# Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Open to Public

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

| Inter                          | nal Reve          | enue Service           | Go t                                      | o www.irs.gov/F      | <i>form</i> 990 for ins | tructions and th      | ne latest info     | rmation.                                       |                    | inspection                     |  |
|--------------------------------|-------------------|------------------------|---|----------------------|-------------------------|-----------------------|--------------------|--|--------------------|--------------------------------|--|
| Α                              | For th            | ne 2022 calend         | lar year, or tax yea                      | r beginning          | 9/01                    | , 2022                | , and ending       | 8/31   |                    | , <b>20</b> 2023               |  |
| В                              | Check it          | f applicable:          | С   |                      |                         |                       |                    |  | yer iden           | tification number              |  |
|                                | Ad                | Idress change          | DURANGO EARI                              | Y LEARNI             | NG CENTER               | ₹                     |                    | 84-  | 0852               | 955                            |  |
|                                | Na                |                        | 890 EAST 3RD                              |                      |                         |                       |                    | <b>E</b> Teleph                                |                    |                                |  |
|                                | Init              | tial return            | DURANGO, CO                               | 81301                |                         |                       |                    | 970  | -259               | -1483                          |  |
|                                | Fina              | al return/terminated   |   |                      |                         |                       |                    | 3.0  |                    |                                |  |
|                                |                   | nended return          |   |                      |                         |                       |                    | <b>G</b> Gross                                 | receipts           | \$ 618,496.                    |  |
|                                | $\vdash$          | <u> </u>               | F Name and address o                      | f principal officer: |                         |                       | Н                  | (a) Is this a group retu                       |                    |                                |  |
|                                | Ш, <sub>1</sub> р |                        | SAME AS C AE                              |                      |                         |                       | н                  | I(b) Are all subordinate If "No," attach a lis | s include          |                                |  |
| $\overline{}$                  | Tay-6             |                        |   | 1(c) (               | ) (insert no.)          | 4947(a)(1) oi         | r 527              | If "No," attach a lis                          | t. See in          | structions.                    |  |
| <del>'</del>                   |                   |                        | RANGOEARLYLE                              |                      | , ,                     | 4347 (d)(1) 01        |                    | (a) Croup exemption r                          | umbor              |                                |  |
| K                              |                   | D 01                   | X Corporation Tru                         | 1 1                  |                         | 11                    | Year of formation  | (c) Group exemption n                          |                    | legal domicile: CO             |  |
| Pa                             |                   | Summary                |   | IST ASSOCIA          | ation Other             | L                     | Year of formation  | 1981 IM  | State of           | legal domicile: CO             |  |
| Га                             |                   |                        | r<br>e the organization'                  | e mission or I       | most significa          | nt activities:MIII    | סיינוס דאור        | CUTID DEVIET                                   | ODME               | יוויי דווי                     |  |
|                                |                   |                        | HIP WITH FAM                              |                      |                         |                       |                    | CUITD DEAFT                                    | OPME               | 1 <u>NT TIN</u>                |  |
| ıce                            |                   | LVILINGUE              | ITE MIIII LVIII                           | 11112 OL             | DIVERSE_                | DACKGROOM             | <u> </u>           |  |                    |                                |  |
| nar                            |                   |                        |   |                      |                         |                       |                    |  |                    |                                |  |
| Governance                     | 2                 | Check this box         | if the orga                               | nization disco       | ontinued its or         | perations or disc     | oosed of mor       | e than 25% of its                              | net as             | ssets.                         |  |
| G                              | 3                 | Number of vot          | ing members of th                         |                      |                         |                       |                    |  |                    | 9                              |  |
| Activities &                   |                   |                        | lependent voting m                        |                      |                         |                       |                    |  | 4                  | 0                              |  |
| itie                           |                   |                        | of individuals empl                       |                      |                         |                       |                    |  | 5                  | 15                             |  |
| tiv                            |                   |                        | of volunteers (estir                      |                      |                         |                       |                    |  | 6                  | 0                              |  |
| A                              |                   |                        | d business revenue                        |                      |                         |                       |                    |  | 7a                 | 0.                             |  |
|                                | b                 | Net unrelated          | business taxable in                       | ncome from F         | orm 990-1, Pa           | art I, line II        |                    |  | 7b                 | 0.                             |  |
|                                | _                 | 0 1 1   1              | l (D t ) /                                | III - 11-5           |                         |                       |                    | Prior Year                                     |                    | Current Year                   |  |
| <u>re</u>                      |                   |                        | and grants (Part V                        |                      |                         |                       |                    | - /  |                    | 137,381.                       |  |
| en.                            |                   |                        | ce revenue (Part V<br>come (Part VIII, co |                      |                         |                       |                    | - /  |                    | 471,276.                       |  |
| Revenue                        |                   |                        | : (Part VIII, column                      |                      |                         | •                     |                    |  | 773.<br>073.       | 8,275.<br>1,564.               |  |
|                                |                   |                        | <ul><li>add lines 8 thro</li></ul>        |                      |                         |                       |                    | _,   |                    | 618,496.                       |  |
|                                |                   |                        | milar amounts paid                        |                      |                         |                       |                    |  | 332.               | 010,490.                       |  |
|                                |                   |                        | to or for members                         | •                    |                         | •                     |                    |  |                    |                                |  |
|                                |                   | •                      | r compensation, er                        | •                    |                         | •                     |                    |  | 221                | 473,575.                       |  |
| es                             | 10-               |                        | undraising fees (Pa                       |                      | •                       |                       | •                  | 441,   | 321.               | 413,313.                       |  |
| Expenses                       | 16a               |                        |   |                      |                         | )                     |                    |  |                    |                                |  |
| хb                             | b                 |                        | ing expenses (Part                        |                      |                         |                       |                    |  |                    |                                |  |
| -                              | 17                |                        | es (Part IX, column                       |                      |                         |                       |                    |  |                    | 116,606.                       |  |
|                                |                   |                        | s. Add lines 13-17                        |                      |                         |                       |                    | /  |                    | 590,181.                       |  |
|                                | 19                | Revenue less           | expenses. Subtrac                         | t line 18 from       | line 12                 |                       |                    | -17,   | 032.               | 28,315.                        |  |
| Net Assets or<br>Fund Balances |                   |                        |   |                      |                         |                       |                    | Beginning of Curre                             |                    | End of Year                    |  |
| set                            | 20                | ,                      | Part X, line 16)                          |                      |                         |                       |                    | 956,   | 310.               | 987,624.                       |  |
| t As                           | 21                |                        | (Part X, line 26).                        |                      |                         |                       |                    | 20,  | )84.               | 23,083.                        |  |
|                                |                   |                        | fund balances. Sub                        | otract line 21       | from line 20            |                       |                    | 936,   | 226.               | 964,541.                       |  |
| Pa                             | rt II             | Signature              | Block                                     |                      |                         |                       |                    |  |                    |                                |  |
| Unde                           | er penalt         | ties of perjury, I ded | clare that I have examined                | this return, inclu   | ding accompanying       | g schedules and state | ements, and to the | e best of my knowledge                         | and bel            | lief, it is true, correct, and |  |
| -                              | JICIO. DC         | I proper               | er (other than omeer) is t                | asca on an imorn     | idition of which pro    | parer rias any known  | ouge.              |  |                    |                                |  |
| ٥.                             |                   | Signature of o         | officer                                   |                      |                         |                       |                    | Date   |                    |                                |  |
| Sign<br>Here                   |                   |                        |   |                      |                         |                       | mr                 |  |                    |                                |  |
| пе                             | re                |                        | BOWKETT<br>name and title                 |                      |                         |                       | TF                 | REASURER                                       |                    |                                |  |
|                                |                   |                        | eparer's name                             | Dranar               | er's signature          |                       | Date               |  | .,                 | PTIN                           |  |
| _                              |                   |                        | •   | Гтерап               | or a argridiure         |                       |                    | Check  | if                 |                                |  |
| Pai                            |                   |                        | TRAINOR                                   | TDATECD (            | TD 7 D C                |                       | 12/26/2            | self-employ                                    | /ed                | P00193356                      |  |
| Pre                            | epare             | I. a                   |   | TRAINOR (            | •                       |                       |                    |  | -111 4.6 40.401.70 |                                |  |
| US                             | e On              | Firm's addres          |   | ST STE               | )                       |                       |                    | Firm's EIN                                     |                    | -4040179                       |  |
|                                |                   |                        | CORTEZ.                                   | CO 81321             |                         |                       |                    | Phone no.                                      | 970                | -565-2435                      |  |

