

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

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2003 calendar year, or tax year beginning JULY 01, 2003, and ending JUNE 30, 2004

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: Gateway School Readiness Coalition. D Employer identification number: 59-3726382. E Telephone number: (386) 496-1018. F Acctg. method: Cash, Accrual, Other (specify).

G Website: J Organization type (check only one) [X] 501(c)(3) (insert no.) 4947(a)(1) or 527. K Check here [] if the organization's gross receipts are normally not more than \$25,000. H & I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? [] Yes [X] No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? [] Yes [] No. H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No. I Group Exemption Number. M Check [] if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 7,568,806

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See instructions.)

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues; 4 Interest on savings; 5 Dividends; 6a-6c Rents; 7 Other investment income; 8a-8d Sales of assets; 9 Special events; 10a-10c Sales of inventory; 11 Other revenue; 12 Total revenue; 13-17 Expenses; 18-21 Net assets or fund balances.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) #1. (cash \$ 6,412,027 noncash \$)	6,412,027	6,412,027		
23	Specific assistance to individuals (attach schedule) . .				
24	Benefits paid to or for members (attach schedule) . . .				
25	Compensation of officers, directors, etc.				
26	Other salaries and wages.	596,086	363,481	232,605	
27	Pension plan contributions.				
28	Other employee benefits	10,590	5,692	4,898	
29	Payroll taxes.	46,124	30,532	15,592	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees.				
33	Supplies.	25,725	20,446	5,279	
34	Telephone	12,941	8,915	4,026	
35	Postage and shipping	10,053	7,227	2,826	
36	Occupancy.	42,383	29,929	12,454	
37	Equipment rental and maintenance	882	838	44	
38	Printing and publications	1,047	1,047		
39	Travel.	28,124	19,948	8,176	
40	Conferences, conventions, and meetings.				
41	Interest.				
42	Depreciation, depletion, etc. (attach schedule) . . #2.	40,234		40,234	
43	Other expenses not covered above (itemize): a Advertising	4,692	2,162	2,530	
	b Contractual Services	53,613	49,689	3,924	
	c Copier	7,431	5,510	1,921	
	d Data Processing	31,654	24,079	7,575	
	e See attachment 4	195,964	180,821	15,143	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	7,519,570	7,162,343	357,227	0

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . . Yes No
 If "Yes," enter (i) aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See instructions.)

What is the organization's primary exempt purpose? **Making school raediness programs**
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)

a	Assists parents of at-risk, birth to kindergarten population by providing opportunites for participation in quality school readiness programs that can better prepare these children for school. (Grants and allocations \$)	7,162,343
b	_____ (Grants and allocations \$)	
c	_____ (Grants and allocations \$)	
d	_____ (Grants and allocations \$)	
e	Other program services (attach schedule) (Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	7,162,343

Part IV Balance Sheets (See Specific Instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
A S S E T S	45 Cash -- non-interest-bearing	509,479	45	582,714
	46 Savings and temporary cash investments		46	
	47a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable	228,929	49	10,048
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	800
	54 Investments -- securities (attach schedule)		54	
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV			
	55a Investments -- land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
	56 Investments -- other (attach schedule)		56	
	57a Land, buildings, and equipment: basis .. #3	209,941		
b Less: accumulated depreciation (attach schedule)	47,821	57c	162,120	
58 Other assets (describe		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	829,153	59	755,682	
L I A B I L I T I E S	60 Accounts payable and accrued expenses	635,686	60	512,979
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe		65	
	66 Total liabilities (add lines 60 through 65)	635,686	66	512,979
F U N D A S S E T B A L A N C E S O R S	67 Organizations that follow SFAS 117, check here .. <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.	193,467	67	242,703
	67 Unrestricted		68	
	68 Temporarily restricted		69	
	69 Permanently restricted			
	70 Organizations that do not follow SFAS 117, check here .. <input type="checkbox"/> and complete lines 70 through 74.		70	
	70 Capital stock, trust principal, or current funds		71	
	71 Paid-in or capital surplus, or land, building, and equipment fund		72	
	72 Retained earnings, endowment, accumulated income, or other funds			
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	193,467	73	242,703
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	829,153	74	755,682

