LET'S THRIVE TOGETHER



TAX RETURN

We sincerely appreciate the opportunity to serve you. If you have any questions regarding the enclosed, please do not hesitate to call.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2024

PREPARED FOR:

WALTER B. WATSON, JR., EXECUTIVE DIRECTOR 1720 W. FAIRFIELD BLVD STE 100/400 PENSACOLA, FL 32501

PREPARED BY:

WARREN AVERETT, LLC 350 W CEDAR STREET, SUITE 400 PENSACOLA, FL 32502

AMOUNT DUE OR REFUND: NOT APPLICABLE

MAKE CHECK PAYABLE TO: NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO: NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE: NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY MAY 15, 2025

| Form 8879-TE | | IRS E-file Sigr | nature Auth Exempt En | orization | | OMB No. 1545-0047 |
|--|---|--|---|--|--|--|
| Form UUI J ⁻ IL | For calendar ve | ar 2023, or fiscal year beginning JU | - | - | 20 2.4 | 0000 |
| | i di calendar yea | | e IRS. Keep for vour | | , 20 <u>2</u> | 2023 |
| Department of the Treasury Internal Revenue Service | | Go to www.irs.gov/Form | | | | |
| Name of filer ESCA | MBIA COUN | TY SCHOOL READIN | NESS | | EIN or SS | |
| COAL | ITION, IN | | | | 59-3 | 683227 |
| Name and title of officer | or person subject to 1 | | | | | |
| Doubl Turne | of Dotum and | EXECUTIVE DI | RECTOR | | | |
| 51 | | Return Information | | | | |
| Form 5330 filers may or 10a below, and the | enter dollars and c amount on that lin le, blank (do not en | ou are using this Form 8879-TE ents. For all other forms, enter he for the return being filed with hter -0-). But, if you entered -0- o | whole dollars only. If hthis form was blank | you check the box on , then leave line 1b, 2 t | line 1a, 2a , 3b, 4b, 5l | , 3a, 4a, 5a, 6a, 7a, 8a, 9a, b, 6b, 7b, 8b, 9b, or 10b, |
| 1a Form 990 che | eck here | X b Total revenue, if an | ny (Form 990, Part VII | I, column (A), line 12) | | 1b2 <u>8,278,508.</u> |
| 2a Form 990-EZ | check here | b Total revenue, if an | ny (Form 990-EZ, line | 9) | | 2b |
| 3a Form 1120-P | OL check here | b Total tax (Form 112 | | | | 3b |
| | check here | b Tax based on inves | | | | |
| | neck here | b Balance due (Form | 8868, line 3c) | | | 5b |
| | check here | b Total tax (Form 990 | | | | |
| | neck here | | | | | 7b |
| | neck here | b FMV of assets at e | | | | |
| | neck here | b Tax due (Form 5330 | | | | |
| 10a Form 8038-C | | b Amount of credit participation of the participati | ayment requested (| Form 8038-CP, Part III, | line 22) | 10b |
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| of entity) | rjury, I declare that | X I am an officer of the abo | • | | | pect to (name e examined a copy of the |
| entry to the financial in financial institution to later than 2 business payment of taxes to re | nstitution account i debit the entry to t days prior to the pa eceive confidential | ne U.S. Treasury and its design indicated in the tax preparation his account. To revoke a paym ayment (settlement) date. I also information necessary to answ ny signature for the electronic i | n software for paymen nent, I must contact to authorize the financ ver inquiries and resol | nt of the federal taxes of he U.S. Treasury Finan ial institutions involved lve issues related to the | owed on thi cial Agent a in the proc payment. | s return, and the at 1-888-353-4537 no essing of the electronic I have selected a |
| PIN: check one box | | ERETT, LLC | | | o enter my | PIN 83227 |
| | | ERO firm n | 29 m o | t | b enter my | Enter five numbers, but |
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| Signature of officer or person | | - | | | Dat | te |
| Part III Certi | fication and A | uthentication | | | 54 | |
| ERO's EFIN/PIN. Ent | er your six-digit ele | ctronic filing identification | | | | |
| number (EFIN) followe | ed by your five-digit | self-selected PIN. | | 59356084437 Do not enter all zeros | 7 | |
| • | • | ny PIN, which is my signature on the requirements of Pub. 410 | | - | | |
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| Fau Dubur and the training | | ot Submit This Form to | | nequested 10 D0 | 30 | Form 8879-TE (2023) |
| For Privacy Act and | Paperwork Reduc | tion Act Notice, see instruction | ions. | | | |

Form **8879-TE** (2023)