May the IRS discuss this return with the preparer shown above? See instructions .

No

| Par | Check if Schedule O contains a response or note to any line in this Part III   | <u>x</u>            |
|-----|--|---------------------|
| 1   | Briefly describe the organization's mission:   | <u></u>             |
|     | NURTURING CHILD DEVELOPMENT IN PARTNERSHIP WITH FAMILIES OF DIVERSE BACK   | GROUNDS.            |
|     |  |                     |
|     |  |                     |
| 2   | Did the organization undertake any significant program services during the year which were not listed on the prior   |                     |
|     | Form 990 or 990-EZ?  | Yes X No            |
| _   | If "Yes," describe these new services on Schedule O.   |                     |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.                | Yes X No            |
| 4   | Describe the organization's program service accomplishments for each of its three largest program services, as mea   | asured by expenses. |
|     | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, and revenue, if any, for each program service reported. | the total expenses, |
|     | and revenue, if any, for each program service reported.  |                     |
| 4a  | (Code: ) (Expenses \$ 442,867. including grants of \$ ) (Revenue \$  | )                   |
|     | SEE SCHEDULE O   |                     |
|     |  |                     |
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|     |  |                     |
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|     |  |                     |
|     |  |                     |
| 4b  | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$   | )                   |
|     |  |                     |
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|     |  |                     |
|     |  |                     |
| 4c  | (Code:) (Expenses \$ including grants of \$ ) (Revenue \$  | )                   |
|     |  |                     |
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|     |  |                     |
|     |  |                     |
| 4d  | Other program services (Describe on Schedule O.)   |                     |
| 1-  | (Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses 442 . 867.   | )                   |
| 46  | Total program service expenses 442 . 867   |                     |

|     |  |     | Yes | No |
|-----|--|-----|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1   | Х   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2   | Χ   |    |
|     | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.  | 3   |     | Х  |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4   |     | Х  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5   |     | Х  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6   |     | Х  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>   | 7   |     | Х  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>  | 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  |     | X  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.   |     |     |    |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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 |     | Х  |
| С   | Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  | 11c |     | Х  |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>   | 11d | Х   |    |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e | Χ   |    |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  | 11f |     | Х  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.  | 12a |     | Х  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |     | Х  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  | Χ   |    |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |     | Х  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 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? <i>If</i> "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? <i>If "Yes," complete Schedule F, Parts III and IV</i>  | 16  |     | Х  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.  | 17  |     | Х  |
| 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  |     | Х  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.  | 19  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |     | Х  |
| b   | 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  |     | Х  |