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information (See Specific Instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . .	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ► _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions. 81a N/A		
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	X
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e). 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	X
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . .	85h	X
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ► N/A		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ► N/A		
90a	List the states with which a copy of this return is filed ► N/A		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 90b N/A		
91	The books are in care of ► <u>Dr Thomas Logan</u> Telephone no. ► <u>(386) 752-9770</u> Located at ► <u>484 SW Commerce Dr STE 155 Lake City</u> ZIP + 4 ► <u>32025</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here. ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ► 92 N/A		

Part VII Analysis of Income-Producing Activities (See Specific Instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from govt. agencies					
94 Membership dues & assessments . . .					
95 Interest on savings and temporary cash investments			14	100	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events . . .					
102 Gross profit/(loss) from sales of inventory .					
103 Other revenue: a <u>Miscellan</u>					2,096
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . .		0		100	2,096
105 Total (add line 104, columns (B), (D), and (E))					2,196

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103	To provide school readiness opportunities for at-risk children

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions.)

(a) Did organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature Marcus Jones CPA Date 2/7/05 Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. W) 417-78-1368

Firm's name (or yours if self-employed), address, and ZIP + 4 POWELL & JONES CPA'S
1359 SW MAIN BLVD
Lake City FL 32025 EIN 59-2145410

Phone no. 386-755-4200

Part III Statements About Activities (See the instructions.)

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>	1		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p>			
<p>a Sale, exchange, or leasing of property?</p>	2a		X
<p>b Lending of money or other extension of credit?</p>	2b		X
<p>c Furnishing of goods, services, or facilities?</p>	2c		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		X
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)</p>	3a		X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3b		X
<p>4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>	4		X

Part IV Reason for Non-Private Foundation Status (See the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	7,346,134	4,922,886	43,272	14,667	12,326,959
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,510		67		1,577
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	7,347,644	4,922,886	43,339	14,667	12,328,536
24 Line 23 minus line 17	7,347,644	4,922,886	43,339	14,667	12,328,536
25 Enter 1% of line 23	73,476	49,229	433	147	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	246,571
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	12,328,536
d Add: Amounts from column (e) for lines:	18 <u>1,577</u> 19 _____	26d	1,577
	22 _____ 26b _____	26e	12,326,959
e Public support (line 26c minus line 26d total)		26f	99.99 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

27 Organizations described on line 12: **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2002) _____ (2001) _____ (2000) _____ (1999) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2002) _____ (2001) _____ (2000) _____ (1999) _____

c Add: Amounts from column (e) for lines:	15 _____ 16 _____	27c	
	17 _____ 20 _____	27d	
d Add: Line 27a total _____ and line 27b total _____		27e	
e Public support (line 27c total minus line 27d total)		27f	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)		27g	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27h	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))			

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV) PAGE N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<hr/> <hr/> <hr/>		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table --		
If the amount on line 40 is -- The lobbying nontaxable amount is --		
Not over \$500,000 20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000	41	
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities (See the instructions.)
 (For reporting only by organizations that did not complete Part VI-A)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Name of organization

Employer identification number

Gateway School Readiness Coalition

59-3726382

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule -- see instructions.)

General Rule --

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules --

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: Gateway School Readiness Coalition
 Employer identification number: 59-3726382

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	State of Florida EIN	\$ 7,415,658	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Florida Children's Forum EIN	\$ 150,952	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule of Other Expenses

Attachment 4: page 1 - 990 Page 2, Part II, Line 43

Open to Public Inspection	For calendar year 2003 or tax period beginning 07-01-2003, and ending 06-30-2004.		
Name of Organization			Employer Identification Number
Gateway School Readiness Coalition			59-3726382

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Dues & Subscriptions	5,977	5,754	223	
Fuel	480	480		
Insurance	3,402	1,126	2,276	
Internet Services	2,594	1,884	710	
Janitorial Services	6,139	4,163	1,976	
Miscellaneous	806	625	181	
Professional Fees	11,315	7,216	4,099	
Repairs & Maintenance	7,779	4,873	2,906	
Training & Education	148,173	148,173		
Utilities	9,299	6,527	2,772	
Page Total	195,964	180,821	15,143	
TOTAL	195,964	180,821	15,143	

