

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Northeast Florida Healthy Start Coalition, Inc.		D Employer identification number 59-3139801
	Doing business as		E Telephone number 904-723-5422
	Number and street (or P.O. box if mail is not delivered to street address) 644 Cesery Boulevard, Ste. 210		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code Jacksonville FL 32211		G Gross receipts \$ 8,003,788

F Name and address of principal officer: Jim Allen 644 Cesery Blvd, Ste. 210 Jacksonville FL 32211	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: u www.nefhealthystart.org	H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 1991	M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	77
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,005,335	8,003,788
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,005,335	8,003,788
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,312,490	1,494,407
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u		0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,758,019	5,832,928
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,070,509	7,327,335
19 Revenue less expenses. Subtract line 18 from line 12	934,826	676,453	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,609,426	4,251,118
	22 Net assets or fund balances. Subtract line 21 from line 20	1,610,431	1,575,670
		1,998,995	2,675,448

Part II Signature Block

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

Sign Here	Signature of officer Jim Allen	Date Fiscal Manager
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Maryann Magers	Preparer's signature Maryann Magers	Date 02/10/16	Check <input type="checkbox"/> if self-employed	PTIN P00713367
	Firm's name } Magers & Associates, LLC	Firm's EIN }			
	Firm's address } 165 Wells Rd Ste 405 Orange Park, FL 32073-3037	Phone no. 904-773-0180			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **6,946,617** including grants of \$) (Revenue \$)

To establish and maintain a community-based prenatal and infant health care coalition that is comprised of persons representing the public, private sector, state and local government, providers, community alliances and maternal and child health organizations, that will identify the needs of its service area, devise and implement a service plan to meet the identified needs pursuant to Florida Statutes on a continuing basis.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 6,946,617**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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		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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts 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)?		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		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: u 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	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.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

Jim Allen **644 Cesary Blvd, Ste. 210**
Jacksonville **FL 32211** **904-723-5422**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Karen Wolfson	1.00									
Board Member	0.00	X					0	0	0	
(2) Linda Asay	1.00									
Past Chair	0.00	X					0	0	0	
(3) Dr. Guy Benrubi	1.00									
Board Member	0.00	X					0	0	0	
(4) Jacquelyn Gray	1.00									
Board Member	0.00	X					0	0	0	
(5) George Lewis	1.00									
Board Member	0.00	X					0	0	0	
(6) Rev. Tom Rodgers	1.00									
Board Member	0.00	X					0	0	0	
(7) Shelly Crawford	1.00									
Board Member	0.00	X					0	0	0	
(8) Joy Burgess	1.00									
Board member	0.00	X					0	0	0	
(9) Melanie Lawson	1.00									
Board Member	0.00	X					0	0	0	
(10) Jan Morse	1.00									
Board Member	0.00	X					0	0	0	
(11) Jeannie Bowles	1.00									
Board Member	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Shanita Brown	1.00									
Board member	0.00	X					0	0	0	
(13) Catherine Hardee Drew	1.00									
Board member	0.00	X					0	0	0	
(14) Dr Mark Hudak	1.00									
Board member	0.00	X					0	0	0	
(15) Dr. Kelli Wells	1.00									
Board member	0.00	X					0	0	0	
(16) Stephen Baker	5.00									
Chair	0.00			X			0	0	0	
(17) Rev. Alton Coles	5.00									
Vice Chair	0.00			X			0	0	0	
(18) Margaret Dodson	5.00									
Treasurer	0.00			X			0	0	0	
(19) Kathy Mankinen	5.00									
Secretary	0.00			X			0	0	0	
1b Sub-total									u	
c Total from continuation sheets to Part VII, Section A									u	
d Total (add lines 1b and 1c)									u	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	8,003,788				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u	8,003,788				
	Program Service Revenue	2a	Busn. Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u					
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u				
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental exps.					
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis & sales exps.					
	c Gain or (loss)						
	d Net gain or (loss)	u					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events	u				
	9a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities	u				
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a	Busn. Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u					
	12 Total revenue. See instructions.	u	8,003,788	0	0	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,157,814	1,032,125	125,689	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	336,593	284,567	52,026	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	117,579	110,004	7,575	
14 Information technology				
15 Royalties				
16 Occupancy	197,996	185,338	12,658	
17 Travel	76,330	66,006	10,324	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	28,505	10,513	17,992	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,242		15,242	
23 Insurance	14,339	12,158	2,181	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Contractual Services	5,034,916	4,976,552	58,364	
b Miscellaneous	149,971	92,012	57,959	
c Equip Rental/Maintenance	98,678	89,111	9,567	
d Training	69,378	64,220	5,158	
e All other expenses	29,994	24,011	5,983	
25 Total functional expenses. Add lines 1 through 24e	7,327,335	6,946,617	380,718	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	1,650,824	1	2,686,047
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,759,997	3	1,446,970
	4	Accounts receivable, net	102	4	52,615
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 169,508		
	b	Less: accumulated depreciation	10b 136,542	10c 48,211	32,966
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	150,292	15	32,520
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,609,426	16	4,251,118	
Liabilities	17	Accounts payable and accrued expenses	1,412,856	17	1,467,252
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	197,575	25	108,418
	26	Total liabilities. Add lines 17 through 25	1,610,431	26	1,575,670
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	510,472	27	434,843
	28	Temporarily restricted net assets	1,488,523	28	2,240,605
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,998,995	33	2,675,448	
34	Total liabilities and net assets/fund balances	3,609,426	34	4,251,118	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,003,788
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,327,335
3	Revenue less expenses. Subtract line 2 from line 1	3	676,453
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,998,995
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,675,448

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Northeast Florida Healthy Start Coalition, Inc.

Employer identification number
59-3139801

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,270,324	6,107,776	6,408,357	8,005,335	8,003,788	34,795,580
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,270,324	6,107,776	6,408,357	8,005,335	8,003,788	34,795,580
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						34,795,580

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	6,270,324	6,107,776	6,408,357	8,005,335	8,003,788	34,795,580
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						34,795,580

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 100.00 %

15 Public support percentage from 2013 Schedule A, Part II, line 14 15 100.00 %

16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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 in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
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.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
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.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013 . . .			
e Excess from 2014 . . .			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

Northeast Florida Healthy Start Coalition, Inc.

