Form **8868** (Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Type or Name of exempt organization, employer, or other filer, see instructions. Taxpaver identification number (TIN) EARLY CHILDHOOD COUNCIL OF THE SAN LUIS Print 27-0060704 VALLEY INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your **401 SANTA FE AVENUE** City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. ALAMOSA, CO 81101 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 08 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of SHERRI VALDEZ 401 SANTE FE AVENUE - ALAMOSA, CO 81101 Telephone No. 719-937-4010 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) I request an automatic 6-month extension of time until NOVEMBER 15, 20, 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or , 20 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return 2 Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0. using EFTPS (Electronic Federal Tax Payment System). See instructions.

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

В	Check if applicable	C Name of organization		D Employer identifie	cation number
		EARLY CHILDHOOD COUNCIL OF THE SAN LOIS			
	Addres	VALLEY INC.			
	Name change	Doing business as		27-00607	04
L	Initial return	,	n/suite	E Telephone numbe	
	Final return/	401 SANTA FE AVENUE		719-937-	
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,958,913.
Ļ	Amend	ALAMOSA, CO OTTOT		H(a) Is this a group re	
	Applica tion pendin			for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
<u> </u>	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions
	Websit			H(c) Group exemptio	
			_ Year o	of formation: 2003 N	N State of legal domicile: CO
Р		Summary	T 77	CILTI DIIOOD G	<u> </u>
9	1 1	Briefly describe the organization's mission or most significant activities: THE EAR	TTT	CHILDHOOD C	OUNCIL OF
Governance		THE SAN LUIS VALLEY IS THE HUB FOR EARLY CH			
ē	2	Check this box if the organization discontinued its operations or disposed of	f more	l l	
é	3	Number of voting members of the governing body (Part VI, line 1a)			13
	4 '	Number of independent voting members of the governing body (Part VI, line 1b)			13 27
ijes		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			
Activities &		Total number of volunteers (estimate if necessary)			20
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u>.</u>	Prior Year	Current Year
		Contributions and supple (Port VIII line 4h)	-	2,868,910.	3,266,171.
Revenue	8	Contributions and grants (Part VIII, line 1h)		681,138.	692,544.
Ven	9	Program service revenue (Part VIII, line 2g)		76.	198.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,550,124.	3,958,913.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,236.	0.
				0,230.	0.
"	I	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,179,427.	1,399,920.
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
beu	h	Total fundraising expenses (Part IX, column (A), line 25)		•	<u> </u>
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,912,110.	2,482,476.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,097,773.	3,882,396.
	19	Revenue less expenses. Subtract line 18 from line 12		452,351.	76,517.
Or or	3	To rondo 1000 experience. Caparada interior no montrinto 12	Beg	inning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		1,469,106.	1,585,923.
ASS	21	Total liabilities (Part X, line 26)		2,856.	158,154.
Net Assets or Find Balances	22	Net assets or fund balances. Subtract line 21 from line 20		1,466,250.	1,427,769.
P	art II	Signature Block			
Und	der pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and s	stateme	ents, and to the best of m	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer l	has any knowledge.	
Sig		Signature of officer		Date	
He	re	SHERRI VALDEZ, EXECUTIVE DIRECTOR			
		Type or print name and title		ata I -	T DTIN
		Print/Type preparer's name Preparer's signature	ا ا	ate Check C	PTIN
Pai		KARL FLOWER		self-employe	
		Firm's name WATSON COON RYAN, LLC		Firm's EIN 8	2-3543701
Use	Only	Firm's address 6025 SOUTH QUEBEC STREET, SUITE 260			2 702 2000
_		CENTENNIAL, CO 80111		Phone no. 30	3-792-3020
		RS discuss this return with the preparer shown above? See instructions			Yes No
т Н.	A For	Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23	3		Form 990 (2023)

Total program service expenses

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EARLY CHILDHOOD COUNCIL OF THE SAN LUIS