# Form 990 (2022) DURANGO EARLY LEARNING CENTER 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  |         | Х    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>   | 23  |         | Х    |
| 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 a "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 |         |      |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.   | 25a |         | 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    |
|     | 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? <i>If</i> "Yes," complete Schedule L, Part IV   | 28a |         | Χ    |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b |         | X    |
| С   | 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 |         | Χ    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29  |         | X    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>  | 30  |         | Χ    |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |         | X    |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>   | 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? <i>If "Yes," complete Schedule R, Part I.</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    |
|     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |         | Х    |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b |         |      |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>  | 36  |         | X    |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.  | 37  |         | Х    |
|     | 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  | Χ       |      |
| Par | 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  |     | 162     | 140  |
| b   | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable   |     |         |      |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1c  | X       |      |
| ВΛΛ | (gambing) winnings to prize winners:  | _   | Δ 000 ( | 2000 |

Form 990 (2022) DURANGO EARLY LEARNING CENTER

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

|    |  |     | res | 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 15  |     |     |    |
| b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b  |     | Х  |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  |     | Χ  |
|    | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule 0.</i>  | 3b  |     |    |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a  |     | 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).  |     |     |    |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |     | Х  |
| b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |     | X  |
| С  | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5с  |     |    |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  | 6a  |     | Х  |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b  |     |    |
| 7  | Organizations that may receive deductible contributions under section 170(c).  |     |     |    |
| а  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a  |     | X  |
| b  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  |     |    |
|    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c  |     | Х  |
|    | If "Yes," indicate the number of Forms 8282 filed during the year  |     |     |    |
|    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  |     | Х  |
|    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f  |     | X  |
| Ĭ  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  |     |    |
|    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h  |     |    |
| 8  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8   |     |    |
| ۵  | Sponsoring organizations maintaining donor advised funds.  | •   |     |    |
|    | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |     |    |
|    | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b  |     |    |
|    | Section 501(c)(7) organizations. Enter:  | 3.5 |     |    |
|    | Initiation fees and capital contributions included on Part VIII, line 12   |     |     |    |
| b  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>   |     |     |    |
| 11 | Section 501(c)(12) organizations. Enter:   |     |     |    |
|    | Gross income from members or shareholders  |     |     |    |
| b  | Gross income from other sources. (Do not net amounts due or paid to other sources against 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?   | 12a |     |    |
|    | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  |     |     |    |
|    | Section 501(c)(29) qualified nonprofit health insurance issuers.   |     |     |    |
| а  | Is the organization licensed to issue qualified health plans in more than one state?   | 13a |     |    |
|    | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   |     |     |    |
|    | 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  |     |     |    |
|    | Enter the amount of reserves on hand   |     |     | 37 |
|    | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a |     | Х  |
|    | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>  | 14b |     |    |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   | 15  |     | Х  |
| 16 | If Yes, see the instructions and file Form 4/20, schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16  |     | X  |
|    | If "Yes," complete Form 4720, Schedule O.  | 10  |     | Λ  |
| 1/ | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would   | 17  |     |    |
|    | result in the imposition of an excise tax under section 4951, 4952, or 4953?   | .,  |     |    |
|    | The second secon |     |     |    |

Form 990 (2022) DURANGO EARLY LEARNING CENTER 84-0852955 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a **b** Each committee with authority to act on behalf of the governing body?..... 8b 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 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ 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?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13....... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Χ 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? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization...SEE .SCHEDULE . Q..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a Χ **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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) SEE SCH. O Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records.

REBECCA TREFRY 890 EAST 3RD AVENUE DURANGO CO 81301 970-259-1483

# 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-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

|                          |   | (C)                               |                       |                        |              |                                 |        |   |  |   |
|--------------------------|---|-----------------------------------|-----------------------|------------------------|--------------|---------------------------------|--------|---|--|---|
| (A)<br>Name and title    | (B)<br>Average<br>hours<br>per                                      | thar                              | one<br>both<br>dire   | box,<br>an o<br>ector/ | unles        |                                 | on     | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | <b>(F)</b> Estimated amount of other                                  |
|                          | week (list any hours for related organiza- tions below dotted line) | Individual trustee<br>or director | Institutional trustee | Officer                | Key employee | Highest compensated<br>employee | Former | (W-2/1099-<br>MISC/1099-NEC)                      | (W-2/1099-<br>MISC/1099-NEC)                           | compensation from<br>the organization<br>and related<br>organizations |
| (1) CHRIS HUGHES         | 1   |                                   |                       |                        |              | 8                               |        |   |  |   |
| VICE PRESIDENT           | 0   | Х                                 |                       |                        |              |                                 |        | 0.  | 0.   | 0.  |
| (2) PAIGE DENIER         | 1   |                                   |                       |                        |              |                                 |        | <u> </u>  | <u> </u>   | <u> </u>  |
| DIRECTOR                 | 0   | Х                                 |                       |                        |              |                                 |        | 0.  | 0.   | 0.  |
| (3) LISA SIFRIT          | 1   |                                   |                       |                        |              |                                 |        |   |  |   |
| DIRECTOR                 | 0   | Χ                                 |                       |                        |              |                                 |        | 0.  | 0.   | 0.  |
| (4) JESSICA MCCULLUM     | 1   |                                   |                       |                        |              |                                 |        |   |  |   |
| DIRECTOR                 | 0   | Χ                                 |                       |                        |              |                                 |        | 0.  | 0.   | 0.  |
| (5) TORREY BALDWIN       | 11  |                                   |                       |                        |              |                                 |        |   |  |   |
| DIRECTOR                 | 0   | Х                                 |                       |                        |              |                                 |        | 0.  | 0.   | 0.  |
| (6) SAVANNAH PORTER      | 1   |                                   |                       |                        |              |                                 |        |   |  |   |
| DIRECTOR                 | 0   | Χ                                 |                       |                        |              |                                 |        | 0.  | 0.   | 0.  |
|                          | 1   |                                   |                       |                        |              |                                 |        |   |  |   |
| TREASURER                | 0   |                                   |                       | Χ                      |              |                                 |        | 0.  | 0.   | 0.  |
| (8) JESSIE CHRISTIANSEN  | 1   |                                   |                       | • • •                  |              |                                 |        | •   | •  | •   |
| PRESIDENT                | 0   |                                   |                       | X                      |              |                                 |        | 0.  | 0.   | 0.  |
| (9) SARA_TIPPIESECRETARY | 1   |                                   |                       | v                      |              |                                 |        | 0   | 0  | 0   |
| (10) REBECCA TREFRY      | 0<br>40   |                                   |                       | Χ                      |              |                                 |        | 0.  | 0.   | 0.  |
| EXEC DIRECTOR            | $-\frac{40}{0}$   |                                   |                       |                        |              | Х                               |        | 0.  | 0.   | 0.  |
| (11)                     | 0   |                                   |                       |                        |              | Λ                               |        | 0.  | 0.   | <u> </u>  |
| 2.7                      |   |                                   |                       |                        |              |                                 |        |   |  |   |
| (12)                     |   |                                   |                       |                        |              |                                 |        |   |  |   |
| (13)                     |   |                                   |                       |                        |              |                                 |        |   |  |   |
| (14)                     |   |                                   |                       |                        |              |                                 |        |   |  |   |