Employer identification number

59-3139801

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u**
 - b Permanent endowment **u**
 - c Temporarily restricted endowment **u**
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		169,508	136,542	32,966
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	32,966

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Other current liabilities	108,418
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	108,418

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014**Open to Public
Inspection**

Name of the organization

**Northeast Florida Healthy Start
Coalition, Inc.**

Employer identification number

59-3139801**Form 990 - Organization's Mission**

To establish and maintain a community-based prenatal and infant health care coalition that is comprised of persons representing the public, private sector, state and local government, providers, community alliances and maternal and child health organizations, that will identify the needs of its service area, devise and implement a service plan to meet the identified needs pursuant to Florida Statutes on a continuing basis.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Form 990 is reviewed by both the Organization's finance committee and the Board of Directors.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Conflict of Interest Policy is reviewed by the Chair at any meeting where a vote is taken. Individual members must state their conflict, complete a conflict of interest form and abstain from voting. No member is permitted to vote on an issue where they have previously declared a conflict.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Executive Director has an annual contract with the Governing Board. In determining her compensation, the Executive Committee is provided with information from a statewide salary survey of similar positions.

Name of the organization

Employer identification number

Northeast Florida Healthy Start

59-3139801

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents are covered by the Florida Sunshine law and are available for review by the public at their request.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2014

Department of the Treasury
Internal Revenue Service (99)

u Attach to your tax return.
u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment Sequence No. **179**

Name(s) shown on return **Northeast Florida Healthy Start Coalition, Inc.**

Identifying number
59-3139801

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	15,242

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	15,242
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2014)

59-3139801

Federal Asset Report

FYE: 6/30/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	2642 HON Cherry Lateral	9/06/03	522			522	5 MO S/L	522	0
2	2023 Desk	2/25/99	650			650	5 MO S/L	650	0
3	2509 Two Drawer Lateral	9/20/02	522			522	5 MO S/L	522	0
4	2508 Executive Return	9/20/02	607			607	5 MO S/L	607	0
5	2507 Executive Single	9/20/02	750			750	5 MO S/L	750	0
6	2735 Putty Six Opening Shelf	6/08/04	859			859	5 MO S/L	859	0
7	2736 Putty Six Opening Shelf	6/08/04	859			859	5 MO S/L	859	0
8	1002 Nomadic Port	3/03/93	1,264			1,264	5 MO S/L	1,264	0
9	2039 Dell Dimension	2/25/99	1,531			1,531	5 MO S/L	1,531	0
10	2166 HP Tornado Handheld	12/23/99	716			716	5 MO S/L	716	0
11	2165 HP Hornado Handheld	12/23/99	716			716	5 MO S/L	716	0
12	2176 Laptop	2/18/00	3,020			3,020	5 MO S/L	3,020	0
13	2203 HP Laser Jet	4/21/00	685			685	5 MO S/L	685	0
14	2311 Pentium III Computer	7/27/01	1,079			1,079	5 MO S/L	1,079	0
15	2403 Cisco Router	3/22/02	1,902			1,902	5 MO S/L	1,902	0
16	2505 Optiplex GX240	9/27/02	964			964	5 MO S/L	964	0
17	2510 Optiplex GX 240	9/27/02	964			964	5 MO S/L	964	0
18	2565 Aficio Fax	3/07/03	1,305			1,305	5 MO S/L	1,305	0
19	Office Furniture	3/15/13	2,248			2,248	7 MO S/L	428	321
20	2570 Optiplex Computer	4/20/03	641			641	5 MO S/L	641	0
21	2572 Optiplex Computer	4/20/03	641			641	5 MO S/L	641	0
22	2574 Optiplex Computer	4/20/03	641			641	5 MO S/L	641	0
23	2645 Lattitude Computer	9/05/03	1,836			1,836	5 MO S/L	1,836	0
24	2669 Accusync 17"	10/31/03	1,128			1,128	5 MO S/L	1,128	0
25	2677 400SC Power Edge	12/12/03	1,055			1,055	5 MO S/L	1,055	0
26	2676 Optiplex SX 270	12/12/03	1,456			1,456	5 MO S/L	1,456	0
27	2690 D600 Lattitude	2/03/04	1,882			1,882	5 MO S/L	1,882	0
28	2727 Dell Projector	7/23/04	1,683			1,683	5 MO S/L	1,683	0
29	2807 Dell Configuration	1/07/05	837			837	5 MO S/L	837	0
30	3156 Optiplex Mini	12/22/06	909			909	5 MO S/L	909	0
31	3157 Optiplex Mini	12/22/06	909			909	5 MO S/L	909	0
32	3200 Dell Optiplex Server	3/02/07	897			897	5 MO S/L	897	0
33	3208 Dell Optiplex 745	3/30/07	1,086			1,086	5 MO S/L	1,086	0
34	3214 Dell Optiplex 745	5/11/07	909			909	5 MO S/L	909	0
35	3215 Dell Optiplex 745	5/11/07	909			909	5 MO S/L	909	0
36	3238 Optiplex Mini Tower	5/13/07	909			909	5 MO S/L	909	0
37	3239 Optiplex Mini Tower	5/13/07	909			909	5 MO S/L	909	0
38	3240 Optiplex Mini Tower	5/13/07	909			909	5 MO S/L	909	0
39	3241 Optiplex Mini tower	5/13/07	909			909	5 MO S/L	909	0
40	Telephone System	10/15/07	4,622			4,622	5 MO S/L	4,622	0
41	2183 Cabinets	2/18/00	4,668			4,668	5 MO S/L	4,668	0
42	Office Furniture	3/15/13	13,052			13,052	7 MO S/L	2,486	1,865
43	Dell Optiplex 755	12/19/07	2,369			2,369	5 MO S/L	2,369	0
44	Window Treatments	1/28/08	1,893			1,893	5 MO S/L	1,893	0
45	Shelves	2/07/08	1,643			1,643	5 MO S/L	1,643	0
46	2333 Lattitude Computer	9/28/01	2,397			2,397	5 MO S/L	2,397	0
47	2335 Lattitude Computer	9/28/01	2,223			2,223	5 MO S/L	2,223	0
49	2563 Dimension Server	3/21/03	797			797	5 MO S/L	797	0
52	1002 Portable Display Board	9/27/02	1,264			1,264	5 MO S/L	1,264	0
53	1445 Laptop	9/27/02	1,880			1,880	5 MO S/L	1,880	0
54	1892 Bookcase	9/27/02	193			193	5 MO S/L	193	0
55	2040 Dell	9/27/02	218			218	5 MO S/L	218	0
56	2190 Computer	9/27/02	1,237			1,237	5 MO S/L	1,237	0
57	2250 GX 110 Pentium III	9/27/02	1,137			1,137	5 MO S/L	1,137	0
58	Magnolia LHI	10/10/07	50,000			50,000	10 MO S/L	33,750	5,000
59	Computers	12/18/09	3,660			3,660	5 MO S/L	3,294	366
60	Sage Software	5/31/12	8,610			8,610	3 MO S/L	5,979	2,631
61	Telephone System	2/15/12	14,529			14,529	5 MO S/L	7,022	2,906
62	Surface Pro Tablet	5/10/13	1,340			1,340	5 MO S/L	313	268
63	Dell Optiplex FX170	10/30/12	600			600	5 MO S/L	200	120
64	Dell Optiplex FX170	12/03/12	600			600	5 MO S/L	190	120
65	Dell Optiplex FX170	12/03/12	600			600	5 MO S/L	190	120
66	Dell Optiplex FX170	1/07/13	600			600	5 MO S/L	180	120
67	NetGear ProSafe 48port POE	3/25/13	850			850	5 MO S/L	213	170
68	Dell Optiplex FX170	4/22/13	600			600	5 MO S/L	140	120
69	Dell Optiplex FX170	4/22/13	600			600	5 MO S/L	140	120
70	Dell Optiplex FX170	9/03/13	600			600	5 MO S/L	100	120
71	3330 Latitude computer	2/17/14	555			555	5 MO S/L	37	111