Form 990 (2023) VALLEY INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l 🕶
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			X
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the any irrepresent historic land areas or historic structures? If "Voc " complete Schoolule D. Port II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	o ,			x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	ıza	- 21	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		- 21

Form 990 (2023) VALLEY INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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

			Y	es	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 2	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2t	, 2	K	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	38	1		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3k			
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)?	48	<u>. </u>		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	58	<u>. </u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5k	<u> </u>		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50	;		
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?	6	<u>. </u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6k	<u> </u>		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? 7	<u> </u>		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7t	<u> </u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	70	<u>: </u>	_	X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76	_	_	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		_	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79	<u>, </u>	_	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C'	71	<u> </u>	_	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	98	-	+	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	91)		
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 10a	-			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	_			
b					
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	_		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12	4		
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	13	a	_	
-	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand 13c				
	Did the organization receive any payments for indoor tanning services during the tax year?	14	а		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14		一	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			一	
	excess parachute payment(s) during the year?	15	;		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	3		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	<u>.</u>		
	If "Yes," complete Form 6069.			T	

Form 990 (2023)

VALLEY INC.

27-0060704

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	3]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(c) (c) (c) (c) (c) (c) (c) (c) (c) (3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	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			
	SHERRI VALDEZ - 719-937-4010			
	401 SANTE FE AVENUE, ALAMOSA, CO 81101			

VALLEY INC.

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Form 990 (2023) 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organizat	ion nor any related	orga	aniza	ation	cor	mpe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		OOI UII		10010	1	100,	from	from related	other
	(list any hours for	lirect						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e Or (trustee			ısate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	ımbei		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related
	below	Individual trustee or director	Institutional	-e	Key employee	est co loyee	Jer.	·		organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Forn			
(1) SHERRI VALDEZ	40.00									
EXECUTIVE DIRECTOR				Х				97,711.	0.	2,931.
(2) LINDSEY MEREDITH	40.00									
OPERATING OFFICER				Х				70,750.	0.	2,123.
(3) BRYAN LINDERT	40.00								_	
PROGRAM OFFICER				Х				71,000.	0.	2,045.
(4) BRAD CROWELL	2.00									
BOARD MEMBER		Х						0.	0.	0.
(5) TY COLEMAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) LORI SMITH	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) STACEY PLANE	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(8) AUDREY L REICH LOY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) DEBORA BLACK	2.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(10) DEE KESSLER	2.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(11) AUGUSTO BASTERRECHEA	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) TERESA FELIX	2.00	ļ								•
BOARD MEMBER		Х						0.	0.	0.
(13) MARLAYNA MARTINEZ	2.00	۱								•
SECRETARY		Х		Х				0.	0.	0.
(14) ROSE MAETAS	2.00	۱								•
TREASURER	0.00	Х		Х				0.	0.	0.
(15) BONNIE ORTEGA	2.00	١								•
VICE PRESIDENT	1 2 22	Х		Х				0.	0.	0.
(16) LAURIE RIVERA	2.00	٠,		χ,						_
PRESIDENT		Х		Х		_		0.	0.	0.
		4								

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(A)	(B)			(C Posi	•	1		(D)	(E)		_	(F)	لم
Name and title	Average hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation from	Reportable compensatio from related	n	an	timate nount o other	
	(list any hours for	ır director				ted		the organization	organization (W-2/1099-MIS			pensatom the	
	related organizations	trustee o	al trustee		yee	mpensa		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		·	anizati d relate	
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	,			orga	ınizatio	ons
1b Subtotal c Total from continuation sheets to Part	VII Section A							239,461.		0.		7,09	99. 0.
d Total (add lines 1b and 1c)								239,461.		0.		7,09	
2 Total number of individuals (including bu compensation from the organization	it not limited to th	nose	liste	ed at	ove	e) wł	no re	eceived more than \$100	0,000 of reportab	le			0
3 Did the organization list any former offic	er, director, trust	ee, l	кеу (empl	loye	e, or	hig	hest compensated emp	oloyee on			Yes	No
line 1a? If "Yes," complete Schedule J fo	or such individual										3		Х
4 For any individual listed on line 1a, is the and related organizations greater than \$	•							•	•		4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co	•				,		elat	ed organization or indivi			5		Х
Section B. Independent Contractors									ф., ооо . r				
 Complete this table for your five highest the organization. Report compensation f 	•	-								ipens	ation i	rom	
(A) Name and busine	ess address	N	INC	3				(B) Description of s	ervices	C	(C omper		า
2 Total number of independent contractor \$100,000 of compensation from the organic		ot li	mite	d to		se lis	sted	d above) who received m	nore than				
											Farm (000 c	יסטטי