| Part VII   Section A. C                               | Officers, Directors, Tru  |                        | Key                               | Em                    |              | _            | es,                             | and         | d Highest Com                                    | pensated Emp                            | oyees   | (conti                 | nued) |
|---|---|------------------------|-----------------------------------|-----------------------|--------------|--------------|---------------------------------|-------------|--|---|---------|------------------------|-------|
|   |   | (B)                    |                                   |                       | ((           | •            |                                 |             |  |   |         |                        |       |
|   | (A)   |                        | (do                               | not o                 | check        | more         | than                            | one<br>h an | (D) Reportable                                   | <b>(E)</b><br>Reportable                |         | (F)                    |       |
| Name  | e and title   | hours<br>per<br>week   |                                   |                       |              |              | or/trus                         | tee)        | compensation from                                | compensation from related organizations | (       | ated amo               |       |
|   |   | (list any<br>hours     | or d                              | isul                  | Officer      | Key          | High<br>emp                     | Former      | the organization<br>(W-2/1099-<br>MISC/1099-NEC) | (W-2/1099-<br>MISC/1099-NEC)            | the o   | nsation i<br>rganizati | ion   |
|   |   | for related            | dividual                          | oitut                 | cer          | emp          | Highest co<br>employee          | ner         | 111100/1033 1120/                                | 111100/1033 1120)                       |         | d related<br>anization |       |
|   |   | organiza<br>- tions    | DE EX                             | nalt                  |              | Key employee | omp                             |             |  |   |         |                        |       |
|   |   | below<br>dotted        | Individual trustee<br>or director | Institutional trustee |              | ð            | Highest compensated<br>employee |             |  |   |         |                        |       |
|   |   | line)                  |                                   | ਲ                     |              |              | ated                            |             |  |   |         |                        |       |
| (15)  |   |                        |                                   |                       |              |              |                                 |             |  |   |         |                        |       |
| 2.2/  |   |                        | •                                 |                       |              |              |                                 |             |  |   |         |                        |       |
| (16)  |   |                        |                                   |                       |              |              |                                 |             |  |   |         |                        |       |
|   |   |                        |                                   |                       |              |              |                                 |             |  |   |         |                        |       |
| (17)  |   |                        |                                   |                       |              |              |                                 |             |  |   |         |                        |       |
|   |   |                        |                                   |                       |              |              |                                 |             |  |   |         |                        |       |
| (18)  |   |                        |                                   |                       |              |              |                                 |             |  |   |         |                        |       |
|   |   |                        |                                   |                       |              |              |                                 |             |  |   |         |                        |       |
| <u>(19)</u>   |   |                        |                                   |                       |              |              |                                 |             |  |   |         |                        |       |
| (20)  |   |                        |                                   |                       |              |              |                                 |             |  |   |         |                        |       |
|   |   |                        | •                                 |                       |              |              |                                 |             |  |   |         |                        |       |
| (21)  |   |                        |                                   |                       |              |              |                                 |             |  |   |         |                        |       |
|   |   |                        | 1                                 |                       |              |              |                                 |             |  |   |         |                        |       |
| (22)  |   |                        |                                   |                       |              |              |                                 |             |  |   |         |                        |       |
|   |   |                        |                                   |                       |              |              |                                 |             |  |   |         |                        |       |
| (23)  |   |                        |                                   |                       |              |              |                                 |             |  |   |         |                        |       |
|   |   |                        |                                   |                       |              |              |                                 |             |  |   |         |                        |       |
| (24)  |   |                        |                                   |                       |              |              |                                 |             |  |   |         |                        |       |
| (25)  |   |                        |                                   |                       |              |              |                                 |             |  |   |         |                        |       |
| (23)  |   |                        | 1                                 |                       |              |              |                                 |             |  |   |         |                        |       |
| 1b Subtotal   |   | <u> </u>               |                                   |                       |              |              |                                 |             | 0.   | 0.                                      |         |                        | 0.    |
|   | on sheets to Part VII, Section  | on A                   |                                   |                       |              |              |                                 |             | 0.   | 0.                                      |         |                        | 0.    |
| d Total (add lines 1b ar                              | nd 1c)  |                        |                                   |                       |              |              |                                 |             | 0.   | 0.                                      |         |                        | 0.    |
|   | uals (including but not limited   | to those I             | isted                             | abo                   | ve) v        | who          | recei                           | ved         | more than \$100,00                               | 0 of reportable comp                    | ensatio | า                      |       |
| from the organization                                 | 0   |                        |                                   |                       |              |              |                                 |             |  |   |         |                        |       |
|   |   |                        |                                   |                       |              |              |                                 |             |  |   |         | Yes                    | No    |
| 3 Did the organization I                              | ist any <b>former</b> officer, directions of the complete Schedule J for such | tor, truste            | e, ke                             | ey e                  | mpl          | oyee         | e, or                           | high        | nest compensated                                 | employee                                | 3       |                        | V     |
|   | •   |                        |                                   |                       |              |              |                                 |             |  |   | . 3     |                        | X     |
| <b>4</b> For any individual list the organization and | ed on line 1a, is the sum of related organizations greate                     | reportab<br>r than \$1 | le co<br>50.00                    | mpe                   | ensa<br>If " | ition<br>Yes | and<br>" cor                    | oth<br>nnle | er compensation<br>ete Schedule J for            | from                                    |         |                        |       |
| such individual                                       |   |                        |                                   |                       |              |              |                                 |             |  |   | . 4     |                        | X     |
| 5 Did any person listed                               | on line 1a receive or accrue  | e comper               | satio                             | n <sub>,</sub> fr     | om           | any          | unre                            | lạte        | ed organization or                               | individual                              | _       |                        | 37    |
| Section B. Independe                                  | to the organization? If "Yes  | s," comple             | ete S                             | che                   | dule         | ) J to       | or su                           | ch p        | person   |   | . 5     |                        | X     |
| 1 Complete this table for                             | or your five highest compen-  | sated inde             | epen                              | den                   | t cor        | ntra         | ctors                           | tha         | t received more t                                | nan \$100.000 of                        |         |                        |       |
| compensation from the                                 | organization. Report compen   | sation for             | the c                             | alen                  | dar          | year         | endi                            | ng v        | vith or within the or                            | ganization's tax year                   |         |                        |       |
|   | (A) Name and business address  (B) Description of services C                  |                        |                                   |                       |              |              |                                 | Compe       | C)<br>Insatio                                    | n                                       |         |                        |       |
|   | . tamo ana basinoss addi  |                        |                                   |                       |              |              |                                 |             | Description                                      |   | Jonnipe | . 154110               |       |
|   |   |                        |                                   |                       |              |              |                                 |             |  |   |         |                        |       |
|   |   |                        |                                   |                       |              |              |                                 |             |  |   |         |                        |       |
|   |   |                        |                                   |                       |              |              |                                 |             |  |   |         |                        |       |
|   |   |                        |                                   |                       |              |              |                                 |             |  |   |         |                        |       |
| 2 Total number of indepe                              | endent contractors (including b   | out not lim            | ited to                           | o the                 | se I         | isted        | d abo                           | ve)         | who received more                                | than                                    |         |                        |       |
| \$100,000 of compens                                  | ation from the organization   | 0                      |                                   |                       |              |              |                                 |             |  |   |         |                        |       |