| Form 990 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. 2023 A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024 B Check if applicable: C Name of organization ESCAMBIA COUNTY SCHOOL READINESS COALITION, INC. D Employer identification number Address Collition, INC. 59–3683227 B Initial Internal Revenue Number and street (or P.0. box if mail is not delivered to street address) Initial Room/suite E Telephone number 850–595–5400 City or town, state or province, country, and ZIP or foreign postal code PENSACOLA, FL 32501 G Gross receipts \$ 28,278,508. H(a) Is this a group return for subordinates? Yes No Mamended Internal Pending F Name and address of principal officer: WALTER B. WATSON, JR. 3300 NORTH PACE BLVD, SUITE 210, PENSACOLA, H(b) Are all subordinates? Yes No H(b) Are all subordinates? I nov, "attach a list. See instructions H(c) Group exemption number | | _ | | Return of Organization Exempt Fror | n Income Tax | OMB No. 1545-0047 | |
|--|---|---------------------|---------------------------------|---|-------------------------------|--------------------------------|--|
| Do not enter social security numbers on this form as it may be made public. Openator Environmentation. A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024 B Charme of organization ESCAMBIA COUNTY SCHOOL READINESS Demotification number COMING TO | For | " G | <u>90</u> | • | | 2023 | |
| Co to www.irs.gov/Prom900 for instructions and the latest information. Image: Colspan="2" Image: Cols | 1 011 | | | | | | |
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| Image Number and street (of P.O. box if mail is not delivered to street address) Hormsure Feetphone number Trade T720 W. FATRFIELD BLVD STI 100/400 850-595-5400 28,278,508. Avenues Target Address of principal officer. WALTER B. WATSON, JR. Was its is a group return for summary Inaccempt status: Xi 0(r)(3) 501(r)(1) (inset no.) 4947(a)(1) or 227 J Website: WWW. ELCESCAMBIA.ORG Wight address of principal officer. Nummary Its is a group return for summary I Briefly describe the organization's mission or most significant activities: THE ORGANIZATION WAS CREATED FOR H(c) Area address of principal domical: FL Part II Summary 1 Briefly describe the organization is disonor most significant activities: THE ORGANIZATION WAS CREATED FOR THE ADMINISTRATION OF A COMPREHENSIVE PROGRAM OF SCHOOL READINESS 2 Conck this box 1 the organization discontinued its operations or disposed of more than 25% of the net assets. Number of individuals employed in calendary year 2023 (Part V, line 1a) 3 200 2 0 A Number of individuals employed in calendary year 2023 (Part V, line 2a) 5 443 4 3 Total number of individuals employed in calendary year 2023 (Part V, line 2a) | | | | usiness as EARLY LEARNING COALITION OF ES | C 59-36832 | 27 | |
| Event City or town, state or province, country, and ZIP or foreign postal code PENSACOLA, FL 32501 G Geost incedpts 5 28,278,508. Penning Finame and address of principal officer WALTER B. WATSON, JR. 1300 NORTH PACE BLVD, SUITE 210, PENSACOLA, 1 Tax-exempt status: No No Htb) is this a group return for subordinates ? Yes No 1 Tax-exempt status: K 501(0)(3) 501(0) (insert no.) 4947(a)(1) or EVEN No Partil Summary Htb (Group exemption number Htc (Group exemption number) No Partil Summary I Briefly describe the organization's mission or most significant activities: THE ORGANIZATION WAS CREATED FOR THE ADMINISTRATION OF A COMPREHENSIVE PROGRAM OF SCHOOL READINESS 2 Check this box if the organization discontinue dits operations or disposed of more than 25% of its net assets. 3 Number of udiogendent voting members of the governing body (Part V, line 1a) 3 20 4 Number of udiogendent voting members of the governing body (Part V, line 2a) 5 43 6 Total number of volunteers (estimate if necessary) 0. 0. 0. 7 a Total number of udivalas employeed in calendary ear 2023 (Part V, line 2a) 5 43 20 6 Contributions and grants (Part VIII, column (A), lines 3, 4, and 7d) 2.,762. 0. </td <td></td> <td>Initial</td> <td>Number</td> <td>and street (or P.O. box if mail is not delivered to street address) Room/</td> <td>suite E Telephone numbe</td> <td>er</td> | | Initial | Number | and street (or P.O. box if mail is not delivered to street address) Room/ | suite E Telephone numbe | er | |
| end City or town, state or province, country, and ZiP or foreign postal code Z 6, Z 7, Z 9, 20 8. Persons ColLA, FL 32501 Finame and address or principal officer: WALTER B. WATSON, JR. He) is this a group return for an example and address or principal officer: WALTER B. WATSON, JR. He) is this a group return for an example and address or principal officer: WALTER B. WATSON, JR. He) is this a group return for address or principal officer: WALTER B. WATSON, JR. He) is this a group return for address of principal officer: WALTER B. WATSON, JR. He) is this a group return for address of principal officer: WALTER B. WATSON, JR. He) is this areocranis incluster: Ves IN to the principal officer: Ves IN to the second to the town is sion or most significant activities: THE ORGANIZATION WAS CREATED FOR THAI B ADMINISTRATION OF A COMPREHENSIVE PROGRAM OF SCHOOL READINESS 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of volting members of the governing body (Part Vi, line 1b) if a total number of individuals employed in calendar year 2023 (Part Vi, line 2a) is 443 6 Total number of individuals employed in calendar year 2023 (Part Vi, line 2a) is 443 is 443 7 a total unrelated business revenue from Part 9H, column (C), line 12 is 0, 16, 662. is 0, 16, 66 | | ⊥returr | | W. FAIRFIELD BLVD STE 100/400 | 850-595- | | |
| Parting Flame and address of principal officer: WALTER B. WATSON, JR. Might Status: 3300 NORTH PACE BLVD, SUTTE 210, PENSACOLA, I Tax-exempt status: S01(c)(3) 501(c)(2) Website: WWW.ELCESCAMBIA.ORG Website: WWW.ELCESCAMBIA.ORG I Tax-exempt status: S01(c)(2) I Briefly describe the organization's mission or most significant activities: THE ORGANIZATION WAS CREATED FOR PartII Summary I Briefly describe the organization's mission or most significant activities: THE ORGANIZATION WAS CREATED FOR THE ADMINISTRATION OF A COMPREHENSIVE PROGRAM OF SCHOOL READINESS 3 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 4 Number of independent voting members of the governing body (Part VI, line 2a) 5 5 Total number of independent voting members of the governing body (Part VI, line 2a) 6 6 Total number of independent voting members of the governing body (Part VI, line 2a) 6 7 to tal number of volume res (statuste if necessary) 6 9 Program service revenue (Part VIII, loclumn (A), line 3.4, and 7d) 2,762.0.0. 10 Investment income (Part | | ated | City or t | | G Gross receipts \$ | 28,278,508. | |
| moning 3300 NORTH PACE BLVD, SUITE 210, PENSACOLA, I Taxexempt status: X 501(c)(3) 501(c) (insertno.) 4947(a)(1) or 527 Website: WWW.ELCESCAMBIA.ORG H(b) Are all subciduates included? Yes No If 'No," attach a list. See instructions H(c) croup exemption number Versite: WWW.ELCESCAMBIA.ORG Versite: WWW.ELCESCA | | returr | FENS | | H(a) Is this a group r | | |
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| J Website: WWW.ELCESCAMBIA.ORG H(g) Group exemption number K Form of organization: X Corporation Tits Association Other L Year of formation:: 2000 M State of legal domicile: FL Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION WAS CREATED FOR THE ADMINISTRATION OF A COMPREHENSIVE PROGRAM OF SCHOOL READINESS 2 Check this box if the organization discontinue di soperations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 20 4 Number of individuals employed in calendar year 2023 (Part V, line 2a) 5 443 6 Calo 20 7a Cola number of volunteers (estimate if necessary) 7a 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 0. 0. 9 Program service revenue (Part VIII, ine 1h) 40, 312, 528. 28, 261, 846. 0. 0. 0. 10 Investment income (Part VIII, ine 1h) 180. 16, 662. 12 12 7c1. 0. 0. 0. 0. 0. 0. 0. 0. | | | 3300 | | | | |
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| 11 Other revenue (Part Viii, column (A), lines 5, 6d, 8c, 9c, 10c, and Tre) 1800 100, 0022 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 40, 315, 470 28, 278, 508 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2, 554, 786 2, 584, 157 16a Professional fundraising ees (Part IX, column (A), line 25) 0 0 0 17 Other expenses (Part IX, column (A), line 25) 0 0 0 0 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0 0 101, 440 210, 629 19 Revenue less expenses. Subtract line 18 from line 12 -101, 440 210, 629 2 637, 584 2, 093, 201 2 2, 610, 256 1, 855, 244 21 Total assets (Part X, line 16) 2 2, 610, 256 1, 855, 244 2 2, 937, 957 2 22 Net assets or fund balances. Subtract line 21 from line 20 | nue | | | | | | |
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| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,554,786. 2,584,157. 16a Professional fundraising expenses (Part IX, column (D), line 25) 0. 0. 0. 17 Other expenses (Part IX, column (D), line 25) 0. 37,862,124. 25,483,722. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0. 10. 21.0,629. 19 Revenue less expenses. Subtract line 18 from line 12 -101,440. 21.0,629. 10 Total assets (Part X, line 16) 2,637,584. 2,093,201. 21 Total liabilities (Part X, line 26) 27,328. 237,957. 22 Net assets or fund balances. Subtract line 21 from line 20 27,328. 237,957. 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 | | 12 | | | | 28,278,508. | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)2,554,786.2,554,786.2,554,157.16a Professional fundraising fees (Part IX, column (A), line 11e)0.2,554,786.2,554,786.2,554,786.2,554,786.2,554,786.2,554,157.16a Professional fundraising expenses (Part IX, column (A), line 25)0.0.0.37,862,124.25,483,722.17 Other expenses. (Part IX, column (A), line 25)0.37,862,124.25,483,722.18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)0.37,862,124.28,067,879.19 Revenue less expenses. Subtract line 18 from line 122.Part assets (Part X, line 16)2,637,584.2,093,201.2. <th co<="" td=""><td></td><td>13</td><td></td><td></td><td></td><td></td></th> | <td></td> <td>13</td> <td></td> <td></td> <td></td> <td></td> | | 13 | | | | |
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| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 40, 416, 910. 28, 067, 879. 19 Revenue less expenses. Subtract line 18 from line 12 -101, 440. 210, 629. 20 Total assets (Part X, line 16) 2, 637, 584. 2, 093, 201. 21 Total liabilities (Part X, line 26) 2, 610, 256. 1, 855, 244. 22 Net assets or fund balances. Subtract line 21 from line 20 27, 328. 237, 957. Part II Signature Block 237, 957. 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 | õ | 15 | Salaries, othe | r compensation, employee benefits (Part IX, column (A), lines 5-10) | | | |
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| 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 | sset: Salar | 20 | | | | | |
| Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is | et A: | 21 | | | | | |
| 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 | | | | | 27,328. | 237,957. | |
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| Sign | Signature of officer | | | Date | | | | | |
|------------|---|----------------------|------|----------------|-----------|--|--|--|--|
| Here | WALTER B. WATSON, JR., EXH | ECUTIVE DIRECTOR | | | | | | | |
| | Type or print name and title | | | | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check | PTIN | | | | |
| Paid | CLAIRE C. DUREN, CPA | | | | P01577924 | | | | |
| Preparer | Firm's name WARREN AVERETT, L | LC | | Firm's EIN 45- | 4084437 | | | | |
| Use Only | Firm's address 350 W CEDAR STREE | r, suite 400 | | | | | | | |
| | Phone no. 850 - | 435-7400 | | | | | | | |
| May the IF | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | |
| LHA For | HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023) | | | | | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| | ESCAMBIA COUNTY SCHOOL READINESS | _ |
|----|--|--------------------|
| | 1990 (2023) COALITION, INC. 59-3683227 Page | 2 |
| Pa | rt 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: | |
| | THE ORGANIZATION WAS CREATED FOR THE ADMINISTRATION OF A COMPREHENSIVE | _ |
| | PROGRAM OF SCHOOL READINESS SERVICES THAT ENHANCE THE COGNITIVE, | _ |
| | SOCIAL, AND PHYSICAL DEVELOPMENT OF CHILDREN AS SPECIFIED BY THE | |
| | FLORIDA OFFICE OF EARLY LEARNING IN ACCORDANCE WITH FLORIDA STATUTES. | _ |
| 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 X 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? |) |
| | 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 \$ 27,418,568. including grants of \$) (Revenue \$) |) |
| | THE ORGANIZATION WAS CREATED FOR THE ADMINISTRATION OF A COMPREHENSIVE | _ |
| | PROGRAM OF SCHOOL READINESS SERVICES THAT ENHANCE THE COGNITIVE, | _ |
| | SOCIAL, AND PHYSICAL DEVELOPMENT OF CHILDREN AS SPECIFIED BY THE | _ |
| | FLORIDA OFFICE OF EARLY LEARNING IN ACCORDANCE WITH FLORIDA STATUTES. | _ |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | `` |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Pevenue \$ | |
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| | | |
| 4c | Other program services (Describe on Schedule O.) | |
| 4d | | |