		$\overline{}$			INC.					27-0060	704 Page 9
Pa	rt V	/	Statement of Re	venu	е						
			Check if Schedule O c	contain	s a respo	nse	or note to any li				<u> </u>
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns		1а						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
Am Am		С	Fundraising events		1c						
Giff		d	Related organizations		1d						
ns,		е	Government grants (contri	ibution	s) 1e	2,	891,979.				
er Si		f	All other contributions, gifts, q				254 100				
를 된			similar amounts not included				374,192. 46,770.				
no n		-	Noncash contributions included in					2 266 171			
a C		h	Total. Add lines 1a-1f					3,266,171.			
	_		SERVICE INCOM	10			Business Code 611710	692,544.	692,544.		
Program Service Revenue	2		SERVICE INCOM	LE		_	011/10	092,344.	092,344.		
Ser		b				_					
E S		c d				_					
Re		u				_					
Pro		f	All other program service i	revenu	<u> </u>	_					
			Total. Add lines 2a-2f					692,544.			
	3	<u> </u>	Investment income (include								
		other similar amounts)						198.			198.
	4 Income from investment of tax-exempt bond pro										
	5		Royalties								
					(i) Real		(ii) Personal				
	6		Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6с							
			Net rental income or (loss)	$\overline{}$	(1) 0iti	<u></u>	(*) OH				
	7	7 a Gross amount from sales of (i) Securities		(ii) Other							
			assets other than inventory	7a							
<u>o</u>		D	Less: cost or other basis and sales expenses	76							
evenue		_	Gain or (loss)	7b 7c							
Rev			Net gain or (loss)								
<u>e</u>	8		Gross income from fundraisin			· · · · · ·					
Other	Ū	_	including \$		•						
			contributions reported on								
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
			Net income or (loss) from t								
	9	а	Gross income from gaming	-							
			Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from			<u></u>	·····				
	10	а	Gross sales of inventory, le			40-					
		L	and allowances			10a 10b					
			Less: cost of goods sold Net income or (loss) from s								
_		U	INET HICOTHE OF (1022) HOTHS	saits C	n inventor	у	Business Code				
sno	11	а					3				
ane nue	•	b				_					
e ë		c				_					
Miscellaneous Revenue			All other revenue								
			Total. Add lines 11a-11d								
	12		Total revenue. See instructio	ns				3,958,913 .	692,544.	0.	198.

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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).