|   |        | Check if Schedule O contains   | a response or note to an | y line in this Part V | III   |  |  |
|---|--------|--|--------------------------|-----------------------|---|--|--|
|   |        |  |                          | (A)<br>Total revenue  | <b>(B)</b> Related or exempt function revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| s,<br>s   | 1a     | Federated campaigns  | 1a                       |                       |   |  |  |
| Contributions, Gifts, Grants, and Other Similar Amounts | b      | Membership dues  | 1b                       |                       |   |  |  |
| G<br>G  | c      | Fundraising events   | 1c                       |                       |   |  |  |
| ĒŠ,   | 4      | Related organizations  | 1d                       |                       |   |  |  |
| ig ei   | u      | -  | 1e                       |                       |   |  |  |
| ns,<br>Sin  | e      | Government grants (contributions) All other contributions, gifts, grants, and  | ie                       |                       |   |  |  |
| ntio<br>er:   |        | similar amounts not included above   | 1f 137,381.              |                       |   |  |  |
| Contributions, Gifts, Grants, and Other Similar Amounts | а      | Noncash contributions included in  | 107,0011                 |                       |   |  |  |
| at be   | 3      | lines 1a-1f  | 1g                       |                       |   |  |  |
| g ç   | h      | Total. Add lines 1a-1f   |                          | 137,381.              |   |  |  |
| Je  |        |  | Business Code            |                       |   |  |  |
| en  | 2a     | TUITION  |                          | 471,276.              | 471,276.                                      |  |  |
| Rea   | b      |  |                          |                       |   |  |  |
| ce  | С      |  |                          |                       |   |  |  |
| ervi  | d      |  |                          |                       |   |  |  |
| Š   | 6      |  |                          |                       |   |  |  |
| ran   | f      | All other program service revenue  |                          |                       |   |  |  |
| Program Service Revenue                                 | a<br>q | <b>-</b>   |                          | 471 276               |   |  |  |
| α.  | _      |  |                          | 471,276.              |   |  |  |
|   | 3      | Investment income (including divide other similar amounts)                     | ends, interest, and      | 8,275.                |   |  | 8,275.   |
|   | 4      | Income from investment of tax-e:   |                          | 0,213.                |   |  | 0,213.   |
|   | 5      | Royalties  | •                        |                       |   |  |  |
|   | ,      | (i) Re   |                          |                       |   |  |  |
|   | 6-     | Gross rents 6a   | (ii) i cisonai           |                       |   |  |  |
|   |        |  |                          |                       |   |  |  |
|   |        | Less: rental expenses 6b   |                          |                       |   |  |  |
|   |        | Rental income or (loss) 6c   |                          |                       |   |  |  |
|   | d      | Net rental income or (loss)  |                          |                       |   |  |  |
|   | 7a     | Gross amount from (i) Secu   | rities (ii) Other        |                       |   |  |  |
|   |        | sales of assets  |                          |                       |   |  |  |
|   | b      | other than inventory<br>Less: cost or other basis                              |                          |                       |   |  |  |
|   |        | and sales expenses <b>7b</b>   |                          |                       |   |  |  |
|   | С      | Gain or (loss) <b>7c</b>   |                          |                       |   |  |  |
|   | d      | Net gain or (loss)   |                          |                       |   |  |  |
| Other Revenue   | 8a     | Gross income from fundraising events (not including \$                         | _                        |                       |   |  |  |
| <u>ب</u>  |        | See Part IV, line 18   | 8a                       |                       |   |  |  |
| the   |        | Less: direct expenses  | 8b                       |                       |   |  |  |
| O   | С      | Net income or (loss) from fundra   | ising events             |                       |   |  |  |
|   | 9a     | Gross income from gaming activities.   | 00                       |                       |   |  |  |
|   |        | See Part IV, line 19.  | 9a                       |                       |   |  |  |
|   |        | Less: direct expenses  | 9b                       |                       |   |  |  |
|   | С      | Net income or (loss) from gaming   | g activities             |                       |   |  |  |
|   |        | Gross sales of inventory, less returns and allowances Less: cost of goods sold | 1 0a<br>1 0b             |                       |   |  |  |
|   |        | Net income or (loss) from sales of   |                          |                       |   |  |  |
| 10  | -      | moonto or (1000) from sales (  | Business Code            |                       |   |  |  |
| scellaneous<br>Revenue                                  | 11a    |  |                          | 1,564.                |   |  | 1 564  |
| E E   | b      |  |                          | 1,304.                |   |  | 1,564.   |
| 달   | Ü      |  |                          |                       |   |  |  |
| scellaneo<br>Revenue                                    | C .    | All ablas various  |                          |                       |   |  |  |
| AIS<br>F  | d      |  |                          |                       |   |  |  |
| _   |        | Total. Add lines 11a-11d   |                          | 1,564.                |   |  |  |
|   | 12     | Total revenue. See instructions.   |                          | 618,496.              | 471,276.                                      | 0.   | 9,839.   |