Schedule of Land, Building & Equipment

Attachment 3: page 1 - 990 Page 3, Part IV, Line 57a-c

Open to Public Inspection	For calendar year 2003 or tax period beginning 07-01-2003, and ending 06-30-2004.			
Name of Organization Gateway School Readiness Coalition			Employer Identification Number 59-3726382	
Description of Property	Cost or Other Basis	Accumulated Depreciation	Book Value	Fair Market Value (Form 990-PF only)
Fixed Assets	209,941	47,821	162,120	
Total	209,941	47,821	162,120	

Board of Directors

NAME	Chris Bond	NAME	Jeanne Duffy
BUSINESS	Columbia Co School Board	BUSINESS	Episcopal Children's Services, Inc
ADDRESS	444 West Duval	ADDRESS	100 Bell Tel Way, Suite 100
CITY, STATE, ZIP	Lake City, FL 32055	CITY, STATE, ZIP	Jacksonville, FL 32216
PHONE-OFFICE	386-755-8049	PHONE-OFFICE	904-726-1500, ext. 222
PHONE-CELL		PHONE-CELL	904-962-8148
PHONE-HOME	386-752-3309	PHONE-HOME	904-783-8470
FAX	386-758-4880	FAX	904-726-1520
EMAIL	bond_c01@fjm.edu	EMAIL	jduffy@ecs4kids.org
NAME	John Edgar (OIAEP)	NAME	Hugh Gleboig
BUSINESS	State Farm Insurance	BUSINESS	Columbia & Hamilton City Health Dept
ADDRESS	PO Box 3855	ADDRESS	217 N.E. Franklin Street
CITY, STATE, ZIP	Lake City, FL 32055	CITY, STATE, ZIP	Lake City, FL 32055
PHONE-OFFICE	386-752-3309	PHONE-OFFICE	386-758-1037
PHONE-CELL	386-779-1178	PHONE-CELL	386-365-8415
PHONE-HOME		PHONE-HOME	386-752-0059
FAX	386-758-4578	FAX	386-758-3900
EMAIL	js	EMAIL	hugh_gleboig@doh.state.fl.us
NAME	Randy Cox (EX OFFICIO)	NAME	Roy Hodson (VICE CHAIR)
BUSINESS		BUSINESS	Mini Storage Units of Gainesville
ADDRESS	401 Brady Circle	ADDRESS	Rt 15, Box 305
CITY, STATE, ZIP	Lake City, FL 32055	CITY, STATE, ZIP	Lake City, FL 32025
PHONE-OFFICE		PHONE-OFFICE	386-961-3125
PHONE-CELL		PHONE-keeper	386-750-0727
PHONE-HOME	386-755-0011	PHONE-HOME	
FAX		FAX	386-961-3025
EMAIL		EMAIL	
NAME	Kathy Daugherty	NAME	Sandy Looney
BUSINESS	FL Dept. Of Children & Families	BUSINESS	Dept. of Children & Families
ADDRESS	1389 West US 90, suite 100	ADDRESS	1389 West US 90, suite 100
CITY, STATE, ZIP	Lake City, FL 32025	CITY, STATE, ZIP	Lake City, FL 32025
PHONE-OFFICE	386-758-1490 or 758-1491	PHONE-OFFICE	386-758-1510
PHONE-CELL		PHONE-CELL	352-203-2229
PHONE-HOME	386-752-6739	PHONE-HOME	
FAX	386-758-1495	FAX	386-758-1495
EMAIL	kathy_daugherty@dof.state.fl.us	EMAIL	sandy_looney@dof.state.fl.us
NAME	Mike Deming	NAME	Carol Milton
BUSINESS	N. FL Workforce Dev. Board, Inc.	BUSINESS	FDLRS/Gateway
ADDRESS	400 West Base St, PO Box 267	ADDRESS	4256 SW CR 152
CITY, STATE, ZIP	Madison, FL 32341	CITY, STATE, ZIP	Jasper, FL 32052
PHONE-OFFICE	850-212-8818 or 850-973-2672	PHONE-OFFICE	386-792-2877
PHONE-CELL	850-528-0724	PHONE-CELL	386-792-4149
PHONE-HOME	850-584-7907	PHONE-HOME	386-792-1825
FAX	850-973-6745	FAX	386-792-3273
EMAIL	demingm@nfwdb.org	EMAIL	milton_c@fjm.edu

