID ASSISTANCE
(6) WIZ KIDS LEARNING ACADEMY 3500 S PINE AVE OCALA FL 34474	47-2528160		93,804				COVID ASSISTANCE
(7) WORRY FREE PRESCHOOL, LLC 46 JUNIPER LOOP CT OCALA FL 34480	82-5457302		23,640				COVID ASSISTANCE
(8) YOUNG FAMILY DAYCARE 2510 NE 3RD AVE OCALA FL 34470	64-0963340		35,264				COVID ASSISTANCE
(9) ZELMA BROWN DAYCARE AND MINISTRY 38 HEMLOCK RADIAL LP OCALA FL 34472	47-3023291		33,915				COVID ASSISTANCE

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

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 COVID-19 RELIEF	772	1,553,215		FMV	
2					
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.

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

SCHEDULE I (Form 990)	Supplemental Information	2022
For calendar year 2022, or tax year beginning 07/01/22 , and ending 06/30/23		Employer identification number
Name of the organization	EARLY LEARNING COALITION OF MARION COUNTY, INC.	59-3627759

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE GRANTS ARE PASSED THROUGH GRANTS FROM THE FLORIDA DEPARTMENT OF EDUCATION, DIVISION OF EARLY LEARNING (DEL). THE PROVIDERS WERE REQUIRED TO SUBMIT AN APPLICATION FOR THE GRANTS RECEIVED. THE ARPA GRANTS WERE FOR ALL ELIGIBLE PROVIDERS, CONTRACTED AND NON-CONTRACTED, AS EMERGENCY RELIEF FUNDS SO THAT PROVIDERS COULD CONTINUE OPERATIONS AFTER SUFFERING MAJOR LOSSES DURING THE COVID-19 PANDEMIC. PROVIDERS WERE REQUIRED TO SIGN AN ATTESTATION AT THE TIME OF THE APPLICATION THAT THE FUNDS WOULD BE USED FOR THIS SPECIFIC PURPOSE. NO FURTHER ATTESTATION WAS REQUIRED BY DEL.

PART IV - ADDITIONAL INFORMATION

THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES ARE: 1) SUBRECIPIENT WILL PARTICIPATE IN A MINIMUM OF ONE (1) ON-SITE OR DESK REVIEW EACH FISCAL YEAR, 2) SUBRECIPIENT WILL PERMIT ACCESS TO ALL FINANCIAL STATEMENTS, INVOICES, AND RECORDS REGARDING HMGF PHYSICIAN OUTREACH ACTIVITIES FOR ANY AND ALL MONITORING AND AUDITING PURPOSES, 3) OBTAINING VERIFICATION THAT SUBRECIPIENT HAS NOT BEEN DEBARRED OR SUSPENDED FROM RECEIVING FEDERAL FUNDS DURING THE TERM OF THE CONTRACT, AND 4) SUB RECIPIENT WILL PERMIT ACCESS TO ALL SIGN IN SHEETS, MARKETING ATTESTATION SHEETS, AND OTHER FORMS OF DOCUMENTATION USED TO PROVE THE EXECUTION AND ATTENDANCE OF PHYSICIAN OUTREACH EVENTS FOR ANY AND ALL AUDITING PURPOSES.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

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Inspection

Name of the organization EARLY LEARNING COALITION OF MARION COUNTY, INC.	Employer identification number 59-3627759
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) KATHY ROBBINS	EMPLOYEE OF CCF	231,656	CHILDCARE SERVICES		X
(2) EARLENE CARTE	FIRST ASSEMBLY	623,516	CHILDCARE SERVICES		X
(3) MICHELLE STONE	MCBCC	159,781	MATCH DOLLARS/CDBG		X
(4) CECIL WILSON	FAMILY CHILD	91,194	CHILDCARE SERVICES		X
(5) LOLA GONZALEZ	ACCURATE BACKGR	2,040	VENDOR		X
(6) JENIFER BECK	MARION COUNTY	1,602,818	CHILDCARE SERVICES		X
(7) MARITZA ALEJANDRO	EPISCOPAL CHILD	370,101	CHILDCARE SERVICES		X
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART V - ADDITIONAL INFORMATION

PART IV, LINE 1

KATHY ROBBINS IS AN EMPLOYEE OF COLLEGE OF CENTRAL FLORIDA, WHICH PROVIDES SERVICES TO THE COALITION.