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Federal Asset Report

FYE: 6/30/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
72	D90D8 Dell Wyse Thin Client	2/17/14	600			600	5 MO S/L	40	120
73	NetGear ProSafe 48port GB switch	5/27/14	554			554	5 MO S/L	9	111
74	Adobe InDesign software	2/19/14	699			699	3 MO S/L	78	233
75	Office Cubicle	6/30/14	1,050			1,050	7 MO S/L	0	150
76	Office Cubicle	6/30/14	1,050			1,050	7 MO S/L	0	150
Total Other Depreciation			<u>169,508</u>			<u>169,508</u>		<u>121,300</u>	<u>15,242</u>
Total ACRS and Other Depreciation			<u>169,508</u>			<u>169,508</u>		<u>121,300</u>	<u>15,242</u>
Grand Totals			169,508			169,508		121,300	15,242
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>169,508</u>			<u>169,508</u>		<u>121,300</u>	<u>15,242</u>

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FL Asset Report

FYE: 6/30/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
Other Depreciation:								
1	2642 HON Cherry Lateral	9/06/03	522	522	522	0	0	0
2	2023 Desk	2/25/99	650	650	650	0	0	0
3	2509 Two Drawer Lateral	9/20/02	522	522	522	0	0	0
4	2508 Executive Return	9/20/02	607	607	607	0	0	0
5	2507 Executive Single	9/20/02	750	750	750	0	0	0
6	2735 Putty Six Opening Shelf	6/08/04	859	859	859	0	0	0
7	2736 Putty Six Opening Shelf	6/08/04	859	859	859	0	0	0
8	1002 Nomadic Port	3/03/93	1,264	1,264	1,264	0	0	0
9	2039 Dell Dimension	2/25/99	1,531	1,531	1,531	0	0	0
10	2166 HP Tornado Hanheld	12/23/99	716	716	716	0	0	0
11	2165 HP Hornado Handheld	12/23/99	716	716	716	0	0	0
12	2176 Laptop	2/18/00	3,020	3,020	3,020	0	0	0
13	2203 HP Laser Jet	4/21/00	685	685	685	0	0	0
14	2311 Pentium III Computer	7/27/01	1,079	1,079	1,079	0	0	0
15	2403 Cisco Router	3/22/02	1,902	1,902	1,902	0	0	0
16	2505 Optiplex GX240	9/27/02	964	964	964	0	0	0
17	2510 Optiplex GX 240	9/27/02	964	964	964	0	0	0
18	2565 Aficio Fax	3/07/03	1,305	1,305	1,305	0	0	0
19	Office Furniture	3/15/13	2,248	2,248	428	321	321	0
20	2570 Optiplex Computer	4/20/03	641	641	641	0	0	0
21	2572 Optiplex Computer	4/20/03	641	641	641	0	0	0
22	2574 Optiplex Computer	4/20/03	641	641	641	0	0	0
23	2645 Lattitude Computer	9/05/03	1,836	1,836	1,836	0	0	0
24	2669 Accusync 17"	10/31/03	1,128	1,128	1,128	0	0	0
25	2677 400SC Power Edge	12/12/03	1,055	1,055	1,055	0	0	0
26	2676 Optiplex SX 270	12/12/03	1,456	1,456	1,456	0	0	0
27	2690 D600 Lattitude	2/03/04	1,882	1,882	1,882	0	0	0
28	2727 Dell Projector	7/23/04	1,683	1,683	1,683	0	0	0
29	2807 Dell Configuration	1/07/05	837	837	837	0	0	0
30	3156 Optiplex Mini	12/22/06	909	909	909	0	0	0
31	3157 Optiplex Mini	12/22/06	909	909	909	0	0	0
32	3200 Dell Optiplex Server	3/02/07	897	897	897	0	0	0
33	3208 Dell Optiplex 745	3/30/07	1,086	1,086	1,086	0	0	0
34	3214 Dell Optiplex 745	5/11/07	909	909	909	0	0	0
35	3215 Dell Optiplex 745	5/11/07	909	909	909	0	0	0
36	3238 Optiplex Mini Tower	5/13/07	909	909	909	0	0	0
37	3239 Optiplex Mini Tower	5/13/07	909	909	909	0	0	0
38	3240 Optiplex Mini Tower	5/13/07	909	909	909	0	0	0
39	3241 Optiplex Mini tower	5/13/07	909	909	909	0	0	0
40	Telephone System	10/15/07	4,622	4,622	4,622	0	0	0
41	2183 Cabinets	2/18/00	4,668	4,668	4,668	0	0	0
42	Office Furniture	3/15/13	13,052	13,052	2,486	1,865	1,865	0
43	Dell Optiplex 755	12/19/07	2,369	2,369	2,369	0	0	0
44	Window Treatments	1/28/08	1,893	1,893	1,893	0	0	0
45	Shelves	2/07/08	1,643	1,643	1,643	0	0	0
46	2333 Lattitude Computer	9/28/01	2,397	2,397	2,397	0	0	0
47	2335 Lattitude Computer	9/28/01	2,223	2,223	2,223	0	0	0
49	2563 Dimension Server	3/21/03	797	797	797	0	0	0
52	1002 Portable Display Board	9/27/02	1,264	1,264	1,264	0	0	0
53	1445 Laptop	9/27/02	1,880	1,880	1,880	0	0	0
54	1892 Bookcase	9/27/02	193	193	193	0	0	0
55	2040 Dell	9/27/02	218	218	218	0	0	0
56	2190 Computer	9/27/02	1,237	1,237	1,237	0	0	0
57	2250 GX 110 Pentium III	9/27/02	1,137	1,137	1,137	0	0	0
58	Magnolia LHI	10/10/07	50,000	50,000	33,750	5,000	5,000	0
59	Computers	12/18/09	3,660	3,660	3,294	366	366	0
60	Sage Software	5/31/12	8,610	8,610	5,979	2,631	2,631	0
61	Telephone System	2/15/12	14,529	14,529	7,022	2,906	2,906	0
62	Surface Pro Tablet	5/10/13	1,340	1,340	313	268	268	0
63	Dell Optiplex FX170	10/30/12	600	600	200	120	120	0
64	Dell Optiplex FX170	12/03/12	600	600	190	120	120	0
65	Dell Optiplex FX170	12/03/12	600	600	190	120	120	0
66	Dell Optiplex FX170	1/07/13	600	600	180	120	120	0
67	NetGear ProSafe 48port POE	3/25/13	850	850	213	170	170	0
68	Dell Optiplex FX170	4/22/13	600	600	140	120	120	0
69	Dell Optiplex FX170	4/22/13	600	600	140	120	120	0
70	Dell Optiplex FX170	9/03/13	600	600	100	120	120	0
71	3330 Latitude computer	2/17/14	555	555	37	111	111	0