Board of Directors

NAME	Richard Mitchell (SECRETARY)	NAME	Jennifer Roberts
BUSINESS		BUSINESS	Lighthouse Christian Academy
ADDRESS	7141 SW 107th Blvd	ADDRESS	PO Box 458
CITY, STATE, ZIP	Jasper, FL 32052	CITY, STATE, ZIP	Mayo, FL 32066
PHONE-OFFICE		PHONE-OFFICE	386-284-3088
PHONE-CELL	386-284-0111	PHONE-CELL	
PHONE-HOME		PHONE-HOME	
FAX		FAX	386-284-3449
EMAIL	navy56@alltel.net	EMAIL	jennifer_roberts12@yahoo.com
NAME	Pam Norman	NAME	David Rountree
BUSINESS	Union Cty Pre-K Early Int/Even Start	BUSINESS	
ADDRESS	Lake Butler Elem 800 SW 6th St	ADDRESS	220 NW Palmetto Blvd
CITY, STATE, ZIP	Lake Butler, FL 32054	CITY, STATE, ZIP	Lake City, FL 32055
PHONE-OFFICE	386-498-4833	PHONE-OFFICE	
PHONE-CELL	352-745-0422	PHONE-CELL	
PHONE-HOME	386-431-1000	PHONE-HOME	386-755-4523
FAX	386-498-4834	FAX	
EMAIL	normanp@union.k12.fl.us	EMAIL	free_dnr@bellsouth.net
NAME	Prudence Pate	NAME	Sheryl Walker
BUSINESS	Polly's Meats & Groceries, Inc.	BUSINESS	Happy House, Inc
ADDRESS	Rt 2 Box 283-K	ADDRESS	P.O. Box 1282
CITY, STATE, ZIP	Lake Butler, FL 32054	CITY, STATE, ZIP	Lake City, FL 32058
PHONE-OFFICE	386-498-2183	PHONE-OFFICE	386-752-4736
PHONE-CELL	386-867-2948	PHONE-CELL	
PHONE-HOME	386-498-1553	PHONE-HOME	386-752-2130
FAX	386-498-1243	FAX	386-752-0486
EMAIL	pollys1@alltel.net	EMAIL	hhccsw@bellsouth.net
NAME	John Pierce	NAME	John Wheeler (TREASURER)
BUSINESS		BUSINESS	The Wheeler Agency
ADDRESS	164 NW Charlotte Glen	ADDRESS	1622 SW Main Blvd
CITY, STATE, ZIP	Lake City, FL 32055	CITY, STATE, ZIP	Lake City, FL 32025
PHONE-OFFICE		PHONE-OFFICE	386-752-8560
PHONE-CELL	386-344-2472	PHONE-CELL	
PHONE-HOME		PHONE-HOME	386-754-7118
FAX		FAX	386-752-9802
EMAIL	gringorico@yahoo.com	EMAIL	iwheeler@se.it.com
NAME	Nancy Roberts	NAME	Paula Williams
BUSINESS	Suwannee County Schools	BUSINESS	Hamilton County School Board
ADDRESS	702 2nd Street NW	ADDRESS	4280 SW CR 152
CITY, STATE, ZIP	Live Oak, FL 32064	CITY, STATE, ZIP	Jasper, FL 32052
PHONE-OFFICE	386-384-2622	PHONE-OFFICE	386-792-0543
PHONE-CELL	N/A	PHONE-CELL	
PHONE-HOME	386-362-7267	PHONE-HOME	
FAX	386-384-2635	FAX	386-792-3900
EMAIL	nroberts@suwannee.k12.fl.us	EMAIL	williams_p2@fhn.edu