36011	Check if Schedule O contains a response or note to any line in this Part IX									
	· ·	nse or note to any line in (A)	this Part IX	(C)	(D)					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	246 550	020 070	7 601						
	trustees, and key employees	246,559.	238,878.	7,681.						
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	1 014 700	000 730	21 076						
7	Other salaries and wages	1,014,708.	982,732.	31,976.						
8	Pension plan accruals and contributions (include	25 514	25 025	406						
	section 401(k) and 403(b) employer contributions)	25,511.	25,025.	486.						
9	Other employee benefits	112 140	100 501	2 551						
10	Payroll taxes	113,142.	109,591.	3,551.						
11	Fees for services (nonemployees):									
а	Management	1,535.	1 220	202						
b	Legal	•	1,332.	203.						
_	Accounting	93,146.	47,725.	45,421.						
d	Lobbying									
e	,									
f	Investment management fees									
g	,									
	column (A), amount, list line 11g expenses on Sch O.)									
12	Advertising and promotion	39,324.	33,685.	5,639.						
13	Office expenses	71,049.	65,382.	5,667.						
14	Information technology	71,040.	05,502.	3,007.						
15	Royalties	157,115.	72,463.	84,652.						
16	Occupancy	90,839.	83,780.	7,059.						
17	Travel	50,035.	03,700.	1,055.						
18	Payments of travel or entertainment expenses									
10	for any federal, state, or local public officials Conferences, conventions, and meetings	31.	31.							
19 20		31.	31.							
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	3,963.	3,963.							
23	Insurance	18,635.	2,200	18,635.						
24	Other expenses. Itemize expenses not covered									
	above. (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)									
а	CONTRACT SERVICES	1,113,988.	1,111,488.	2,500.						
b	CLASSROOM AND FAMILY SU	655,648.	649,190.	6,458.						
c	PROFESSIONAL DEVELOPMEN	149,207.	139,769.	9,438.						
d	PARENT AND COMMUNITY DE	57,659.	55,234.	2,425.						
-	All other expenses	30,337.	24,186.	6,151.						
25	Total functional expenses. Add lines 1 through 24e	3,882,396.	3,644,454.	237,942.	0.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
	0. 10.01.02				Earm 990 (2023)					

Form 990 (2023)
Part X Balance Sheet

Part	X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			300,066.	1	1,010,457
	2	Savings and temporary cash investments				2	101,003
	3	Pledges and grants receivable, net			964,857.	3	330,013
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri		6			
tş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			38,270.	9	7,500
-	10a	Land, buildings, and equipment: cost or other		1			
		basis. Complete Part VI of Schedule D	10a	126,508.			
	b	Less: accumulated depreciation			47,858.	10c	43,895
1	11	Investments - publicly traded securities		11			
1	12	Investments - other securities. See Part IV, lir		12			
-	13	Investments - program-related. See Part IV, li			13		
-	14	Intangible assets		115,000.	14		
-	15	Other assets. See Part IV, line 11			3,055.	15	93,055
	16	Total assets. Add lines 1 through 15 (must e	qual line	33)	1,469,106.	16	1,585,923
1	17	Accounts payable and accrued expenses			2,439.	17	9,152
1	18	Grants payable		18			
1	19	Deferred revenue			19		
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Comple	te Part I\	of Schedule D		21	
Se 2	22	Loans and other payables to any current or f	ormer off	icer, director,			
≣		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of t		_		22	
- 2	23	Secured mortgages and notes payable to un		F		23	
2	24	Unsecured notes and loans payable to unrela				24	
2	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24	4). Complete Part X	417		140 000
		of Schedule D			417.		149,002
- 2	26	Total liabilities. Add lines 17 through 25			2,856.	26	158,154
g l		Organizations that follow FASB ASC 958, or	check he	ere X			
ğ		and complete lines 27, 28, 32, and 33.			1 002 751		1 220 555
a a a	27	Net assets without donor restrictions			1,003,751.	27	1,239,555
8 2 5	28	Net assets with donor restrictions			462,499.	28	188,214
들		Organizations that do not follow FASB AS6	C 958, ch	neck here			
<u> </u>		and complete lines 29 through 33.					
j 2	29	Capital stock or trust principal, or current fun				29	
388	30	Paid-in or capital surplus, or land, building, or				30	
*	31	Retained earnings, endowment, accumulated		• • • • • • • • • • • • • • • • • • • •	1 466 252	31	1 407 760
_	32	Total net assets or fund balances			1,466,250.	32	1,427,769
3	33	Total liabilities and net assets/fund balances			1,469,106.	33	1,585,923

Form **990** (2023)

EARLY CHILDHOOD COUNCIL OF THE SAN LUIS

Form 990 (2023) VALLEY INC. 27-0060704 Page 12

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				Ш				
					4.0				
1	Total revenue (must equal Part VIII, column (A), line 12)		3,95						
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,88						
3	Revenue less expenses. Subtract line 2 from line 1	3	7 1,46		17.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7			_				
8	Prior period adjustments	8	-11	4,9	98.				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	1,42	7,7	69.				
Pa	rt XII Financial Statements and Reporting	•							
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	Х					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х					

Form **990** (2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

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

EARLY CHILDHOOD COUNCIL OF THE SAN LUIS VALLEY INC.