### Part IX Statement of Functional Expenses

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

|        | Check if Schedule O contains a re  | esponse or note to any       |                                     |                                     |                                       |
|--------|--|------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|
|        | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.   | <b>(A)</b><br>Total expenses | <b>(B)</b> Program service expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>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<br>5 | Benefits paid to or for members  | 0.                           | 0.                                  | 0.                                  | 0.                                    |
| 6      | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 0.                           | 0.                                  | 0.                                  | 0.                                    |
| 7      | Other salaries and wages   | 439,388.                     | 329,541.                            | 109,847.                            | <u> </u>                              |
| 8      | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 439,300.                     | 329, 341.                           | 109,847.                            |                                       |
| 9      | Other employee benefits  |                              |                                     |                                     |                                       |
| 10     | Payroll taxes  | 34,187.                      | 25,640.                             | 8,547.                              |                                       |
| 11     | Fees for services (nonemployees):  |                              |                                     |                                     |                                       |
| а      | Management   |                              |                                     |                                     |                                       |
| b      | Legal  |                              |                                     |                                     |                                       |
| С      | Accounting   | 5,000.                       | 3,750.                              | 1,250.                              |                                       |
|        | Lobbying   |                              |                                     |                                     |                                       |
| е      | Professional fundraising services. See Part IV, line 17  |                              |                                     |                                     |                                       |
|        | Investment management fees   |                              |                                     |                                     |                                       |
| g      | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)  | 1,948.                       | 1,461.                              | 487.                                |                                       |
| 12     | Advertising and promotion  | 439.                         | 329.                                | 110.                                |                                       |
| 13     | Office expenses  | 6,767.                       | 5,075.                              | 1,692.                              |                                       |
| 14     | Information technology   | , ,                          | -,                                  | ,                                   |                                       |
| 15     | Royalties  |                              |                                     |                                     |                                       |
| 16     | Occupancy  |                              |                                     |                                     |                                       |
| 17     | Travel   |                              |                                     |                                     |                                       |
| 18     | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                              |                                     |                                     |                                       |
| 19     | Conferences, conventions, and meetings   |                              |                                     |                                     |                                       |
| 20     | Interest   |                              |                                     |                                     |                                       |
| 21     | Payments to affiliates   |                              |                                     |                                     |                                       |
| 22     | Depreciation, depletion, and amortization  | 23,116.                      | 17,569.                             | 5,547.                              |                                       |
| 23     | Insurance  | 13,259.                      | 9,944.                              | 3,315.                              |                                       |
| 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  | 22,469.                      | 16,852.                             | 5,617.                              |                                       |
|        | EDUCATION EXPENSES   | 17,401.                      | 13,051.                             | 4,350.                              |                                       |
| С      | UTILITIES  | 11,665.                      | 8,749.                              | 2,916.                              |                                       |
| d      | REPAIRS & MINCE  | 8,573.                       | 6,430.                              | 2,143.                              |                                       |
| e      | All other expenses   | 5,969.                       | 4,476.                              | 1,493.                              |                                       |
| 25     | <b>Total functional expenses.</b> Add lines 1 through 24e  | 590,181.                     | 442,867.                            | 147,314.                            | 0.                                    |
| 26     | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720) |                              |                                     |                                     |                                       |