ESCAMBIA COUNTY SCHOOL READINESS Form 990 (2023) COALITION, INC. Part IV Checklist of Required Schedules

| | | | Yes | No |
|------------|--|------------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | 37 |
| _ | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | v |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | v |
| • | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | v |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | v |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | v |
| • | Schedule D, Part III | 8 | | <u> </u> |
| 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? | | | v |
| | If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | v |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | v | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | v |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | v |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| a | 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 | | х | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | х | |
| 10- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | | |
| 12a | | 10- | х | |
| | Schedule D, Parts XI and XII | 12a | | |
| D | Was the organization included in consolidated, independent audited financial statements for the tax year? | 101 | | x |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u> </u> |
| 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 | 1/1 | | х |
| 16 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b | | - 23 |
| 15 | | 15 | | х |
| 16 | foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 13 | | - 23 |
| 10 | | 16 | | х |
| 17 | or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | - 23 |
| 17 | | 17 | | х |
| 12 | column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | - 23 |
| 18 | | 18 | | х |
| 10 | 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | 10 | | - 22 |
| 19 | | 19 | | х |
| 20- | complete Schedule G, Part III | | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a 20b | | - 22 |
| b 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 200 | | |
| ~ I | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> | 21 | | х |
| | as notice geterminent of that into y, more in tes, complete schedule i, Parts Fahu ii | <u> </u> | | |

| Form | 990 (2023) COALITION, INC. 59-368 | 3227 | Р | _{age} 4 |
|------|---|--------------|-----|------------------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | - |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | . 22 | | 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? If "Yes," complete | | | |
| | Schedule J | 23 | | 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? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | 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? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | 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? If "Yes," complete Schedule L, Part II | 26 | | 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? If "Yes," complete Schedule L, Part III | . 27 | | 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): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | . 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | . 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | . 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | 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? If "Yes," complete Schedule R, Part I | . 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | . <u>35a</u> | | 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)? If "Yes," complete Schedule R, Part V, line 2 | . <u>35b</u> | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 27 | Did the exercise tion conduct more than 50/ of its activities through an antibutistic set a valated exercise them. | | 1 | |

| 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> Bid the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | | | | |
| 38 | | | | | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | | | | |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | | | | |
| | | | Yes | No | | | |

| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 143 | | |
|----|--|----|-----|----|--|
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | |
| с | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | | |
| | (gambling) winnings to prize winners? | | | 1c | |

Х

| Form 990 (2 | |
|-------------|-----------|
| Part IV | Checklist |

| Form | <u>990 (2023)</u> COALITION, INC. 59-3683 | 227 | P | age 5 | | |
|------|--|-----|-----|--------------|--|--|
| Pa | t 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 43 | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х | | |
| 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 | | | | |
| | 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 | | Х | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х | | |
| С | 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 | | Х | | |
| 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). | | | | | |
| а | 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 | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | |
| | to file Form 8282? | 7c | | Х | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | |
| 8 | | | | | | |
| • | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 0 | | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | |
| | Section 501(c)(12) organizations. Enter: | | | | | |
| 11 | Gross income from members or shareholders | | | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | |
| D | 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 | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | |
| | organization is licensed to issue qualified health plans | | | | | |
| с | Enter the amount of reserves on hand | 1 | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х | | |
| | 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? | 15 | | Х | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or 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? | 17 | | | | |
| | If "Yes," complete Form 6069. | | | | | |

| Form | 990 (2023) COALITION, INC. | | 59-3683 | | Р | age 6 |
|----------|---|----------|----------------------|-----------|---------|-------|
| Pa | t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th | nrough | 7b below, and for a | a "No" i | respon | ise |
| - | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | X |
| Sec | tion A. Governing Body and Management | | | | | |
| | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 2(| <u>)</u> | | |
| | 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 0. | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 2(| <u>)</u> | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with a | ny other | | | |
| | officer, director, trustee, or key employee? | | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | e direct | supervision | | | |
| | | | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | 90 was | filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | point c | ne or | | | |
| | more members of the governing body? | | | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | ockhol | ders, or | | | |
| | persons other than the governing body? | | | 7b | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | • | | | |
| | The governing body? | | | <u>8a</u> | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | | |
| <u></u> | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue | Code.) | | | |
| | | | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such ch | • | | | | |
| | | | | 10b | | x |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body | before | e filing the form? | 11a | | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | 10- | х | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | л | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | , | | 100 | х | |
| 40 | on Schedule O how this was done | | | 12c | | |
| 13 14 | Did the organization have a written whistleblower policy? | | | 13 | X X | |
| 14 15 | Did the organization have a written document retention and destruction policy? | | | 14 | | |
| 15 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | lependent | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | х | |
| b | Other officers or key employees of the organization | | | 15a | | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | hent wi | th a | | | |
| 104 | taxable entity during the year? | | | 16a | | X |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | 100 | | |
| 5 | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | • | • | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| Sec | tion C. Disclosure | | | 1.50 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed FL | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar | nd 990- | T (section 501(c)(3) | s onlv) | availal | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. | | (0)(0) | | | - |
| | X Own website Another's website X Upon request Other (explain) | on Sc | hedule () | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | | , | d finan | cial | |
| | statements available to the public during the tax year. | | | | | |

| 20 | State the na | me, ad | dress, and telephon | e number | of the perso | n who possesses | the organization's bo | oks and | records |
|----|--------------|--------|---------------------|----------|--------------|-----------------|-----------------------|---------|---------|
| | ELIZAB | ETH | DENNY-ABEF | RNATHY | 7 - 850 |)-595-540(|) | | |
| | 1720 W | EST | FAIRFIELD | DR., | SUITE | 100-400, | PENSACOLA, | FL | 32501 |

| ESCAMBIA | COUNTY | SCHOOL | READINESS |
|-----------|---------|--------|-----------|
| COALITION | I. INC. | | |

| Form 990 (2 | 2023) | COALITIC | DN, IN | с. | | | 59-3 |
|-------------|--------------|--------------|----------|-------------|------------------|---------|-------------|
| Part VII | Compensation | of Officers, | Director | s, Trustees | , Key Employees, | Highest | Compensated |
| | Employees an | d Independe | nt Cont | ractors | | | |

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 the 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.