Employer identification number 27-0060704

Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.											
The	orgar	ization is not a private found	lation because it is: ((For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(I)(A)(i).					
2		A school described in sect				, ,,						
3		A hospital or a cooperative				//b)/1)/A)/ii	ii).					
4	Ħ	A medical research organiz					-	the hospital's name				
7		city, and state:	ation operated in 60	rijanotion with a noopital	accomba	3 111 000110	ii iro(b)(i)(A)(iii)i Entor	the neophare name,				
_			or the benefit of a co	llogo or university evene	d or opera	tod by a a	overnmental unit descri	had in				
5	ш	An organization operated for		niege or university owner	or opera	ted by a g	overnmental unit descri	bed in				
_		section 170(b)(1)(A)(iv). (C										
6	\	A federal, state, or local go										
7	—											
	section 170(b)(1)(A)(vi). (Complete Part II.)											
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college				
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, city	/, and state of the collec	ge or				
		university:										
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from				
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	t from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Con	mplete Part III.)									
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).					
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform :	the functio	ons of, or to carry out the	e purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on				
		lines 12a through 12d that	describes the type c	of supporting organizatio	n and con	nplete lines	s 12e, 12f, and 12g.					
а		Type I. A supporting orga				•		v aivina				
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•							
		organization. You must o			,							
b		Type II. A supporting org	=		tion with it	s support	ed organization(s), by ha	avina				
_		control or management of	· ·					-				
		organization(s). You mus			u p u u.		manage are ear					
c		☐ Type III functionally inte	- · · · · · · · · · · · · · · · · · · ·		in connec	tion with :	and functionally integrat	ed with				
·		its supported organizatio						ou with,				
d		Type III non-functionally		•				ization(s)				
<u> </u>		that is not functionally int					• • • • • •					
		requirement (see instruct	-	•	•		=	liveriess				
е		Check this box if the orga	•	•								
٠		functionally integrated, or					r type i, type ii, type iii					
f	Enta	er the number of supported	* *									
		vide the following information										
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other				
		organization	, ,	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)				
-				above (see instructions))	163	140						

Schedule A (Form 990) 2023

VALLEY INC.

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Pa	art II Support Schedule for	-		-			-			
	(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.)									
Se	ction A. Public Support									
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2,043,063.	2,231,192.	2,513,595.	2,868,910.	3,219,401.	12,876,161.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	2,043,063.	2,231,192.	2,513,595.	2,868,910.	3,219,401.	12,876,161.			
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)						892,440.			
6							11,983,721.			
Se	ction B. Total Support	•	<u> </u>	•			· · ·			
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
	Amounts from line 4	2,043,063.	2,231,192.	2,513,595.	2,868,910.	3,219,401.	12,876,161.			
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	337.	1,166.	71.	76.	198.	1,848.			
9	Net income from unrelated business		-				<u> </u>			
	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						12,878,009.			
	Gross receipts from related activities,	etc. (see instruction	ons)	•		12				
	First 5 years. If the Form 990 is for the									
	organization, check this box and stop									
Se	ction C. Computation of Publ									
	Public support percentage for 2023 (I			olumn (f))		14	93.06 %			
	Public support percentage from 2022					15	91.44 %			
	33 1/3% support test - 2023. If the o									
	stop here. The organization qualifies	•				•				

b 33 1/3% support test - 2022. 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 - 2023. 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 - 2022. 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 Schedule A (Form 990) 2023 Schedule A (Form 990) 2023