PART IV, LINE 2

EARLENE CARTE IS AN EMPLOYEE OF FIRST ASSEMBLY OF GOD CHURCH, WHICH PROVIDES SERVICES TO THE COALITION.

PART IV, LINE 3

MICHELLE STONE IS AN EMPLOYEE OF MARION COUNTY BOARD OF COUNTY COMMISSIONERS, WHICH PROVIDE DOLLAR MATCHING TO THE COALITION FOR ITS SCHOOL READINESS PROGRAM AND COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) FOR FLOORING.

PART IV, LINE 4

CECIL WILSON IS THE OWNER AND OPERATOR OF A FAMILY CHILDCARE CENTER, WHICH PROVIDES SERVICES TO THE COALITION.

PART IV, LINE 5

LOLA GONZALRZ IS AN EMPLOYEE AT ACCURATE BACKGROUND CHECK, INC., WHICH PROVIDES SERVICES TO THE COALITION.

PART IV, LINE 6

JENIFER BECK IS AN EMPLOYEE OF MARION COUNTY SCHOOL DISTRICT, WHICH

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

PROVIDES SERVICES TO THE COALITION.

PART IV, LINE 7

MARITZA ALEJANDRO IS AN EMPLOYEE OF EPISCOPAL CHILDREN'S SERVICES, WHICH PROVIDES SERVICES TO THE COALITION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open To Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

COUNTY, INC.

59-3627759

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art— Works of art				
2 Art— Historical treasures				
3 Art— Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (DIAPERS/WIPES)	X	2	40,147	FAIR MARKET VALUE
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M - SUPPLEMENTAL INFORMATION

AMOUNTS IN PART I COLUMN (B) ARE REPORTED ON A PER ITEM BASIS.

**SCHEDULE O
(Form 990)**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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022**Open to Public
Inspection**

Name of the organization

**EARLY LEARNING COALITION OF MARION
COUNTY, INC.**

Employer identification number

59-3627759**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

THE SCHOOL READINESS PROGRAM OFFERS FINANCIAL ASSISTANCE TO LOW-INCOME FAMILIES FOR EARLY CHILD EDUCATION AND CARE SO FAMILIES CAN BECOME FINANCIALLY SELF-SUFFICIENT AND THEIR YOUNG CHILDREN CAN BE SUCCESSFUL IN SCHOOL IN THE FUTURE. SERVING CHILDREN FROM BIRTH THROUGH THE AGE OF 12.

SCHOOL READINESS PROGRAMS PROVIDE DEVELOPMENTAL SCREENINGS FOR CHILDREN AND REFERRALS TO HEALTH AND EDUCATIONAL SPECIALISTS THE PROGRAM TAKES INTO ACCOUNT A CHILD'S PHYSICAL, SOCIAL, EMOTIONAL AND INTELLECTUAL DEVELOPMENT; INVOLVES PARENTS AS THEIR CHILD'S FIRST TEACHER; PREPARES CHILDREN TO BE READY FOR SCHOOL; AND GIVES PARENTS INFORMATION ABOUT CHILD DEVELOPMENT AND OTHER TOPICS OF INTEREST. THE EARLY LEARNING COALITION PROVIDES SERVICES IN THE SCHOOL READINESS PROGRAM TO 2,919 CHILDREN IN MARION COUNTY.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

SUCCESS BY 6 PROGRAM AND OTHER PROGRAMS: SUCCESS BY 6 IS A PARENT EDUCATION INITIATIVE WHICH FOCUSES ON EARLY CHILDHOOD EDUCATION THROUGH PARENT TRAININGS, TECHNICAL ASSISTANCE AND PARENT RESOURCES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