| Name and title Average hours per weak updates of the sector visition organization per and a sector visition organization Reportable compension from organization (W2-71099-NEC) Estimated compension from related organization (W2-71099-NEC) (1) WALTER B. WARSON, JR REACUTIVE DIRECTOR 1.000 X 1.31,689 | (A) | (B) | | | (0 | | | | (D) | (E) | (F) |
|--|--------------------------|-----------|--------|-------------|---------|--------|---------|-------|--------------|--|---------------|
| hours per veek tool, unservation and an out of | Name and title | Average | (do | | | | | ane | Reportable | Reportable | Estimated |
| Week (ist ary nours for related organizations below line) Interfere arguinations (ist ary nours for related organizations (ine) Interfere arguinations (ine) Interfere arguinations (inganizations (inganizations (inganizations) Interfere arguinations (inganizations) Interfere arguinations Interfere argui | | hours per | box | , unle | ss pei | rson i | is both | n an | compensation | compensation | amount of |
| (1) WALTER B. WATSON, JR 1.00 X 131,689. 0. 4,303. C2) MONA JACKSON 1.00 X X 0. 0. 0. TREASURER X X 0. 0. 0. 0. (3) CINDY KIR 1.00 X X 0. 0. 0. (4) MARY ANN BICKERSTAFF 1.00 X X 0. 0. 0. MEMBER X X 0. 0. 0. 0. 0. (5) SHAMON NICKINSON 1.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. (5) SHAMON NICKINSON 1.00 X X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. <td< td=""><td></td><td></td><td></td><td>cer ar I</td><td>id a d</td><td>irecto</td><td>or/trus</td><td>tee)</td><td></td><td></td><td></td></td<> | | | | cer ar I | id a d | irecto | or/trus | tee) | | | |
| (1) WALTER B. WATSON, JR 1.00 X 131,689. 0. 4,303. C2) MONA JACKSON 1.00 X X 0. 0. 0. TREASURER X X 0. 0. 0. 0. (3) CINDY KIR 1.00 X X 0. 0. 0. (4) MARY ANN BICKERSTAFF 1.00 X X 0. 0. 0. MEMBER X X 0. 0. 0. 0. 0. (5) SHAMON NICKINSON 1.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. (5) SHAMON NICKINSON 1.00 X X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. <td< td=""><td></td><td></td><td>rector</td><td></td><td></td><td></td><td></td><td></td><td></td><td>J. J. J</td><td>•</td></td<> | | | rector | | | | | | | J. J | • |
| (1) WALTER B. WATSON, JR 1.00 X 131,689. 0. 4,303. C2) MONA JACKSON 1.00 X X 0. 0. 0. TREASURER X X 0. 0. 0. 0. (3) CINDY KIR 1.00 X X 0. 0. 0. (4) MARY ANN BICKERSTAFF 1.00 X X 0. 0. 0. MEMBER X X 0. 0. 0. 0. 0. (5) SHAMON NICKINSON 1.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. (5) SHAMON NICKINSON 1.00 X X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. <td< td=""><td></td><td></td><td>or di</td><td>ee</td><td></td><td></td><td>ated</td><td></td><td>, v</td><td>•</td><td></td></td<> | | | or di | ee | | | ated | | , v | • | |
| (1) WALTER B. WATSON, JR 1.00 X 131,689. 0. 4,303. C2) MONA JACKSON 1.00 X X 0. 0. 0. TREASURER X X 0. 0. 0. 0. (3) CINDY KIR 1.00 X X 0. 0. 0. (4) MARY ANN BICKERSTAFF 1.00 X X 0. 0. 0. MEMBER X X 0. 0. 0. 0. 0. (5) SHAMON NICKINSON 1.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. (5) SHAMON NICKINSON 1.00 X X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. <td< td=""><td></td><td></td><td>ustee</td><td>trust</td><td></td><td>96</td><td>bens</td><td></td><td>· ·</td><td>1099-NEC)</td><td>•</td></td<> | | | ustee | trust | | 96 | bens | | · · | 1099-NEC) | • |
| (1) WALTER B. WATSON, JR 1.00 X 131,689. 0. 4,303. C2) MONA JACKSON 1.00 X X 0. 0. 0. TREASURER X X 0. 0. 0. 0. (3) CINDY KIR 1.00 X X 0. 0. 0. (4) MARY ANN BICKERSTAFF 1.00 X X 0. 0. 0. MEMBER X X 0. 0. 0. 0. 0. (5) SHAMON NICKINSON 1.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. (5) SHAMON NICKINSON 1.00 X X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. <td< td=""><td></td><td></td><td>ual tr</td><td>tional</td><td></td><td>vold</td><td>t con</td><td></td><td>1099-INEC)</td><td></td><td></td></td<> | | | ual tr | tional | | vold | t con | | 1099-INEC) | | |
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| (2) MONA JACKSON 1.00 x x 0. 0. 0. TREASUBLER X X 0. 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. 0. (4) MARY ANN BICKERSTAFF 1.00 X 0. 0. 0. (5) SHANNON NICKINSON 1.00 X 0. 0. 0. (6) EDNA WILLIAMS 1.00 X 0. 0. 0. (6) EDNA WILLIAMS 1.00 X 0. 0. 0. (7) CRAIG JONES 1.00 X 0. 0. 0. 0. (8) BRIAN WYER 1.00 X 0. 0. 0. 0. (9) RICHARD WRIGHT 1.00 X 0. 0. 0. (10) MEMDER X 0. 0. 0. 0. (11) ROGER THOMPSON < | (1) WALTER B. WATSON, JR | 1.00 | | | | - | | - | | | |
| TREASURER X X X 0. 0. 0. (3) CINDY KIRK 1.00 X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. (4) MARY ANN BICKERSTAFF 1.00 X 0. 0. 0. 0. (5) SHANNON NICKINSON 1.00 X 0. 0. 0. 0. (6) EDNA WILLIAMS 1.00 X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. 0. MEMBER 1.00 X 0. 0 | EXECUTIVE DIRECTOR | | | | х | | | | 131,689. | 0. | 4,303. |
| (3) CINDY KIRK 1.00 X 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. MEMBER X X 0. 0. 0. 0. SECRETARY X X 0. 0. 0. 0. MEMBER 1.00 X X 0. 0. 0. MEMBER 1.00 X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. 0. 0. 0. MEMBER X 0. 0. 0. | (2) MONA JACKSON | 1.00 | | | | | | | | | |
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| (16) MELISSA SIDOTI 1.00 X 0. <td>(15) BAMBI SEALY</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | (15) BAMBI SEALY | 1.00 | | | | | | | | | |
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| (17) TARAE DONALDSON 1.00 X 0. </td <td>(16) MELISSA SIDOTI</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | (16) MELISSA SIDOTI | 1.00 | | | | | | | | | |
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| ESCAMBIA | | SC | HC | OL | R | EA | DI | NESS | | | | |
|--|--|--------------------------------|------------------------|-------------------------------------|--------------------------|---------------------------------|--------|---|---|--|---|-----------------|
| Form 990 (2023) COALITION | - | | | | | | | | 59-3683 | 227 | Р | age 8 |
| Part VII Section A. Officers, Directors, Trus | | oloy | ees, | | | ghes | st Co | | s (continued) | | | |
| (A) Name and title | (B) Average hours per week | box offic | not c , unle: | Posi heck r ss per id a di | ition more rson is | than (s both | n an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other | | |
| | (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | fi org an | ipensa rom th janizat d relat anizati | e ion ed |
| (18) TAMMY HICKS | 1.00 | | | | | | | | | | | • |
| MEMBER | 1 00 | Х | | | | | | 0. | 0. | | | 0. |
| (19) SHACONDRA PRIMM MEMBER | 1.00 | x | | | | | | 0. | 0. | | | Ο. |
| (20) LINDSAY CANNON | 1.00 | ~ | | | | | | 0. | 0. | | | 0. |
| MEMBER | 1.00 | х | | | | | | 0. | 0. | | | Ο. |
| (21) DOUG BROWN | 1.00 | | | | | | | | | | | |
| MEMBER | | х | | | | | | 0. | 0. | | | Ο. |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 131,689. | 0. | | 4,3 | |
| c Total from continuation sheets to Part VI | | | | | | | | 0. | 0. | | 4,3 | $\frac{0}{0}$ |
| d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization | | | | | |) wh | o re | 131,689. ceived more than \$100, | - | | 4,3 | <u>03.</u> 1 |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s | | | - | | - | | - | | - | 3 | | 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</i> "Yes," <i>complete Schedule J for such individual</i> | | | | | | | | | | 4 | | x |
| 5 Did any person listed on line 1a receive or a | accrue compen | Isati | on fr | om a | any | unre | elate | ed organization or individ | dual for services | - | | v |
| rendered to the organization? <i>If</i> "Yes," corr Section B. Independent Contractors | plete Schedule | e J fo | or sl | ich r | bers | on | | | | 5 | | X |
| 1 Complete this table for your five highest co | mpensated ind | lepe | ndei | nt co | ontra | acto | rs th | at received more than \$ | 100,000 of compensation | ation fro | om | |
| the organization. Report compensation for | the calendar ye | ear e | endir | ng wi | ith c | or wi | thin | | ear. | | | |
| (A) | | | | | | | | (D) | | | 21 | |

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|----------------------------|
| CHILD DEVELOPMENT SCHOOLS | | |
| 2623 W. MICHIGAN AVE, PENSACOLA, FL 32526 | CHILDCARE PROVIDER | 2,705,877. |
| MY LITTLE BLESSINGS CHILDCARE LLC | | |
| 3755 N. PACE BLVD, PENSACOLA, FL 32505 | CHILDCARE PROVIDER | 759,761. |
| PAIGE LEARNING CENTER LLC, 1000 N. NEW | | |
| WARRINGTON RD, PENSACOLA, FL 32526 | CHILDCARE PROVIDER | 719,734. |
| ALL ABOUT KIDS CHILDREN'S CENTER | | |
| 6025 ENTERPRISE DR, PENSACOLA, FL 32505 | CHILDCARE PROVIDER | 715,816. |
| DELIVERANCE TABERNACLE CHILD DEVELOPMENT CE | | |
| 1780 W. DETROIT BLVD, PENSACOLA, FL 32534 | CHILDCARE PROVIDER | 448,578. |
| 2 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization 72 | | |

| | | | | | ION, | IN | Ċ. | | | 59-3683 | 227 Page 9 |
|---|--|--------|---|----------|-------------|----------|--------------------|-----------------------------|--|---|---|
| Pa | rt V | | Statement of Re | venue | e | | | | | | |
| | | | Check if Schedule O | contain | s a respo | nse | or note to any lin | | (5) | (0) | |
| | | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| t t | 1 : | а | Federated campaigns | | 1a | | | | | | |
| iran | | b | Membership dues | | 1b | | | | | | |
| ∆g G | | с | Fundraising events | | 1c | | | | | | |
| ar , | | d | Related organizations | | 1 d | | | | | | |
| js, (| | | Government grants (contr | | | | 28,259,346. | | | | |
| er S | 1 | f | All other contributions, gifts, | | | | | | | | |
| ġŧ | | | similar amounts not included | | | | 2,500. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | - | Noncash contributions included in | | | | | 28,261,846. | | | |
| 0 0 | | n | Total. Add lines 1a-1f | | | | Business Code | 20,201,040. | | | |
| • | 2 | 2 | | | | | Dusiness Code | | | | |
| vice | 2 | a b | | | | | | | | | |
| Ser | | c | | | | | | | | | |
| am | | d | | | | | | | | | |
| Program Service Revenue | | е | | | | | | | | | |
| Å | t | f | All other program service | revenu | е | | | | | | |
| | | g | Total. Add lines 2a-2f | | | | | | | | |
| | 3 | | Investment income (includ | ding div | vidends, i | ntere | est, and | | | | |
| | other similar amounts) | | | | | | | | | | |
| | 4 Income from investment of tax-exempt bond proce 5 Royalties | | | | | | | | | | |
| | 5 | | Royalties | <u> </u> | (i) Rea | | (ii) Personal | | | | |
| | 6 | 2 | Gross rents | 6a | () 1104 | | | | | | |
| | | | Less: rental expenses | 6b | | | | | | | |
| | | | Rental income or (loss) | 6c | | | | | | | |
| | | | Net rental income or (loss) | | | | | | | | |
| | | | Gross amount from sales of | | (i) Securit | ies | (ii) Other | | | | |
| | | | assets other than inventory | 7a | | | | | | | |
| | | b | Less: cost or other basis | | | | | | | | |
| anı | | | and sales expenses | 7b | | | | | | | |
| evenue | | | Gain or (loss) | 7c | | | | | | | |
| r, R | | | Net gain or (loss) | | | ······ | | | | | |
| Other Re | 8 | а | Gross income from fundraisi | | | | | | | | |
| 0 | | | including \$ contributions reported on | | | | | | | | |
| | | | Part IV, line 18 | | - | 8a | | | | | |
| | | b | Less: direct expenses | | | 8b | | | | | |
| | | | Net income or (loss) from | | | | · | | | | |
| | 9 | а | Gross income from gamin | g activ | ities. See | | | | | | |
| | | | Part IV, line 19 | | | 9a | | | | | |
| | | | Less: direct expenses | | | | | | | | |
| | | | Net income or (loss) from | | | s | | | | | |
| | 10 | а | Gross sales of inventory, I | | | | | | | | |
| | | | and allowances | | | 102 | | | | | |
| | | | Less: cost of goods sold | | | - | | | | | |
| | - ' | U. | Net income or (loss) from | 3a125 0 | | ıy | Business Code | | | | |
| snc | 11 | а | MISCELLANEOUS INCOM | Ξ | | | 900099 | 16,662. | 16,662. | | |
| Miscellaneous Revenue | | b | | | | | | | | | |
| eve eve | | с | | | | _ | | | | | |
| Aisc | | d | All other revenue | | | | | | | | |
| ~ | | e | Total. Add lines 11a-11d | | | <u>.</u> | | 16,662. | | | |
| | 12 | | Total revenue. See instruction | กกร | | | | 28,278,508. | 16,662. | 0. | 0. |