|                            |     | Check if Schedule O contains a response or note to   | any lin                                  | e in this Part X       |                                 |     |                           |  |
|----------------------------|-----|--|--|------------------------|---------------------------------|-----|---------------------------|--|
|                            |     |  |  |                        | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |  |
|                            | 1   | Cash — non-interest-bearing  |  |                        | 117,511.                        | 1   | 170,347.                  |  |
|                            | 2   | Savings and temporary cash investments   |  |                        |                                 | 2   |                           |  |
|                            | 3   | Pledges and grants receivable, net   |  |                        |                                 | 3   |                           |  |
|                            | 4   | Accounts receivable, net   |  |                        |                                 | 4   |                           |  |
|                            | 5   | Loans and other receivables from any current or form<br>trustee, key employee, creator or founder, substantial<br>controlled entity or family member of any of these per   |  | 5                      |                                 |     |                           |  |
|                            | 6   | Loans and other receivables from other disqualified per  |  | 3                      |                                 |     |                           |  |
|                            |     | section 4958(f)(1)), and persons described in section  | 4958(c)                                  | (3)(B)                 |                                 | 6   |                           |  |
|                            | 7   | Notes and loans receivable, net  |  |                        |                                 | 7   |                           |  |
| \$                         | 8   | Inventories for sale or use  |  |                        |                                 | 8   |                           |  |
| Assets                     | 9   | Prepaid expenses and deferred charges  |  |                        |                                 | 9   |                           |  |
| Ä                          | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | 10a                                      | 893,230.               |                                 |     |                           |  |
|                            |     | Less: accumulated depreciation   |  | 267,548.               | 648,795.                        | 10c | 625,682.                  |  |
|                            | 11  | Investments – publicly traded securities   |  |                        | 01077901                        | 11  | 020/0021                  |  |
|                            | 12  | Investments – other securities. See Part IV, line 11   |  |                        |                                 | 12  |                           |  |
|                            | 13  | Investments – program-related. See Part IV, line 11.   |  | <del>-</del>           |                                 | 13  |                           |  |
|                            | 14  | Intangible assets  |  | 14                     |                                 |     |                           |  |
|                            | 15  | Other assets. See Part IV, line 11   | 190,004.                                 | 15                     | 191,595.                        |     |                           |  |
|                            | 16  | Total assets. Add lines 1 through 15 (must equal line  | 33)                                      |                        | 956,310.                        | 16  | 987,624.                  |  |
|                            | 17  | Accounts payable and accrued expenses  |  |                        |                                 | 17  |                           |  |
|                            | 18  | Grants payable   |  |                        | 18                              |     |                           |  |
|                            | 19  | Deferred revenue   |  | 19                     |                                 |     |                           |  |
|                            | 20  | Tax-exempt bond liabilities  |  |                        |                                 | 20  |                           |  |
| es                         | 21  | Escrow or custodial account liability. Complete Part I   |  |                        |                                 | 21  |                           |  |
| Liabilities                | 22  | Loans and other payables to any current or former off<br>key employee, creator or founder, substantial contribu-<br>controlled entity or family member of any of these per | icer, dir<br>itor, or 3                  | ector, trustee,<br>35% |                                 | 22  |                           |  |
|                            | 23  | Secured mortgages and notes payable to unrelated th  |  |                        |                                 | 23  |                           |  |
|                            | 24  | Unsecured notes and loans payable to unrelated third   |  | <u> </u>               |                                 | 24  |                           |  |
|                            | 25  | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com   |  |                        | 20,084.                         | 25  | 23,083.                   |  |
|                            | 26  | <b>Total liabilities.</b> Add lines 17 through 25  |  | <u> </u>               | 20,084.                         | 26  | 23,083.                   |  |
| ses                        |     | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  |  | X                      | 20,001.                         |     | 23,003.                   |  |
| ä                          | 27  | Net assets without donor restrictions  |  | -                      | 936,226.                        | 27  | 964,541.                  |  |
| 쬞                          | 28  | Net assets with donor restrictions   |  | _                      | 930,220.                        | 28  | 304,341.                  |  |
| 팔                          | 20  | Organizations that do not follow FASB ASC 958, che   |  |                        |                                 | 20  |                           |  |
| Net Assets or Fund Balance |     | and complete lines 29 through 33.  |  |                        |                                 |     |                           |  |
| Ō                          | 29  |  | ock or trust principal, or current funds |                        |                                 |     |                           |  |
| é                          | 30  | Paid-in or capital surplus, or land, building, or equipm   |  | <u> </u>               |                                 | 30  |                           |  |
| ASS                        | 31  | Retained earnings, endowment, accumulated income,  |  | <u> </u>               |                                 | 31  |                           |  |
| et                         | 32  | Total net assets or fund balances  |  |                        | 936,226.                        | 32  | 964,541.                  |  |
| Z<br>RA                    | 33  | Total liabilities and net assets/fund balances   |  | L 09/01/22             | 956,310.                        | 33  | 987,624.                  |  |
| -                          |     |  |  |                        |                                 |     |                           |  |

Form **990** (2022)