FOR THE CURRENT YEAR, AS ALLOWED IN BY-LAWS, THE EXECUTIVE COMMITTEE ACTED AS THE BOARD AND REVIEWED AND APPROVED THE FORM 990 BEFORE IT WAS FILED. DURING YEARS THE EXECUTIVE COMMITTEE APPROVES THE FORM 990, THE BOARD RATIFIES THE FORM 990 DURING A MEETING HELD AFTER THE FORM 990 IS FILED.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

EARLY LEARNING COALITION OF MARION

59-3627759

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

BOARD MEMBERS AND STAFF ARE REQUIRED TO COMPLETE A QUESTIONNAIRE ON AN ANNUAL BASIS AND DISCLOSE ANY KNOWN POTENTIAL CONFLICTS OF INTEREST. PRIOR TO MANAGEMENT, BOARD, OR COMMITTEE ACTION ON A CONTRACT OR TRANSACTION INVOLVING A CONFLICT OF INTEREST, A STAFF, DIRECTOR, OR COMMITTEE MEMBER HAVING A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE AT THE MEETING SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST AND ABSTAIN FROM VOTING. SUCH DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER IS DETERMINED BY THE BOARD CHAIR UPON COMPLETION OF AN ANNUAL REVIEW.

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

THE COMPENSATION FOR THE CHIEF FINANCIAL OFFICER IS DETERMINED BY THE CHIEF EXECUTIVE OFFICER UPON COMPLETION OF AN ANNUAL REVIEW

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

TOT/PROG SERVICE

MGT & GENERAL

FUNDRAISING

CONTRACTED CHILDREN SVCS

\$ 17,569,163

\$ 0

\$ 0

Name of the organization

Employer identification number

EARLY LEARNING COALITION OF MARION

59-3627759

OTHER

\$ 129,450 \$ 76,362 \$ 0

TOTAL

\$ 17,698,613 \$ 76,362 \$ 0

NOTICE

The various schedules and worksheets that follow this page are not required by the Internal Revenue Service. These pages are for your information only.

Form 990/990PF	Rent Income and Deduction Worksheet	2022
Description ROOM RENTAL TO NFPS		

Name EARLY LEARNING COALITION OF MARION	Taxpayer Identification Number 59-3627759
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Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	1. <u>5,850</u>
Expenses (see details on worksheets below):	
2. Fees for services	2. _____
3. Depreciation Expense	3. _____
4. Direct Expense	4. _____
5. Total expenses. Add lines 8 through 12	5. _____
6. Net Income/Loss. Line 7 minus Line 13	6. <u>5,850</u>

Expense Details - Fees for Services:

Accounting	_____
Legal	_____
Commissions	_____
Management	_____
Other Professional Fees	_____
Total Fees for Services	_____

Expense Details - Depreciation Expense:

On non-investment property	_____
On investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Direct Expense:

Interest	_____
Taxes/licenses	_____
Occupancy Expenses	_____
Repairs & Maintenance	_____
Travel/conferences/meetings	_____
Printing & Publication	_____
Advertising	_____
Insurance	_____
Utilities	_____
Supplies	_____
Other expenses	_____
Total Direct Expense	_____

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- Part IV, Rent Income
- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)

Expense Allocation to Program Service Accomplishments for 990/990E

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning 07/01/22 , ending 06/30/23		

Name EARLY LEARNING COALITION OF MARION COUNTY, INC.	Taxpayer Identification Number 59-3627759
--	---