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FL Asset Report

FYE: 6/30/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
72	D90D8 Dell Wyse Thin Client	2/17/14	600	600	40	120	120	0
73	NetGear ProSafe 48port GB switch	5/27/14	554	554	9	111	111	0
74	Adobe InDesign software	2/19/14	699	699	78	233	233	0
75	Office Cubicle	6/30/14	1,050	1,050	0	150	150	0
76	Office Cubicle	6/30/14	1,050	1,050	0	150	150	0
Total Other Depreciation			<u>169,508</u>	<u>169,508</u>	<u>121,300</u>	<u>15,242</u>	<u>15,242</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>169,508</u>	<u>169,508</u>	<u>121,300</u>	<u>15,242</u>	<u>15,242</u>	<u>0</u>
Grand Totals			169,508	169,508	121,300	15,242	15,242	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>169,508</u>	<u>169,508</u>	<u>121,300</u>	<u>15,242</u>	<u>15,242</u>	<u>0</u>

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AMT Asset Report

FYE: 6/30/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current	
Other Depreciation:												
1	2642 HON Cherry Lateral	9/06/03	0					0	0	HY	0	0
2	2023 Desk	2/25/99	0					0	0	HY	0	0
3	2509 Two Drawer Lateral	9/20/02	0					0	0	HY	0	0
4	2508 Executive Return	9/20/02	0					0	0	HY	0	0
5	2507 Executive Single	9/20/02	0					0	0	HY	0	0
6	2735 Putty Six Opening Shelf	6/08/04	0					0	0	HY	0	0
7	2736 Putty Six Opening Shelf	6/08/04	0					0	0	HY	0	0
8	1002 Nomadic Port	3/03/93	0					0	0	HY	0	0
9	2039 Dell Dimension	2/25/99	0					0	0	HY	0	0
10	2166 HP Tornado Hanheld	12/23/99	0					0	0	HY	0	0
11	2165 HP Hornado Handheld	12/23/99	0					0	0	HY	0	0
12	2176 Laptop	2/18/00	0					0	0	HY	0	0
13	2203 HP Laser Jet	4/21/00	0					0	0	HY	0	0
14	2311 Pentium III Computer	7/27/01	0					0	0	HY	0	0
15	2403 Cisco Router	3/22/02	0					0	0	HY	0	0
16	2505 Optiplex GX240	9/27/02	0					0	0	HY	0	0
17	2510 Optiplex GX 240	9/27/02	0					0	0	HY	0	0
18	2565 Aficio Fax	3/07/03	0					0	0	HY	0	0
19	Office Furniture	3/15/13	0					0	0	HY	0	0
20	2570 Optiplex Computer	4/20/03	0					0	0	HY	0	0
21	2572 Optiplex Computer	4/20/03	0					0	0	HY	0	0
22	2574 Optiplex Computer	4/20/03	0					0	0	HY	0	0
23	2645 Lattitude Computer	9/05/03	0					0	0	HY	0	0
24	2669 Accusync 17"	10/31/03	0					0	0	HY	0	0
25	2677 400SC Power Edge	12/12/03	0					0	0	HY	0	0
26	2676 Optiplex SX 270	12/12/03	0					0	0	HY	0	0
27	2690 D600 Lattitude	2/03/04	0					0	0	HY	0	0
28	2727 Dell Projector	7/23/04	0					0	0	HY	0	0
29	2807 Dell Configuration	1/07/05	0					0	0	HY	0	0
30	3156 Optiplex Mini	12/22/06	0					0	0	HY	0	0
31	3157 Optiplex Mini	12/22/06	0					0	0	HY	0	0
32	3200 Dell Optiplex Server	3/02/07	0					0	0	HY	0	0
33	3208 Dell Optiplex 745	3/30/07	0					0	0	HY	0	0
34	3214 Dell Optiplex 745	5/11/07	0					0	0	HY	0	0
35	3215 Dell Optiplex 745	5/11/07	0					0	0	HY	0	0
36	3238 Optiplex Mini Tower	5/13/07	0					0	0	HY	0	0
37	3239 Optiplex Mini Tower	5/13/07	0					0	0	HY	0	0
38	3240 Optiplex Mini Tower	5/13/07	0					0	0	HY	0	0
39	3241 Optiplex Mini tower	5/13/07	0					0	0	HY	0	0
40	Telephone System	10/15/07	0					0	0	HY	0	0
41	2183 Cabinets	2/18/00	0					0	0	HY	0	0
42	Office Furniture	3/15/13	0					0	0	HY	0	0
43	Dell Optiplex 755	12/19/07	0					0	0	HY	0	0
44	Window Treatments	1/28/08	0					0	0	HY	0	0
45	Shelves	2/07/08	0					0	0	HY	0	0
46	2333 Lattitude Computer	9/28/01	0					0	0	HY	0	0
47	2335 Lattitude Computer	9/28/01	0					0	0	HY	0	0
49	2563 Dimension Server	3/21/03	0					0	0	HY	0	0
52	1002 Portable Display Board	9/27/02	0					0	0	HY	0	0
53	1445 Laptop	9/27/02	0					0	0	HY	0	0
54	1892 Bookcase	9/27/02	0					0	0	HY	0	0
55	2040 Dell	9/27/02	0					0	0	HY	0	0
56	2190 Computer	9/27/02	0					0	0	HY	0	0
57	2250 GX 110 Pentium III	9/27/02	0					0	0	HY	0	0
58	Magnolia LHI	10/10/07	0					0	0	HY	0	0
59	Computers	12/18/09	0					0	0	HY	0	0
60	Sage Software	5/31/12	0					0	0	HY	0	0
61	Telephone System	2/15/12	0					0	0	HY	0	0
62	Surface Pro Tablet	5/10/13	1,340				1,340	5	MO S/L	313	268	
63	Dell Optiplex FX170	10/30/12	600				600	5	MO S/L	200	120	
64	Dell Optiplex FX170	12/03/12	600				600	5	MO S/L	190	120	
65	Dell Optiplex FX170	12/03/12	0				0	0	HY	0	0	
66	Dell Optiplex FX170	1/07/13	0				0	0	HY	0	0	
67	NetGear ProSafe 48port POE	3/25/13	850				850	5	MO S/L	213	170	
68	Dell Optiplex FX170	4/22/13	0				0	0	HY	0	0	
69	Dell Optiplex FX170	4/22/13	0				0	0	HY	0	0	
70	Dell Optiplex FX170	9/03/13	0				0	0	HY	0	0	
71	3330 Latitude computer	2/17/14	0				0	0	HY	0	0	

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AMT Asset Report

FYE: 6/30/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
72	D90D8 Dell Wyse Thin Client	2/17/14	0			0	0 HY	0	0
73	NetGear ProSafe 48port GB switch	5/27/14	0			0	0 HY	0	0
74	Adobe InDesign software	2/19/14	0			0	0 HY	0	0
75	Office Cubicle	6/30/14	0			0	0 HY	0	0
76	Office Cubicle	6/30/14	0			0	0 HY	0	0
	Total Other Depreciation		<u>3,390</u>			<u>3,390</u>		<u>916</u>	<u>678</u>
	Total ACRS and Other Depreciation		<u>3,390</u>			<u>3,390</u>		<u>916</u>	<u>678</u>
	Grand Totals		3,390			3,390		916	678
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>3,390</u>			<u>3,390</u>		<u>916</u>	<u>678</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

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Future Depreciation Report**FYE: 6/30/16**