| Form | 990 (2023) COALITION, | | READINESS | <u>59-36</u> | 83227 Page 10 |
|----------|--|------------------------------|---|--|---------------------------------------|
| | t IX Statement of Functional Expense | | | | |
| Secti | on 501(c)(3) and 501(c)(4) organizations must com | | | nplete column (A). | |
| | Check if Schedule O contains a respor | | | (0) | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| - | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, | | | | |
| 5 | trustees, and key employees | 138,568. | | 138,568. | |
| 6 | Compensation not included above to disqualified | 130,300. | | 130,300. | |
| Ū | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 1,806,607. | 1,510,751. | 295,856. | |
| 8 | Pension plan accruals and contributions (include | | | | |
| - | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 638,982. | 520,418. | 118,564. | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| с | Accounting | 24,795. | | 24,795. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 54,741. | 50,968. | 3,773. | |
| 12 | Advertising and promotion | E 4 0 0 1 0 | 7 24 266 | 10.050 | |
| 13 | Office expenses | 748,218. | 734,366. | 13,852. | |
| 14 | Information technology | 24,889. | 20,783. | 4,106. | |
| 15 | Royalties | | | | |
| 16 | | 27,493. | 22 022 | 4 460 | |
| 17 | Travel | 27,493. | 23,033. | 4,460. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | | | | |
| 19 20 | Conferences, conventions, and meetings | | | | |
| 20 21 | Interest Payments to affiliates | | | | |
| 21 | Depreciation, depletion, and amortization | 3,525. | 3,525. | | |
| 23 | Insurance | 24,906. | 17,025. | 7,881. | |
| 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 0.) | | | | |
| а | CONTRACT EXPENSES | 23,851,924. | 23,851,924. | 0. | |
| b | DUES AND FEES | 379,364. | 371,063. | 8,301. | |
| c | RENTALS | 140,383. | 120,022. | 20,361. | |
| U d | MISCELLANEOUS | 84,531. | 84,196. | 335. | |
| e | All other expenses | 118,953. | 110,494. | 8,459. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 28,067,879. | 27,418,568. | 649,311. | 0. |
| 26 | Joint costs. Complete this line only if the organization | | - | - | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

Check here

if following SOP 98-2 (ASC 958-720)

ESCAMBIA COUNTY SCHOOL READINESS COALITION, INC.

| | 990 (2 t X | 2023) COALITION, INC | • | | | 59- | 3683227 Page 11 |
|-----------------------------|----------------------|--|--------------|------------------|---------------------------------|---------|-------------------------------------|
| | • / \ | Check if Schedule O contains a response or not | e to anv lin | e in this Part X | | | |
| | | · | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 1,462,198. | 1 | 1,538,992. |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 683,305. | 3 | 193,163. |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | | | | | |
| | | controlled entity or family member of any of the | | 5 | | | |
| | 6 | Loans and other receivables from other disquali | | | | | |
| | | under section 4958(f)(1)), and persons described | | 6 | | | |
| s | 7 | Notes and loans receivable, net | | | 7 | | |
| Assets | 8 | Inventories for sale or use | | 8 | | | |
| As | 9 | | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 218,950. | | | |
| | b | Less: accumulated depreciation | 10b | 218,950. | 3,526. | 10c | 0 |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line | | | | 13 | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 488,555. | 15 | 361,046 | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 2,637,584. | 16 | 2,093,201 |
| | 17 | Accounts payable and accrued expenses | 2,127,412. | 17 | 1,498,680 | | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| s | 22 | Loans and other payables to any current or form | er officer, | director, | | | |
| litie | | trustee, key employee, creator or founder, subst | | | | | |
| Liabilities | | controlled entity or family member of any of the | | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrela | | 23 | | | |
| | 24 | Unsecured notes and loans payable to unrelated | d third part | ies | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | yables to r | elated third | | | |
| | | parties, and other liabilities not included on lines | 17-24). Co | omplete Part X | | | |
| | | of Schedule D | | | 482,844. | 25 | 356,564 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 2,610,256. | 26 | 1,855,244 |
| | | Organizations that follow FASB ASC 958, che | ck here | X | | | |
| ces | | and complete lines 27, 28, 32, and 33. | | | | | |
| lan | 27 | | | ····· | 27,328. | 27 | 237,957 |
| Ba | 28 | Net assets with donor restrictions | | <u>_</u> | | 28 | |
| | | Organizations that do not follow FASB ASC 9 | | | | | |
| Ē | | and complete lines 29 through 33. | | | | | |
| s | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| sei | 30 | Paid-in or capital surplus, or land, building, or ed | luipment fu | ind | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated in | | | A- A- | 31 | |
| Re | 32 | Total net assets or fund balances | | L | 27,328. | 32 | 237,957 |
| | 33 | Total liabilities and net assets/fund balances . | | | 2,637,584. | 33 | 2,093,201. Form 990 (2023 |

Form **990** (2023)

| ESCAMBIA COUNTY SCHOO | L READINESS |
|-----------------------|-------------|
|-----------------------|-------------|

| Form | orm 990 (2023) COALITION, INC. 59-368322' | | | | | | | | | |
|------|---|----------|---------------|--------------|-------------|--|--|--|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | | | | | | |
| | | | | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | <u>28,278</u> | | | | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 28,067 | - | | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 210 | , 62 , 32 | | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | | | | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | | | |
| 7 | Investment expenses | 7 | | | | | | | | |
| 8 | Prior period adjustments | 8 | | | | | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. | | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | | | | |
| | column (B)) | 10 | 237 | , 95 | 57 . | | | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | | | | | | |
| | | | | Yes | No | | | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | <u>X</u> | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | | | | | |
| | consolidated basis, or both: | | | | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | | | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | х | | | | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | X | | | | | | |

Form 990 (2023)

| SCHE | DULE A 90) | | Public Cha | OMB No. 1545-0047 | | | | | |
|---------------|---------------------|------------------------|------------------------|--|-------------------------------------|-----------------------------------|-------------------|----------------|----------------------------|
| · | | Co | • • | nization is a section 501 47(a)(1) nonexempt cha | | | or a section | | 2023 |
| | of the Treasury | | | ttach to Form 990 or Fo | | | | | Open to Public |
| Internal Reve | | | | Form990 for instructior | | | ormation. | | Inspection |
| Name of | the organization | | | Y SCHOOL REAL | DINESS | 5 | | | identification number |
| Part I | Peason f | | ITION, INC | 9-3683227 | | | | | |
| | | | | (All organizations must c | | | ee instruction | S. | |
| , Č | | • | | For lines 1 through 12, cl | | , | ()/ A)/:) | | |
| 1 | | | | on of churches described | |)(מ)סייו הס | I)(A)(I). | | |
| 3 | | | | (Attach Schedule E (Form anization described in se | | V6V1VAV;; | ::) | | |
| 4 | | • | 1 0 | njunction with a hospital | | | , | (iiii) Enter | the hospital's name |
| - L | city, and state | - | | | 400011004 | 00000 | | | and noophal o name, |
| 5 | - | | or the benefit of a co | llege or university owned | or operat | ed by a go | overnmental u | nit describe | ed in |
| | | | Complete Part II.) | 0 , | · | , , | | | |
| 6 | A federal, sta | e, or local go | vernment or governn | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 X | An organizati | on that norma | Illy receives a substa | ntial part of its support fr | om a gove | ernmental | unit or from th | ne general p | oublic described in |
| | section 170(I |)(1)(A)(vi). (C | omplete Part II.) | | | | | | |
| 8 🛄 | A community | trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | |
| 9 🔛 | - | - | | in section 170(b)(1)(A)(| | | | - | - |
| | | or a non-land-o | grant college of agric | ulture (see instructions). | Enter the I | name, city | , and state of | the college | e or |
| 40 | university: | | | He are 00 d (00/ a f ite areas | | | | | |
| 10 | | | | than 33 1/3% of its supp | | | | | |
| | | | | t to certain exceptions; a (less section 511 tax) fro | | | | | - |
| | | | mplete Part III.) | | | ses acqui | | jai lization a | |
| 11 🗌 | | | | ively to test for public sat | etv. See | section 50 |)9(a)(4). | | |
| 12 | - | - | - | ively for the benefit of, to | • | | | rry out the | purposes of one or |
| | - | - | - | ed in section 509(a)(1) o | | | | • | |
| | lines 12a thro | ugh 12d that | describes the type o | f supporting organizatior | and com | plete lines | 12e, 12f, and | 12g. | |
| a | Type I. A su | pporting orga | anization operated, s | upervised, or controlled | by its supp | ported org | anization(s), t | pically by | giving |
| | the support | ed organizatio | on(s) the power to re | gularly appoint or elect a | majority c | of the direc | tors or truste | es of the su | upporting |
| _ | organizatio | n. You must o | complete Part IV, Se | ections A and B. | | | | | |
| b _ | | | - | l or controlled in connect | | | - | | - |
| | | 0 | | anization vested in the sa | ame perso | ns that co | ntrol or mana | ge the supp | ported |
| | | . , | t complete Part IV, | | | | | | -1 24- |
| c _ | | - | • • • • | g organization operated). You must complete I | | | | ly integrate | ed with, |
| d | | • | .,. | porting organization oper | | | - | ted organia | zation(s) |
| u | | - | | zation generally must sat | | | | °, | |
| | | , | 0 0 | mplete Part IV, Sections | | | | anatona | |
| e | | | | written determination from | | | | II, Type III | |
| | functionally | integrated, or | r Type III non-functio | nally integrated supporti | ng organiz | ation. | | | |
| f Ent | er the number of | of supported of | organizations | | | | | | |
| g Pro | | | n about the supporte | | <i></i> | | | | |
| | (i) Name of suppo | orted | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (IV) Is the orga in your governi | anization listed ing document? | (v) Amount or | - | (vi) Amount of other |
| | organization | | | above (see instructions)) | Yes | No | support (see ir | istructions | support (see instructions) |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | <u> </u> |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | ļ |
| Total | | | | | | | | | <u> </u> |