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	142,342	248,257	105,915
	2. Membership dues and assessments			
	3. Government contributions and grants	21,653,054	37,133,728	15,480,674
	4. Program service revenue	2,240	300	-1,940
	5. Investment income	1,708	2,024	316
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	2,435	6,018	3,583
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	8,168	10,329	2,161
	12. Total revenue. Add lines 1 through 11	21,809,947	37,400,656	15,590,709
Expenses	13. Grants and similar amounts paid	6,264,279	16,551,164	10,286,885
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	198,965	87,311	-111,654
	16. Salaries, other compensation, and employee benefits	1,592,550	2,189,031	596,481
	17. Professional fundraising fees			
	18. Other professional fees	12,856,443	17,820,022	4,963,579
	19. Occupancy, rent, utilities, and maintenance	78,678	56,318	-22,360
	20. Depreciation and Depletion	46,855	45,618	-1,237
	21. Other expenses	570,328	742,851	172,523
	22. Total expenses. Add lines 13 through 21	21,608,098	37,492,315	15,884,217
	23. Excess or (Deficit). Subtract line 22 from line 12	201,849	-91,659	-293,508
Other Information	24. Total exempt revenue	21,809,947	37,400,656	15,590,709
	25. Total unrelated revenue			
	26. Total excludable revenue	14,551	18,671	4,120
	27. Total assets	2,549,020	4,694,519	2,145,499
	28. Total liabilities	1,891,307	4,128,375	2,237,068
	29. Retained earnings	657,713	566,144	-91,569
	30. Number of voting members of governing body	21	21	
	31. Number of independent voting members of governing body	21	21	
	32. Number of employees	40	48	
	33. Number of volunteers	21	21	

Form 990	Tax Return History	2022
Name EARLY LEARNING COALITION OF MARION COUNTY, INC.		Employer Identification Number 59-3627759

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	16,279,066	17,480,210	19,245,185	21,795,396	37,381,985	
Membership dues						
Program service revenue	2,980	2,880	2,410	2,240	300	
Capital gain or loss	1,298	804	3,237	2,435	6,018	
Investment income	1,025	1,688	1,639	1,708	2,024	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	12,213	15,208	19,564	8,168	10,329	
Total revenue	16,296,582	17,500,790	19,272,035	21,809,947	37,400,656	
Grants and similar amounts paid	30,657	1,143,393	2,524,120	6,264,279	16,551,164	
Benefits paid to or for members						
Compensation of officers, etc.	210,721	226,251	252,218	198,965	87,311	
Other compensation	1,245,252	1,373,202	1,432,662	1,592,550	2,189,031	
Professional fees	14,097,833	14,048,341	14,239,679	12,856,443	17,820,022	
Occupancy costs	96,743	76,699	85,698	78,678	56,318	
Depreciation and depletion	47,789	46,855	46,855	46,855	45,618	
Other expenses	515,176	586,807	647,102	570,328	742,851	
Total expenses	16,244,171	17,501,548	19,228,334	21,608,098	37,492,315	
Excess or (Deficit)	52,411	-758	43,701	201,849	-91,659	
Total exempt revenue	16,296,582	17,500,790	19,272,035	21,809,947	37,400,656	
Total unrelated revenue						
Total excludable revenue	17,516	20,580	26,850	14,551	18,671	
Total Assets	2,576,208	4,255,100	2,959,241	2,549,020	4,694,519	
Total Liabilities	2,157,504	3,835,670	2,485,827	1,891,307	4,128,375	
Net Fund Balances	418,704	419,430	473,414	657,713	566,144	

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST ON SAVINGS - UNRELAT	\$ 2,024					
		14				
TOTAL	<u>\$ 2,024</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACTED CHILDREN SVCS	\$ 17,569,163	\$ 17,569,163	\$	\$
OTHER	205,812	129,450	76,362	
TOTAL	\$ 17,774,975	\$ 17,698,613	\$ 76,362	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER EMPLOYEE EXPENSES	\$ 6,240	\$ 2,468	\$ 3,772	\$
TOTAL	\$ 6,240	\$ 2,468	\$ 3,772	\$ 0

Schedule A, Part II, Line 12 - Current year

Description	Amount
PROVIDER TRAINING	\$ 300
TOTAL	\$ 300