FYE: 6/30/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	2642 HON Cherry Lateral	9/06/03	522	0	0
2	2023 Desk	2/25/99	650	0	0
3	2509 Two Drawer Lateral	9/20/02	522	0	0
4	2508 Executive Return	9/20/02	607	0	0
5	2507 Executive Single	9/20/02	750	0	0
6	2735 Putty Six Opening Shelf	6/08/04	859	0	0
7	2736 Putty Six Opening Shelf	6/08/04	859	0	0
8	1002 Nomadic Port	3/03/93	1,264	0	0
9	2039 Dell Dimension	2/25/99	1,531	0	0
10	2166 HP Tornado Hanheld	12/23/99	716	0	0
11	2165 HP Hornado Handheld	12/23/99	716	0	0
12	2176 Laptop	2/18/00	3,020	0	0
13	2203 HP Laser Jet	4/21/00	685	0	0
14	2311 Pentium III Computer	7/27/01	1,079	0	0
15	2403 Cisco Router	3/22/02	1,902	0	0
16	2505 Optiplex GX240	9/27/02	964	0	0
17	2510 Optiplex GX 240	9/27/02	964	0	0
18	2565 Aficio Fax	3/07/03	1,305	0	0
19	Office Furniture	3/15/13	2,248	321	0
20	2570 Optiplex Computer	4/20/03	641	0	0
21	2572 Optiplex Computer	4/20/03	641	0	0
22	2574 Optiplex Computer	4/20/03	641	0	0
23	2645 Lattitude Computer	9/05/03	1,836	0	0
24	2669 Accusync 17"	10/31/03	1,128	0	0
25	2677 400SC Power Edge	12/12/03	1,055	0	0
26	2676 Optiplex SX 270	12/12/03	1,456	0	0
27	2690 D600 Lattitude	2/03/04	1,882	0	0
28	2727 Dell Projector	7/23/04	1,683	0	0
29	2807 Dell Configuration	1/07/05	837	0	0
30	3156 Optiplex Mini	12/22/06	909	0	0
31	3157 Optiplex Mini	12/22/06	909	0	0
32	3200 Dell Optiplex Server	3/02/07	897	0	0
33	3208 Dell Optiplex 745	3/30/07	1,086	0	0
34	3214 Dell Optiplex 745	5/11/07	909	0	0
35	3215 Dell Optiplex 745	5/11/07	909	0	0
36	3238 Optiplex Mini Tower	5/13/07	909	0	0
37	3239 Optiplex Mini Tower	5/13/07	909	0	0
38	3240 Optiplex Mini Tower	5/13/07	909	0	0
39	3241 Optiplex Mini tower	5/13/07	909	0	0
40	Telephone System	10/15/07	4,622	0	0
41	2183 Cabinets	2/18/00	4,668	0	0
42	Office Furniture	3/15/13	13,052	1,864	0
43	Dell Optiplex 755	12/19/07	2,369	0	0
44	Window Treatments	1/28/08	1,893	0	0
45	Shelves	2/07/08	1,643	0	0
46	2333 Lattitude Computer	9/28/01	2,397	0	0
47	2335 Lattitude Computer	9/28/01	2,223	0	0
49	2563 Dimension Server	3/21/03	797	0	0
52	1002 Portable Display Board	9/27/02	1,264	0	0
53	1445 Laptop	9/27/02	1,880	0	0
54	1892 Bookcase	9/27/02	193	0	0
55	2040 Dell	9/27/02	218	0	0
56	2190 Computer	9/27/02	1,237	0	0
57	2250 GX 110 Pentium III	9/27/02	1,137	0	0
58	Magnolia LHI	10/10/07	50,000	5,000	0
59	Computers	12/18/09	3,660	0	0
60	Sage Software	5/31/12	8,610	0	0
61	Telephone System	2/15/12	14,529	2,906	0
62	Surface Pro Tablet	5/10/13	1,340	268	268
63	Dell Optiplex FX170	10/30/12	600	120	120
64	Dell Optiplex FX170	12/03/12	600	120	120
65	Dell Optiplex FX170	12/03/12	600	120	0
66	Dell Optiplex FX170	1/07/13	600	120	0
67	NetGear ProSafe 48port POE	3/25/13	850	170	170
68	Dell Optiplex FX170	4/22/13	600	120	0
69	Dell Optiplex FX170	4/22/13	600	120	0
70	Dell Optiplex FX170	9/03/13	600	120	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
71	3330 Latitude computer	2/17/14	555	111	0
72	D90D8 Dell Wyse Thin Client	2/17/14	600	120	0
73	NetGear ProSafe 48port GB switch	5/27/14	554	111	0