VALLEY INC.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						_
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						_
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>					
14	First 5 years. If the Form 990 is for the	-			•		ion,
<u></u>	check this box and stop here	io Cupport Do	rooptogo				<u></u>
	ction C. Computation of Publ			l (f)		l a e	0/
	Public support percentage for 2023 (15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					10	<u>%</u>
	Investment income percentage for 20			no 12 oolumn (f)\		17	20
						18	<u>%</u>
	Investment income percentage from a 33 1/3% support tests - 2023. If the						%
136							i is not
L	more than 33 1/3%, check this box a 33 1/3% support tests - 2022. If the						
K							
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in ala not check a	DUX UIT III IE 14, 19	a, ur 190, check th	IID DOX ALIU SEE IN	รถนบถบทรี	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	01		
	3b		
	3с		
	4a		
	4b		
	4c		
	40		
	5a		
	- Ou		
	5b		
	5с		
	_		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	55		
	10a		
	10b		
dule	A (Forr	n 990	2023

Pa	t IV Supporting Organizations (continued)			igo o
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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	_		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type III Supporting Organizations		V	Na
4	Did the expenientian provide to each of its supported expenientians, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	La		
J	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

EARLY CHILDHOOD COUNCIL OF THE SAN LUIS

Schedule A (Form 990) 2023

VALLEY INC.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see						

Schedule A (Form 990) 2023

instructions).

VALLEY INC.

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		(/ (/ 11	Continu	CU/ 1	
	on D - Distributions	Ī		Current Year	
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp		_		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4_	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
<u>6</u>	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	_	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
<u>10</u>	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
<u>e</u>	Excess from 2023				

Schedule A (Form 990) 2023

EARLY CHILDHOOD COUNCIL OF THE SAN LUIS

27-0060704 Page 8 VALLEY INC. Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, Part VI Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

EARLY CHILDHOOD COUNCIL OF THE SAN LUIS VALLEY INC.

Employer identification number

27-0060704

Organization type (check one):								
Filers of	:	Section:						
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	D-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation						
Note: Or	nly a section 501(c)(is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instruction	tions.					
General	Rule							
	•	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or morely one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributor						
Special	Rules							
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$								
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).								

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

Schedule B (Form 990) (2023)

Name of organization

EARLY CHILDHOOD COUNCIL OF THE SAN LUIS

VALLEY INC.

Employer identification number

27-0060704

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, audress, and ZIF + 4	- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

EARLY CHILDHOOD COUNCIL OF THE SAN LUIS

VALLEY INC.

Employer identification number

27-0060704

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2023) Employer identification number Name of organization EARLY CHILDHOOD COUNCIL OF THE SAN LUIS VALLEY INC. 27-0060704 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations

	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or less space is needed.	ess for the year. (Enter this info. once.) \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
_	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift	<u> </u>			
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_	Transferee's name, address, a	(e) Transfer of gift	er of gift Relationship of transferor to transferee			
(a) No. from Part I	(h) Durnoso of sift	(a) Hea of sift	(d) Description of how gift is held			
Part I	(b) Purpose of gift	(c) Use of gift	(u) Description of now girt is neid			
	(e) Transfer of gift					
}	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

EARLY CHILDHOOD COUNCIL OF THE SAN LUIS VALLEY INC.

Employer identification number 27-0060704

Pai	organizations Maintaining Donor Adviser organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Complete if the
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreated	tion or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqui	• •	
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, release	eased, extinguished, or terminated by t	he organization during the tax
	year		
4	Number of states where property subject to conservation eas	-	-
5	Does the organization have a written policy regarding the per	·	
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
7	Amount of expanses incurred in manitaring inspecting hand	ling of violations, and enforcing conser	votion aggregate during the year
'	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and emorcing conserv	valion easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170)(h)(4)(B)(i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
·	balance sheet, and include, if applicable, the text of the footn	·	
	organization's accounting for conservation easements.	oto to the organization o financial state	mente that decombes the
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statemen	t and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

EARLY CHILDHOOD COUNCIL OF THE SAN LUIS

Schedule D (Form 990) 2023 VALLEY INC.