ESCAMBIA COUNTY SCHOOL READINESS COALITION, INC.

59-3683227 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|------|--|-----------------------|------------------------|----------------------------------|-----------------------------|----------------------|-----------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 21562008. | 23095961. | 25029288. | 40312528. | 28261846. | 138261631 |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | 21562008. | 23095961. | 25029288. | 40312528. | 28261846. | 138261631 |
| | 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. | | | | | | 138261631 |
| | tion B. Total Support | • | | • | • | • | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 | Amounts from line 4 | 21562008. | 23095961. | 25029288. | 40312528. | 28261846. | 138261631 |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | 478. | 2,762. | 0. | 3,240. |
| 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.) | 329. | 192. | 32,824. | 180. | 16,662. | 50,187. |
| 11 | Total support. Add lines 7 through 10 | | | | | | <u>50,187.</u> 138315058 |
| 12 | Gross receipts from related activities, | etc. (see instructio | ons) | | • | 12 | |
| 13 | First 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third, | fourth, or fifth tax | ear as a section 5 | 01(c)(3) | |
| | organization, check this box and stop | | | | | | |
| Sec | tion C. Computation of Publi | c Support Per | centage | | | | |
| 14 | Public support percentage for 2023 (I | ine 6, column (f), d | ivided by line 11, o | column (f)) | | 14 | <u>99.96 %</u> |
| 15 | Public support percentage from 2022 | Schedule A, Part | II, line 14 | | | 15 | 99.97 % |
| 16a | 33 1/3% support test - 2023. If the o | organization did no | t check the box o | n line 13, and line [.] | 14 is 33 1/3% or m | ore, check this box | |
| | $\ensuremath{ \text{stop} here.}$ The organization qualifies | as a publicly supp | orted organization | | | | X |
| b | 33 1/3% support test - 2022. If the o | organization did no | t check a box on | line 13 or 16a, and | line 15 is 33 1/3% | or more, check the | is box |
| | and stop here. The organization qual | ifies as a publicly s | supported organization | ation | | | |
| 17a | 10% -facts-and-circumstances test | - 2023. If the org | anization did not o | check a box on line | e 13, 16a, or 16b, a | and line 14 is 10% o | or more, |
| | and if the organization meets the fact | s-and-circumstanc | es test, check this | box and stop he | re. Explain in Part | VI how the organiz | ation |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pu | blicly supported o | rganization | | |
| b | 10% -facts-and-circumstances test | - 2022. If the org | anization did not o | check a box on line | e 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne facts-and-circum | nstances test, che | ck this box and s t | t op here. Explain i | n Part VI how the | |
| | organization meets the facts-and-circl | umstances test. Th | e organization qua | alifies as a publicly | supported organiz | ation | |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | nd see instructions | ; |

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Part II

ESCAMBIA COUNTY SCHOOL READINESS COALITION, INC.

Schedule A (Form 990) 2023 C

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.)

| Sec | ction A. Public Support | | | | | | |
|------|--|-----------------------------|----------------------------|----------------------|----------------------|----------------|---------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 202 | 23 (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 per- formed, 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 bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | L | | | | | |
| 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 202 | 23 (f) Total |
| | Amounts from line 6 | (a) 2019 | (b) 2020 | (0) 2021 | (u) 2022 | (e) 202 | |
| | 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 | | | | | | |
| | 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.) | L | | | | | |
| 14 | First 5 years. If the Form 990 is for the | ie organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3) orga | anization, |
| | check this box and stop here | | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | rcentage | | | | |
| 15 | Public support percentage for 2023 (I | ine 8, column (f), d | livided by line 13, o | column (f)) | | 15 | % |
| | Public support percentage from 2022 | | | | | 16 | % |
| Sec | ction D. Computation of Inves | tment Income | e Percentage | | | | |
| 17 | Investment income percentage for 20 |)23 (line 10c, colur | mn (f), divided by li | ne 13, column (f)) | | 17 | % |
| 18 | 1 5 | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2023. If the | organization did r | not check the box | on line 14, and line | e 15 is more than 3 | 33 1/3%, and | l line 17 is not |
| | more than 33 1/3%, check this box ar | nd stop here. The | organization quali | fies as a publicly s | supported organiza | ation | |
| b | 33 1/3% support tests - 2022. If the | organization did r | not check a box or | line 14 or line 19 | a, and line 16 is mo | ore than 33 1 | /3%, and |
| | line 18 is not more than 33 1/3%, che | ck this box and st | t op here. The orga | nization qualifies | as a publicly suppo | orted organiz | ration |
| 20 | 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | | | | | |

ESCAMBIA COUNTY SCHOOL READINESS COALITION, INC.

59-3683227 Page 4

Yes

No

Schedule A (Form 990) 2023 COAI

(Complete only if you checked a box on line 12 of 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

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

| Sche | edule A (Form 990) 2023 COALITION, INC. | <u>59-368322</u> | 7 ра | age 5 |
|------|---|---------------------|--------------|--------------|
| Pa | rt IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described 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 | | |
| | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| - | detail in Part VI. | 11c | | |
| Sec | tion 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 o | ne or | 163 | |
| • | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | , | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp | orted | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among | | | |
| - | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| 0 | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | r — | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| - | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | | 2 | | |
| 2 | the organization maintained a close and continuous working relationship with the supported organization(s). | ~ ~ | | |
| 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? If "Yes," describe in Part VI the role the organization's | | | |
| 800 | supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| Sec | | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst | ructions). | | |
| а | The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> | | | |
| b | | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. | ty (see instruction | 1 <u>s).</u> | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |

- the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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? 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

| ESCAMBIA | COUNTY | SCHOOL | READINESS |
|-----------|---------|--------|-----------|
| COALITION | I, INC. | | |

| | edule A (Form 990) 2023 COALITION, INC. | - | | 59-3683227 Page 6 |
|------|--|-------------|----------------------------|--------------------------------|
| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supportir | | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyir | ng trust on | Nov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mus | t complete | e Sections A through E. | I |
| Sect | ion 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 | | |
| Sect | ion 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 | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion 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 | | |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 Γ instructions).

Schedule A (Form 990) 2023

332026 12-21-23

| | Schedule A (Form 990) 2023 COALITION, INC. 59-3683227 Page 7 | | | | | |
|-------|--|------------------------------|--|---------------------------------------|----|--|
| | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | |
| Secti | on D - Distributions | | | Current Yea | ar | |
| _1 | Amounts paid to supported organizations to accomplish exer | npt purposes | 1 | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | | |
| | organizations, in excess of income from activity | | 2 | | | |
| _3 | Administrative expenses paid to accomplish exempt purpose | s of supported organizations | 3 | | | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | 5 | | | |
| 6 | Other distributions (<i>describe in</i> Part VI). See instructions. | | 6 | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | 7 | | | |
| 8 | Distributions to attentive supported organizations to which the | e organization is responsive | | | | |
| | (provide details in Part VI). See instructions. | | 8 | | | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | 9 | | | |
| 10 | Line 8 amount divided by line 9 amount | | 10 | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributabl Amount for 2 | | |
| _1 | Distributable amount for 2023 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | | |
| а | From 2018 | | | | | |
| b | • From 2019 | | | | | |
| с | From 2020 | | | | | |
| d | From 2021 | | | | | |
| е | From 2022 | | | | | |
| f | Total of lines 3a through 3e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| h | Applied to 2023 distributable amount | | | | | |
| i | Carryover from 2018 not applied (see instructions) | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | |
| 4 | Distributions for 2023 from Section D, | | | | | |
| | line 7: \$ | | | | | |
| а | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2023 distributable amount | | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | | |
| | than zero, explain in Part VI. See instructions. | | | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | | | |
| | and 4b from line 1. For result greater than zero, <i>explain in</i> | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | | |
| | and 4c. | | | | | |
| 8 | Breakdown of line 7: | | | | | |
| | Excess from 2019 | | | | | |
| | Excess from 2020 | | | | | |
| | Excess from 2021 | | | | | |
| | Excess from 2022 | | | | | |
| | Excess from 2023 | | | | | |
| - | | | | | | |

Schedule A (Form 990) 2023

| Part IV, Section A, I line 1; Part IV, Sect | COALITION, INC. Information. Provide the explanatio lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, ion D, lines 2 and 3; Part IV, Section E, | SCHOOL READINESS ons required by Part II, line 10; Part II, line 17a o 9c, 11a, 11b, and 11c; Part IV, Section B, lines lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part 5, and 6. Also complete this part for any additio | 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V, |
|--|---|--|--|
| SCHEDULE A, PART | II, LINE 10, EXPLAN | NATION FOR OTHER INCOME: | |
| MISCELLANEOUS | | | |
| 2019 AMOUNT: \$ | 329. | | |
| 2020 AMOUNT: \$ | 192. | | |
| 2021 AMOUNT: \$ | 32,824. | | |
| 2022 AMOUNT: \$ | 180. | | |
| 2023 AMOUNT: \$ | 16,662. | | |
| | | | |
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

| | Attach to Form 990, 990-EZ, or 990-PF. |
|------|--|
| Go t | o www.irs.gov/Form990 for the latest information |

2023

Employer identification number

COALITION, INC.