74	Adobe InDesign software	2/19/14	699	233	0
75	Office Cubicle	6/30/14	1,050	150	0
76	Office Cubicle	6/30/14	1,050	150	0
	Total Other Depreciation		<u>169,508</u>	<u>12,244</u>	<u>678</u>
	Total ACRS and Other Depreciation		<u>169,508</u>	<u>12,244</u>	<u>678</u>
	Grand Totals		<u>169,508</u>	<u>12,244</u>	<u>678</u>

Asset	Description	Date In Service	Cost	FL
Other Depreciation:				
1	2642 HON Cherry Lateral	9/06/03	522	0
2	2023 Desk	2/25/99	650	0
3	2509 Two Drawer Lateral	9/20/02	522	0
4	2508 Executive Return	9/20/02	607	0
5	2507 Executive Single	9/20/02	750	0
6	2735 Putty Six Opening Shelf	6/08/04	859	0
7	2736 Putty Six Opening Shelf	6/08/04	859	0
8	1002 Nomadic Port	3/03/93	1,264	0
9	2039 Dell Dimension	2/25/99	1,531	0
10	2166 HP Tornado Hanheld	12/23/99	716	0
11	2165 HP Hornado Handheld	12/23/99	716	0
12	2176 Laptop	2/18/00	3,020	0
13	2203 HP Laser Jet	4/21/00	685	0
14	2311 Pentium III Computer	7/27/01	1,079	0
15	2403 Cisco Router	3/22/02	1,902	0
16	2505 Optiplex GX240	9/27/02	964	0
17	2510 Optiplex GX 240	9/27/02	964	0
18	2565 Aficio Fax	3/07/03	1,305	0
19	Office Furniture	3/15/13	2,248	321
20	2570 Optiplex Computer	4/20/03	641	0
21	2572 Optiplex Computer	4/20/03	641	0
22	2574 Optiplex Computer	4/20/03	641	0
23	2645 Lattitude Computer	9/05/03	1,836	0
24	2669 Accusync 17"	10/31/03	1,128	0
25	2677 400SC Power Edge	12/12/03	1,055	0
26	2676 Optiplex SX 270	12/12/03	1,456	0
27	2690 D600 Lattitude	2/03/04	1,882	0
28	2727 Dell Projector	7/23/04	1,683	0
29	2807 Dell Configuration	1/07/05	837	0
30	3156 Optiplex Mini	12/22/06	909	0
31	3157 Optiplex Mini	12/22/06	909	0
32	3200 Dell Optiplex Server	3/02/07	897	0
33	3208 Dell Optiplex 745	3/30/07	1,086	0
34	3214 Dell Optiplex 745	5/11/07	909	0
35	3215 Dell Optiplex 745	5/11/07	909	0
36	3238 Optiplex Mini Tower	5/13/07	909	0
37	3239 Optiplex Mini Tower	5/13/07	909	0
38	3240 Optiplex Mini Tower	5/13/07	909	0
39	3241 Optiplex Mini tower	5/13/07	909	0
40	Telephone System	10/15/07	4,622	0
41	2183 Cabinets	2/18/00	4,668	0
42	Office Furniture	3/15/13	13,052	1,864
43	Dell Optiplex 755	12/19/07	2,369	0
44	Window Treatments	1/28/08	1,893	0
45	Shelves	2/07/08	1,643	0
46	2333 Lattitude Computer	9/28/01	2,397	0
47	2335 Lattitude Computer	9/28/01	2,223	0
49	2563 Dimension Server	3/21/03	797	0
52	1002 Portable Display Board	9/27/02	1,264	0
53	1445 Laptop	9/27/02	1,880	0
54	1892 Bookcase	9/27/02	193	0
55	2040 Dell	9/27/02	218	0
56	2190 Computer	9/27/02	1,237	0
57	2250 GX 110 Pentium III	9/27/02	1,137	0
58	Magnolia LHI	10/10/07	50,000	5,000
59	Computers	12/18/09	3,660	0
60	Sage Software	5/31/12	8,610	0
61	Telephone System	2/15/12	14,529	2,906
62	Surface Pro Tablet	5/10/13	1,340	268
63	Dell Optiplex FX170	10/30/12	600	120
64	Dell Optiplex FX170	12/03/12	600	120
65	Dell Optiplex FX170	12/03/12	600	120
66	Dell Optiplex FX170	1/07/13	600	120
67	NetGear ProSafe 48port POE	3/25/13	850	170
68	Dell Optiplex FX170	4/22/13	600	120
69	Dell Optiplex FX170	4/22/13	600	120
70	Dell Optiplex FX170	9/03/13	600	120