27-0060704 Page 2

Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, o	or Other	Similar As	sets(continu	ed)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply).								
а	Public exhibition	c	1 🔲 L	oan or exc	hange progra	am			
b	Scholarly research	е	, 🗌	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explai	in how th	ey further t	he organizati	on's exem	ot purpose in	Part XIII.	
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma	intained as part of	the orgar	nization's c	ollection?			Yes	No_
Pai	t IV Escrow and Custodial Arrang	gements Comple	te if the o	organizatio	n answered "	Yes" on Fo	rm 990, Part	V, line 9, or	
	reported an amount on Form 990, Part	: X, line 21.							
1a	Is the organization an agent, trustee, custodia	an, or other interme	diary for	contributio	ns or other a	ssets not i	ncluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing to	able:					
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for e	scrow or c	ustodial acco	ount liability	/?	Yes	Щ No
	If "Yes," explain the arrangement in Part XIII.								<u>Ш</u>
Pai	t V Endowment Funds Complete if t								
		(a) Current year	(b) Pi	rior year	(c) Iwo year	rs back (d) Three years b	ack (e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end baland	ce (line 1o	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment	=							
	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	t are held a	and administe	ered for the		L.	
	organization by:							Y	es No
	(i) Unrelated organizations?							3a(i)	
b	If "Yes" on line 3a(ii), are the related organizat	· · · · · · · · · · · · · · · · · · ·) 			3b	
4	Describe in Part XIII the intended uses of the		owment f	unds.					
Pal	t VI Land, Buildings, and Equipme		0 D-+ N	. Barada - A	D F 000	. D+ V . B	40		
	Complete if the organization answered				İ		1		
	Description of property	(a) Cost or o		` '	t or other	` '	umulated	(d) Book	/alue
		basis (investr	nent)		(other)	aepre	eciation	1 0	000
	Land				0,000.		7 105		,000.
	Buildings				55,000.		27,495.	41	,505.
	Leasehold improvements				1,508.		55,118.	<u> </u>	,390.
	Equipment			- 0	11,500.		,, TTO •	0	, 330 •
	Other		V II 3	2 - 1	(D))			/ O	,895.
Tota	. Add lines 1a through 1e. (Column (d) must eq	juai ⊦orm 990, Part	x, iine 10	uc, column	1 (B))			43	,033.

EARLY CHILDHOOD COUNCIL OF THE SAN LUIS

Schedule D (Form 990) 2023 VALLEY INC.

27-0060704 Page 3	27-	006	0704	Page 3
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(2) Closely held equity interests	Part VII Investments - Other Securities		
(1) Financial derivatives (2) Closely held equity interests (3) Other (3) Other (3) Other (4) (3) Other (4) (4) (4) (5) Other (4) (5) Other (4) (6) (6) (7) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			
	(a) Description of security or category (including name of security)	(c) Method of valuation: Cost or end-of-year market value	
(8) Other (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financial derivatives		
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(5) (6) (7) (8) (9) (9) (10)	(3) Other		
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(F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(D)		
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Total_(Col. (b) must equal Form 990, Part X, line 12, col. (B)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" on Form 990, Part IV, line 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 (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g			
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VALLEY INC.

27-0060704 Page 4

	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,958,913.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,958,913.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			3,958,913.
Pai	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Retu	'n
	Complete if the organization answered "Yes" on Form 990, Part IV, lir			
1	Total expenses and losses per audited financial statements		1	3,882,396.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,882,396.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	3,882,396.
	rt XIII Supplemental Information			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		Part V, line 4; Part	X, line 2; Part XI,
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		,		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

EARLY CHILDHOOD COUNCIL OF THE SAN LUIS VALLEY INC.