59-3683227

| 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.

J 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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set is the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

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).

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

| | B (Form 990) (2023) | | | Page 2 |
|------------|---|---------------------------|-------|--|
| | rganization BIA COUNTY SCHOOL READINESS | | Emplo | yer identification number |
| | TION, INC. | | 59 | -3683227 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additionate | al space is needed. | | |
| (a) | (b) | (c) | | (d) |
| No. | Name, address, and ZIP + 4 | Total contribution | ns | Type of contribution |
| 1 | OFFICE OF EARLY LEARNING 250 MARRIOTT DRIVE | \$ <u>27,969,8</u> | 43. | Person X Payroll Noncash |
| | TALLAHASSEE, FL 32399 | | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | ns | (d) Type of contribution |
| | | \$ | | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | | (d) Type of contribution |
| | | \$ | | Person Payroll Payroll Occupient Payroll Occupient Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | ns | (d) Type of contribution |
| | | \$ | | Person Payroll On Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | ns | (d) Type of contribution |
| | | \$ | | Person Payroll On Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | ns | (d) Type of contribution |
| | | \$ | | Person Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule I | B (Form 990) (2023) | | Page 3 |
|------------------------------|--|---|--------------------------------|
| | | | Employer identification number |
| | BIA COUNTY SCHOOL READINESS FION, INC. | | 59-3683227 |
| Part II | Noncash Property (see instructions). Use duplicate copies of Part II | if additional space is needed | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | l listo received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | l listo received |
| | | | |

| Schedule I | B (Form 990) (2023) | | | | Page 4 | | | |
|-----------------|--|---|--|---------------------------|---|--|--|--|
| Name of o | organization | | | | Employer identification number | | | |
| ESCAM | BIA COUNTY SCHOOL READIN | NESS | | | | | | |
| | TION, INC. | | | | 59-3683227 | | | |
| Part III | Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) | ons to organizations described | in section 501 | (c)(7), (8), or (10) th | at total more than \$1,000 for the year | | | |
| | completing Part III, enter the total of exclusively religious, of | charitable, etc., contributions of \$1,00 | 0 or less for the | year. (Enter this info. c | once.) \$ | | | |
| | Use duplicate copies of Part III if additional s | space is needed. | | | | | | |
| (a) No. from | (b) Purpose of gift | (a) Lies of gift | | | wintion of how sift is hold | | | |
| Part I | (b) Fulpose of gift | (c) Use of gift | | (u) Dest | cription of how gift is held | | | |
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| (a) No. | | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Desc | cription of how gift is held | | | |
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| | Transforce's name address a | ad 7 ID + 4 | Relationship of transferor to transferee | | | | | |
| | Transferee's name, address, a | | Re | | | | | |
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| (Form 980) Dependent of the Treative | 90 | | Supplementa | OMB No. 1545-0047 | | | | |
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| Part III (Jino 6, 7, 8, 9, 10, 114, 115, 116, 116, 111, 112, 012, 116, 116, 116, 116, 116, 117, 112, 012, 116, 116, 116, 116, 116, 116, 116, 1 | SCHEDULE D (Form 990) | | | 2023 | | | | |
| Intervention Co to www.rs.gov/Form90 for instructions and the latest information. Impection Name of the organization ECAMBIA COUNTY SCHOL READINESS Employed indications of the Statistication numbers (CoALITTION, INC.) Employed indications Employed indications Statistication Statistication Statistication Statistication Employed indicatistication numbers (CoALITTION, INC.) Employed indicatistication numbers (CoALITTION, INC.) Complete if the organization answered 'Yes' on Form 980, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts. Complete if the organization inform (during year) (a) Aggregate value of orontholicons to (during year) (b) Statistication numbers and donor advisors in writing that the assets held in donor advised funds are the organization inform algentees, donors advisors in writing that grant funds can be used only for charitable purposes and not for the banefit of the donor or donor advisor, or for any other purpose conferring impermissible problement? Yes Nc Portoaction of advisor of property subject to the organization (check all that apply). Preservation of a historication number of a corganization inform space Yes Nc Protoaction of advisor advisor of property subject to conservation assements 2a 2a 2a Protoaction of advisor advisor in writing that apply. Preservation of a historication numbers advisor in subisorication assements 2a | Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | | | | | | | |
| COALTTION, INC. | | | | | | | | |
| Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization netwered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of organization specific programization second value et and year (b) Funds and other accounts 4 Darge at value at on of year (b) Funds and other accounts 5 Did the organization's programization's exocycle legal control? Ves Ne 6 Did the organization's programization's exocycle legal control? Ves Ne 6 Did the organization's program station answered "Yes" on Form 990, Part IV, line 7. Parces(b) of conservation easements hiel by the organization (locked at that app). (c) Proservation of an toro public use (for example, recreation or education) Preservation of a conservation easements 1 Program exits assemble in abilitat (c) conservation easements (c) ad the Tax Year 2 Complete inse 2s through 2d if the organization held a qualified conservation conservation easements in outdoot on line 2c acquine dare July 25, 2006, and not on a historic structure listed in the National Register (c) Ad the tax Year 3 | Nam | | | | | | | |
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| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conterring impermissible private benefit? No Particle Conservation Easements. Complete if the organization (check all that apply). Preservation of an last or public use (for example, recreation or education) Preservation of a historically important land area protection of a natural habitat Preservation of a natural habitat Preservation of a conservation easements included on line 2 a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. If Held at the End of the Tax Year 2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements. Image: Reservation 2d in the Tax Year 3 Total aureage restricted by conservation easements. Image: Reservation 2d in the Tax Year 4 Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Image: Reservation Reservers included on line 2c acquired after July 25, 2006, and not or avers included on increasements included on line 2c acquired after July 25, 2006, and not or on shistoric structure listed in the National Regi | 4 | | | | | | | |
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| for chartable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring | | are the organizatio | n's property, subject to the organization's | exclusive legal control? | | Yes 🗌 No | | |
| Impermissible private benefit? Yes Net Part III Conservation Easements. Complete if the organization answered "Yes" on Form 930, Part IV, line 7. Impermissible private benefit? Proservation of land for public use (for example, recreation or education) Preservation of a historically important land area Proservation of natural habitat Preservation of a certified historic structure Preservation of on space Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a censervation easement on the last 2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a censervation easements 2a 2 Total another of conservation easements 2a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2a 4 Number of states where property subject to conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure istend in the conservation easements includes on interfed, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easements includes? Yes Nc 5 Does the organization new a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements durin | 6 | Did the organization | on inform all grantees, donors, and donor a | dvisors in writing that grant funds can be used | only | | | |
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| violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Boes each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answerd "Yes" on Form 990, Part IV, line 8. Ia If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, ducation, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. i If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following | 4 | Number of states v | where property subject to conservation eas | ement is located | | | | |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. c) Revenue included on Form 990, Part XIII, line 1 (i) Revenue included on Form 990, Part XIII, line 1 (ii) Assets included in For | 5 | Does the organizat | tion have a written policy regarding the per | iodic monitoring, inspection, handling of | | | | |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. c) Revenue included on Form 990, Part X (i) Revenue included on Form 990, Part X | | | | | | | | |
| 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | 6 | Staff and voluntee | r hours devoted to monitoring, inspecting, | handling of violations, and enforcing conserva | tion ease | ements during the year | | |
| 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | _ | | | | | | | |
| and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part X (ii) Assets included in Form 990, Part X | 1 | Amount of expens | es incurred in monitoring, inspecting, hand | ling of violations, and enforcing conservation e | easement | ts during the year | | |
| and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part X (ii) Assets included in Form 990, Part X | 8 | Does each consen | vation easement reported on line 2d above | satisfy the requirements of section $170(h)(4)(F)$ |)(i) | | | |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. c) Revenue included on Form 990, Part VIII, line 1 | U | | • | | | Yes No | | |
| balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 | 9 | . , | | | | | | |
| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ | | | | - | | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X | | organization's accounting for conservation easements. | | | | | | |
| 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 | | | | | | | | |
| of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 | | Complete if | the organization answered "Yes" on Form | 990, Part IV, line 8. | | | | |
| service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1\$ | 1 a | If the organization | elected, as permitted under FASB ASC 95 | 8, not to report in its revenue statement and b | alance sł | neet works | | |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 | | of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public | | | | | | |
| art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 | | | | | | | | |
| provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ | b | | | | | | | |
| (i) Revenue included on Form 990, Part VIII, line 1 \$ | | | | | | | | |
| (ii) Assets included in Form 990, Part X\$ | | | | | | | | |
| | | | | | | | | |
| In the organization received or neid works of art, historical treasures, or other similar assets for financial gain, provide | ~ | ., | | | | | | |
| the following amounts required to be reported under EASP ASC OFP relating to these items: | 2 | | | | | | | |
| the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ | ~ | | | | | | | |
| a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$ | | | ¥ \$ | | | | | |
| | | | | | | • Schedule D (Form 990) 2023 | | |