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>FL</u>
71	3330 Latitude computer	2/17/14	555	111
72	D90D8 Dell Wyse Thin Client	2/17/14	600	120
73	NetGear ProSafe 48port GB switch	5/27/14	554	111
74	Adobe InDesign software	2/19/14	699	233
75	Office Cubicle	6/30/14	1,050	150
76	Office Cubicle	6/30/14	1,050	150
	Total Other Depreciation		<u>169,508</u>	<u>12,244</u>
	Total ACRS and Other Depreciation		<u>169,508</u>	<u>12,244</u>
	Grand Totals		<u>169,508</u>	<u>12,244</u>

Form 990	Two Year Comparison Report	2013 & 2014
For calendar year 2014, or tax year beginning 07/01/14 , ending 06/30/15		

Name

**Northeast Florida Healthy Start
Coalition, Inc.**

Taxpayer Identification Number

59-3139801

		2013	2014	Differences	
Revenue	1. Contributions, gifts, grants	1.			
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	8,005,335	8,003,788	-1,547
	4. Program service revenue	4.			
	5. Investment income	5.			
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. Total revenue. Add lines 1 through 11	12.	8,005,335	8,003,788	-1,547
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	1,312,490	1,494,407	181,917
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.			
	19. Occupancy, rent, utilities, and maintenance	19.	159,419	197,996	38,577
	20. Depreciation and Depletion	20.	15,115	15,242	127
	21. Other expenses	21.	5,583,485	5,619,690	36,205
	22. Total expenses. Add lines 13 through 21	22.	7,070,509	7,327,335	256,826
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	934,826	676,453	-258,373
Other Information	24. Total exempt revenue	24.	8,005,335	8,003,788	-1,547
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.			
	27. Total assets	27.	3,609,426	4,251,118	641,692
	28. Total liabilities	28.	1,610,431	1,575,670	-34,761
	29. Retained earnings	29.	1,998,995	2,675,448	676,453
	30. Number of voting members of governing body	30.	19	19	
	31. Number of independent voting members of governing body	31.	19	19	
	32. Number of employees	32.	77	77	
	33. Number of volunteers	33.			

Form 990T	Two Year Comparison Report	2013 & 2014
For calendar year 2014, or tax year beginning 07/01/14 , ending 06/30/15		

Name Northeast Florida Healthy Start Coalition, Inc.	Taxpayer Identification Number 59-3139801
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		2013	2014	Differences	
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.			
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	23. Total deductions. Add lines 12 through 22	23.			
	24. Taxable income before NOL. Subtract line 23 from 11	24.			
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.	1,000		-1,000
	27. Unrelated business taxable income.	27.	-1,000		1,000
	Tax & Credits	28. Income tax (corporate or trust)	28.		
29. Proxy tax		29.			
30. Alternative minimum tax		30.			
31. Total taxes		31.			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
35. Total credits		35.			
36. Net tax after credits		36.			
37. Recapture taxes		37.			
38. Total Taxes	38.				
Due/Refund	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	43. Total payments	43.			
	44. Balance due/(Overpayment)	44.			
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	47. Total due/(Refund)	47.			

Form 990	Tax Return History	2014
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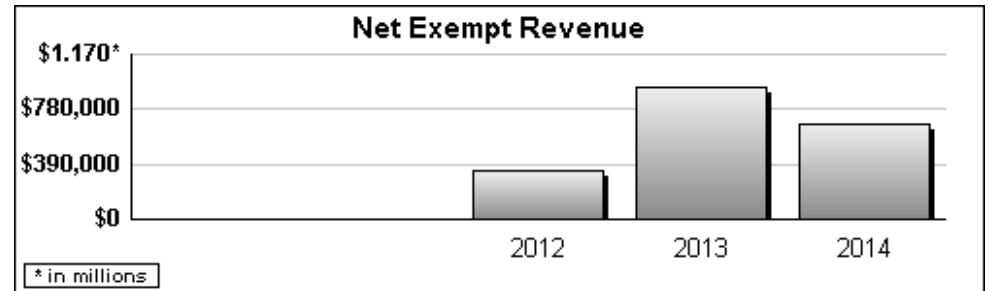
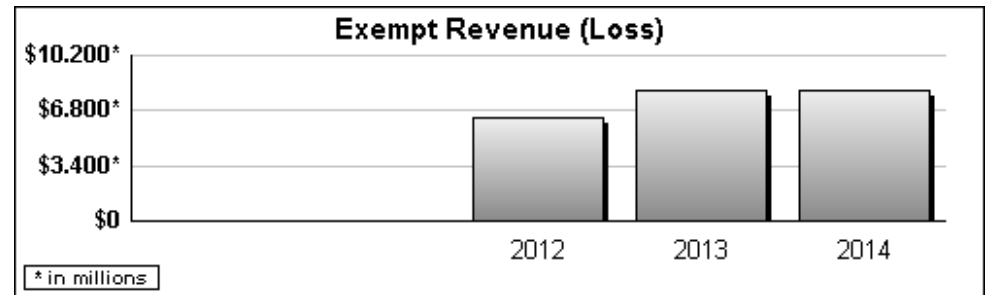
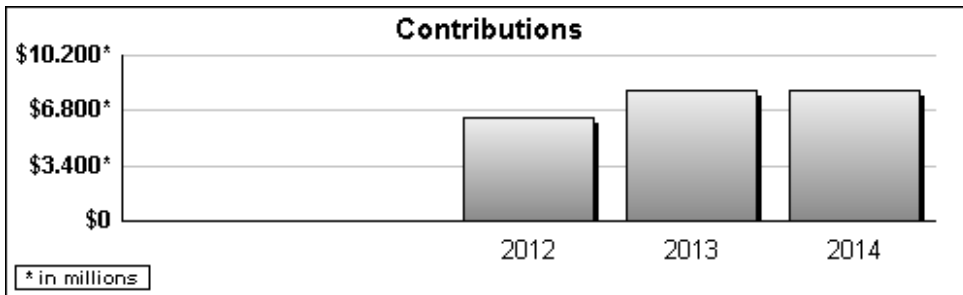
Name	Northeast Florida Healthy Start Coalition, Inc.	Employer Identification Number 59-3139801
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	2010	2011	2012	2013	2014	2015
Contributions, gifts, grants			6,408,357	8,005,335	8,003,788	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue			6,408,357	8,005,335	8,003,788	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation			961,770	1,312,490	1,494,407	
Professional fees						
Occupancy costs			145,947	159,419	197,996	
Depreciation and depletion			13,526	15,115	15,242	
Other expenses			4,946,610	5,583,485	5,619,690	
Total expenses			6,067,853	7,070,509	7,327,335	
Excess or (Deficit)			340,504	934,826	676,453	
Total exempt revenue			6,408,357	8,005,335	8,003,788	
Total unrelated revenue						
Total excludable revenue			6,408,357			
Total Assets			2,350,818	3,609,426	4,251,118	
Total Liabilities			1,286,649	1,610,431	1,575,670	
Net Fund Balances			1,064,169	1,998,995	2,675,448	