Employer identification number 27-0060704

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Residential Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	X		46.770.	FAIR MARKET	VAI	JUE	
21	Taxidermy			20,77700				
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
2 5	Otto and I							
26	`							
20 27	Other ()							
28	Other (
<u>20</u> 29	Number of Forms 8283 received by the organiz	ation during	the tay year for a	ontributions				
29	for which the organization completed Form 828		•					
	for which the organization completed form 626	o, rait v, L	onee Acknowledg	ement 29			Yes	No
302	During the year, did the organization receive by	contributio	on any proporty ro	ported in Part I lines 1 through	ah 20 that it		163	140
Sua	must hold for at least 3 years from the date of t							
						200		Х
L	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.					30a		
	,	aliay that r	aguiros tha raviou	of any popularidard contribu	tions?	24		Х
31	Does the organization have a gift acceptance p				1110119 !	31		
32a	Does the organization hire or use third parties of					20-		Х
L	contributions?					32a		
	If "Yes," describe in Part II.	-\ -\ -\	* 0 tupo of	u for which only was (a) is also	alrad			
33	If the organization didn't report an amount in codescribe in Part II.	линн (С) 10	i a type of propert	y for writeri column (a) is che	ukeu,			

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

Schedule M (Form 990) 2023

EARLY CHILDHOOD COUNCIL OF THE SAN LUIS

Schedule M	1 (Form 990) 2023	VALLEY	INC.					27-0	060704	Page 2
Part II	Supplementa is reporting in Par this part for any a	I Information III Information	On. Provide the number mation.	the information of contribution	n required by ns, the numbe	Part I, lines 3 er of items rec	0b, 32b, and 3 eived, or a co	33, and whet mbination of	her the organi both. Also co	zation

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-FZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

EARLY CHILDHOOD COUNCIL OF THE SAN LUIS VALLEY INC.

Employer identification number 27-0060704

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

FAMILIES, PROFESSIONALS, PROGRAMS, AND ORGANIZATIONS. OUR MISSION IS TO

STRENGTHEN THE LOCAL SYSTEM OF EARLY CHILDHOOD CARE AND EDUCATION

THROUGH RESEARCH, ADVOCACY, POLICY AND INNOVATIVE PRACTICE. WE ENSURE

THAT QUALITY PRENATAL AND EARLY CARE AND EDUCATION IS PROVIDED FOR

CHILDREN AND FAMILIES IN THE SAN LUIS VALLEY, AND ENVISION A COMMUNITY

WHERE ALL MEMBERS PRIORITIZE AND INVEST IN OUR CHILDREN TO BUILD A

THRIVING SOCIETY.

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

ADVOCACY, POLICY AND INNOVATIVE PRACTICE. WE ENSURE THAT QUALITY

PRENATAL AND EARLY CARE AND EDUCATION IS PROVIDED FOR CHILDREN AND

FAMILIES IN THE SAN LUIS VALLEY, AND ENVISION A COMMUNITY WHERE ALL

MEMBERS PRIORITIZE AND INVEST IN OUR CHILDREN TO BUILD A THRIVING

SOCIETY.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES THAT HAVE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE BOARD PRESIDENT IS PROVIDED THE FORM 990 FOR REVIEW AND APPROVAL.

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

THE CONFLICT OF INTEREST POLICY IS DISCLOSED IN THE ORGANIZATION'S POLICIES

AND PROCEDURES MANUAL, AND THE BOARD MONITORS AND ENFORCES COMPLIANCE BY

Schedule O (Form 990) 2023 Page 2 Name of the organization EARLY CHILDHOOD COUNCIL OF THE SAN LUIS **Employer identification number** 27-0060704 VALLEY INC. REQUIRING BOARD MEMBERS TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AND TAKING CORRECTIVE ACTION AS NECESSARY. FORM 990, PART VI, SECTION B, LINE 15A: SALARIES AND ADJUSTMENTS ARE APPROVED BY THE BOARD. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. PART XII, LINE 2C THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTION PROCESS DURING THE YEAR.