| | | A COUNTY S | СНООІ | L READ | INESS | | | | | | _ |
|-------|---|----------------------------|------------|---------------|----------------|-----------|---|------------|-----------|-------|--------------|
| _ | dule D (Form 990) 2023 COALITI | ON, INC. | | | | | | 59-36 | 83227 | P | age 2 |
| Par | t III Organizations Maintaining C | ollections of Ar | t, Histo | orical Tre | asures, or | Other | ⁻ Simila | Assets | (continu | ued) | |
| 3 | 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). | | | | | | | | | | |
| а | Public exhibition | | d 🗌 | Loan or exc | hange progra | m | | | | | |
| b | Scholarly research | | | | | | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | lections and explai | n how th | ev further th | ne organizatio | n's exen | not purpo | se in Part | XIII | | |
| 5 | During the year, did the organization solicit o | | | | | | | | | | |
| Ū | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | | | | | | | | | |
| | reported an amount on Form 990, Pa | | | organization | ranowerea | | 0111 000, | r arcrv, n | 100,01 | | |
| 19 | Is the organization an agent, trustee, custodi | | diary for | contribution | s or other as | sets not | included | | | | |
| ia | on Form 990, Part X? | | • | | | | | | Yes | | No |
| h | If "Yes," explain the arrangement in Part XIII | | | | | | | ······ ∟ | | | |
| U | | and complete the lo | nowing to | abie. | | | | | Amount | | |
| - | Decision belonce | | | | | | 10 | | , arround | | |
| | Beginning balance | | | | | | | | | | |
| | Additions during the year | | | | | | | | | | |
| - | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | | | 7., | | |
| | Did the organization include an amount on F | | | | | | ty? | L | Yes | | No |
| _ | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Par | t V Endowment Funds Complete if | | 1 | | 1 | | | | (-) [| | heeli |
| | | (a) Current year | (b) P | rior year | (c) Two year | 'S DACK | (d) Three y | ears back | (e) Four | years | раск |
| | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | ent year end balanc | e (line 1g | , column (a) |)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| с | Term endowment | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | | ation that | t are held ar | nd administer | ed for th | е | | | | |
| | organization by: | Ũ | | | | | | | | Yes | No |
| | (i) Unrelated organizations? | | | | | | | | 3a(i) | | |
| | | | | | | | | | 3a(ii) | | |
| b | (ii) Related organizations? 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 | | | | | | | | | | |
| | t VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization answere | | 0, Part IV | , line 11a. S | ee Form 990 | , Part X, | line 10. | | | | |
| | Description of property | (a) Cost or o | | - | or other | | ccumulate | ad I | (d) Book | valu | <u> </u> |
| | Description of property | basis (investi | | . , | (other) | • • | preciation | | | valu | 5 |
| 12 | Land | | , | | . / | | | | | | |
| | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | 21 | 8,950. | | 218,9 | 50 | | | 0. |
| | Equipment | | | <u>4</u> 1 | | | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | •• |
| | Other | | | | | | | | | | 0. |
| Iotal | . Add lines 1a through 1e. (Column (d) must e | <u>qual Form 990, Part</u> | X. line 10 | Uc, column | <u>(B))</u> | | | | D (F | 000 | |
| | | | | | | | | Schedule | e D (Form | 99U) | 2023 |

| ESCAMBIA | COUNTY | SCHOOL | READINESS |
|------------|--------|--------|-----------|
| CONTITUTON | | | |

| Schedule D (Form 990) 2023 COALITION, | INC. | 59 | -368322/ Page 3 |
|--|---------------------------|--|------------------------|
| Part VII Investments - Other Securities | on Form 000 Dort IV/ line | a 11b Sac Form 000 Dart V line 10 | |
| Complete if the organization answered "Yes" (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | hof year market value |
| | | (c) Method of Valdation. Cost of end | a-or-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990 Part IV line | e 11c See Form 990 Part X line 13 | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | hofwar market value |
| | | (c) Method of Valdation. Cost of end | a-or-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| <u>(4)</u> | | | |
| (5) | | | |
| <u>(6)</u> | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets | | | |
| Complete if the organization answered "Yes" | on Form 990 Part IV line | a 11d See Form 990 Part X line 15 | |
| | Description | | (b) Book value |
| | Description | | 3,186. |
| | | | 8,212. |
| (2) DEPOSITS (3) RIGHT OF USE ASSET | | | 349,548. |
| | | | 100. |
| | | | 100. |
| (5) (6) | | | |
| | | | |
| (7)(8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, co | | | 361,046. |
| Part X Other Liabilities | Л. (В)) | | 501,040. |
| Complete if the organization answered "Yes' | on Form 990 Part IV line | e 11e or 11f See Form 990 Part X line 25 | |
| (a) Departmention of lightlity | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) OPERATING LEASE LIABILITY | | | 356,564. |
| (3) | | | 550,504. |
| (4) | | | |
| (5) | | | |
| | | | |
| <u>(6)</u> (7) | | | |
| (7) (9) | | | |
| (8) (9) | | | |
| | | | 356,564. |
| Total. (Column (b) must equal Form 990, Part X, line 25, co | <u>אר (ש)) אור (ש)</u> | | |

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 🛄 🐰

| | ESCAMBIA COUNTY SCHOOL READINESS | | | | | |
|---|--|----------------------|----------------|-------------|--|--|
| Sche | dule D (Form 990) 2023 COALITION, INC. | | 3683227 Page 4 | | | |
| Par | t XI Reconciliation of Revenue per Audited Financial Stateme | ents With Revenue pe | er 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 | 28,278,508. | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on investments | _ 2a | | | | |
| b | Donated services and use of facilities | | | | | |
| с | Recoveries of prior year grants | | | | | |
| d | | | | | | |
| е | Add lines 2a through 2d | | 2e | 0. | | |
| 3 | Subtract line 2e from line 1 | | 3 | 28,278,508. | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | |
| с | Add lines 4a and 4b | | 4c | 0. | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | 5 | 28,278,508. | | | |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | | | | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | | | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 28,067,879. | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | |
| а | Donated services and use of facilities | 2a | | | | |
| b | Prior year adjustments | | | | | |
| с | Other losses | | | | | |
| d | Other (Describe in Part XIII.) | | | | | |
| е | Add lines 2a through 2d | | 2e | 0. | | |
| 3 | Subtract line 2e from line 1 | | | 28,067,879. | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | |
| с | Add lines 4a and 4b | | 4c | 0. | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 28,067,879. | | |
| | rt 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, LINE 2:

THE COALITION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE AS A NOT-FOR-PROFIT CORPORATION. THE

COALITION IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE

DISCLOSURE OR ACCRUAL IN ACCORDANCE WITH U.S. GAAP.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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. ESCAMBIA COUNTY SCHOOL READINESS

COALITION, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES THAT ENHANCE THE COGNITIVE, SOCIAL, AND PHYSICAL DEVELOPMENT

OF CHILDREN AS SPECIFIED BY THE FLORIDA OFFICE OF EARLY LEARNING IN

ACCORDANCE WITH FLORIDA STATUTES.

FORM 990, PART VI, SECTION A, LINE 7B:

SEVERAL POSITIONS ON THE ORGANIZATION'S BOARD REQUIRE APPROVAL BY THE STATE

OF FLORIDA GOVERNOR'S OFFICE.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE FINANCE DIRECTOR AND THE EXECUTIVE DIRECTOR, PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

DISCLOSURES OF POTENTIAL CONFLICTS ARE MADE IN WRITING AT LEAST ANNUALLY

WHEN THE ORGANIZATION'S BOARD MEMBERS SIGN A "CODE OF ETHICS".

FURTHERMORE, AT EVERY BOARD MEETING AT WHICH THERE ARE VOTES ON CRITICAL

ISSUES, THE BOARD MEMBERS ARE QUESTIONED ABOUT ANY POSSIBLE CONFLICTS OF

INTEREST REGARDING THOSE ISSUES, AND THE RESPONSES ARE FILED WITH THE

MINUTES OF THOSE MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S

SALARY.

FORM 990, PART VI, SECTION C, LINE 19:

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

59-3683227

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|--|---|
| Name of the organization ESCAMBIA COUNTY SCHOOL READINESS COALITION, INC. | Employer identification number 59-3683227 |
| THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE | ST POLICY, AND |
| FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE ORG | ANIZATION'S |
| OFFICE. | |
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