Form 990T	Tax Return History	2014
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Name Northeast Florida Healthy Start Coalition, Inc.	Employer Identification Number 59-3139801
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	2010	2011	2012	2013	2014	2015
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

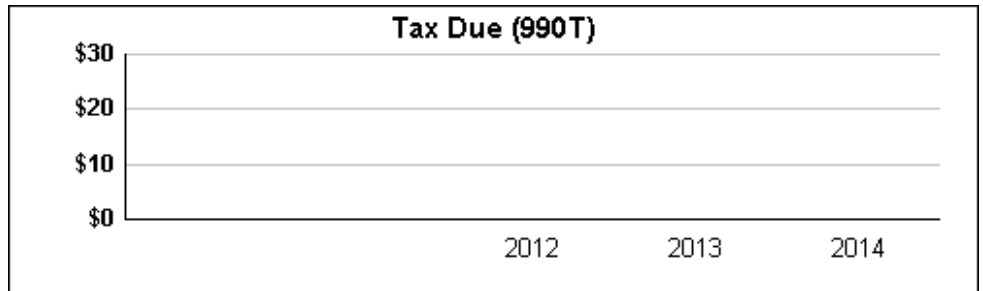
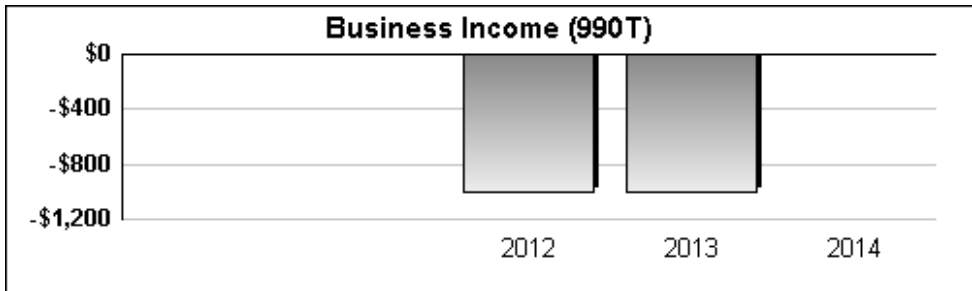
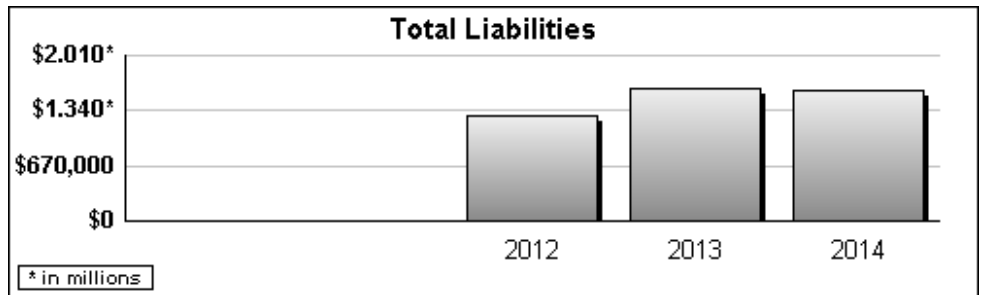
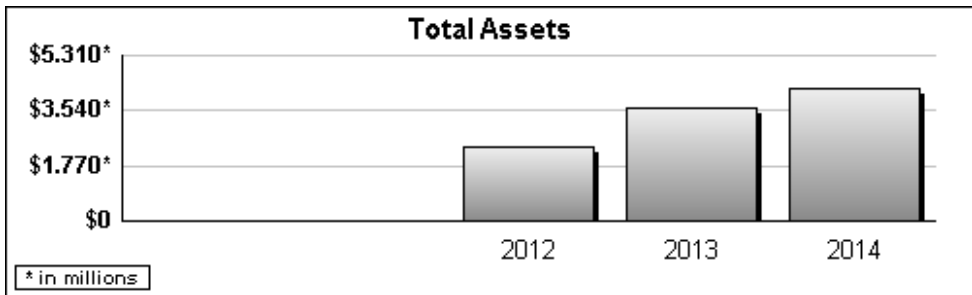


Form 990T	Tax Return History	2014
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Name Northeast Florida Healthy Start Coalition, Inc.	Employer Identification Number 59-3139801
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	2010	2011	2012	2013	2014	2015
Other deductions						
Net operating loss deduction						
Specific deduction			1,000	1,000		
Income after expense and deductions			-1,000	-1,000		
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Telephone & Utilities	\$ 19,952	\$ 16,087	\$ 3,865	\$
Administrative Services	5,738	4,912	826	
Incentives	4,304	3,012	1,292	
Total	<u>\$ 29,994</u>	<u>\$ 24,011</u>	<u>\$ 5,983</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
Program Income	\$ 8,003,788
Total	\$ 8,003,788