|     | ( ) Bottingo linter librating content   | 000000    |      |       | 9 -    |  |  |
|-----|---|-----------|------|-------|--------|--|--|
| Par | TXI Reconciliation of Net Assets  |           |      |       |        |  |  |
|     | Check if Schedule O contains a response or note to any line in this Part XI   |           |      |       | . 📙    |  |  |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   |           | 6    | 18,4  | 496.   |  |  |
| 2   | Total expenses (must equal Part IX, column (A), line 25).   |           | 5    | 90,1  | 181.   |  |  |
| 3   | Revenue less expenses. Subtract line 2 from line 1  | _         |      | 28,3  | 315.   |  |  |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))   | 4         | 9    | 36,2  | 226.   |  |  |
| 5   | Net unrealized gains (losses) on investments.   | 5         |      |       |        |  |  |
| 6   | Donated services and use of facilities  | 6         |      |       |        |  |  |
| 7   | Investment expenses   |           |      |       |        |  |  |
| 8   | Prior period adjustments  | 8         |      |       |        |  |  |
| 9   | Other changes in net assets or fund balances (explain on Schedule O)  | 9         |      |       | 0.     |  |  |
| 10  | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,  |           |      |       |        |  |  |
|     | column (B))   | 10        | 9    | 64,   | 541.   |  |  |
| Par | t XII Financial Statements and Reporting  |           |      |       |        |  |  |
|     | Check if Schedule O contains a response or note to any line in this Part XII  |           |      |       |        |  |  |
|     |   |           |      | Yes   | No     |  |  |
| 1   | Accounting method used to prepare the Form 990: Cash X Accrual Other  |           |      |       |        |  |  |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain  |           |      |       |        |  |  |
|     | on Schedule O.  |           |      |       |        |  |  |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?   |           | 2a   | X     |        |  |  |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review   | wed on a  |      |       |        |  |  |
|     | separate basis, consolidated basis, or both:  |           |      |       |        |  |  |
|     | X 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 sepa  | rate      |      |       |        |  |  |
|     | basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis   |           |      |       |        |  |  |
|     |   |           |      |       |        |  |  |
| С   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant? | it,       | 2c   |       | Х      |  |  |
|     | If the organization changed either its oversight process or selection process during the tax year, explain  |           |      |       | 71     |  |  |
|     | on Schedule O.  |           |      |       |        |  |  |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the   | e Uniform | 2-   |       | v      |  |  |
|     | Guidance, 2 C.F.R Part 200, Subpart F?  |           | 3a   |       | X      |  |  |
| b   | of "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required at  |           | 2,   |       |        |  |  |
|     | or audits, explain why on Schedule O and describe any steps taken to undergo such audits  |           | 3b   | 000   | (0000) |  |  |
| BAA | I EEAUTIZE U9/UTZZ  |           | Forn | 1 990 | (2022) |  |  |

Form **990** (2022)

#### **SCHEDULE A** (Form 990)

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number DURANGO EARLY LEARNING CENTER 84-0852955 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

| Sec          | tion A. Public Support  |  | , ,                                      | e complete i art ii                         | ,  |                                     |                  |
|--------------|---|--|--|---|--|-------------------------------------|------------------|
| Cale         | ndar year (or fiscal year   | <b>(a)</b> 2018                        | <b>(b)</b> 2019                          | (c) 2020                                    | <b>(d)</b> 2021                            | <b>(e)</b> 2022                     | <b>(f)</b> Total |
| -            | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |  |  |   |  |                                     |                  |
| 2            | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |  |  |   |  |                                     |                  |
| 3            | The value of services or facilities furnished by a governmental unit to the organization without charge   |  |  |   |  |                                     |                  |
| 4            | Total. Add lines 1 through 3  |  |  |   |  |                                     |                  |
| 5            | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |  |  |   |  |                                     |                  |
| 6            | <b>Public support.</b> Subtract line 5 from line 4  |  |  |   |  |                                     |                  |
| Sec          | tion B. Total Support   |  |  |   |  |                                     |                  |
| Cale<br>begi | ndar year (or fiscal year<br>nning in)  | <b>(a)</b> 2018                        | <b>(b)</b> 2019                          | (c) 2020                                    | <b>(d)</b> 2021                            | <b>(e)</b> 2022                     | (f) Total        |
| 7            | Amounts from line 4   |  |  |   |  |                                     |                  |
| 8            | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   |  |  |   |  |                                     |                  |
| 9            | Net income from unrelated business activities, whether or not the business is regularly carried on  |  |  |   |  |                                     |                  |
| 10           | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  |  |  |   |  |                                     |                  |
| 11           | Total support. Add lines 7 through 10   |  |  |   |  |                                     |                  |
| 12           | Gross receipts from related activ   | ities, etc. (see in                    | structions)                              |   |  | 12                                  |                  |
| 13           | First 5 years. If the Form 990 is organization, check this box and  | for the organizati<br>stop here        | on's first, second                       | , third, fourth, or f                       | ifth tax year as a                         | section 501(c)(3)                   |                  |
|              | tion C. Computation of Pul  |  |  |   |  |                                     |                  |
|              | Public support percentage for 20  | •                                      |  |   | •  |                                     | %                |
| 15           | Public support percentage from 2  | 2021 Schedule A,                       | Part II, line 14.                        |   |  |                                     | %                |
| 16a          | <b>33-1/3% support test—2022.</b> If the and <b>stop here.</b> The organization   | ne organization d<br>qualifies as a pu | id not check the I<br>blicly supported o | oox on line 13, and organization            | d line 14 is 33-1/3                        | 3% or more, check                   | this box         |
|              | <b>33-1/3% support test—2021.</b> If th and <b>stop here.</b> The organization  | qualifies as a pu                      | blicly supported of                      | organization                                |  |                                     |                  |
| 17a          | <b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts   | meets the facts-a                      | ind-circumstance:                        | s test, check this b                        | box and stop here                          | e. Explain in Part \                | VI how           |
|              | <b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and   | meets the facts-a<br>I-circumstances t | ind-circumstances<br>est. The organiza   | s test, check this t<br>tion qualifies as a | pox and <b>stop here</b> publicly supporte | e. Explain in Part 'ed organization | VI how the       |
| 18           | Private foundation. If the organiz  | zation did not che                     | eck a box on line                        | 13, 16a, 16b, 17a                           | , or 17b, check th                         | is box and see ins                  | structions       |

Schedule A (Form 990) 2022

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

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

| Sec   | tion A. Public Support  | ,               |                    |                     |                     |                 |              |  |
|-------|---|-----------------|--------------------|---------------------|---------------------|-----------------|--------------|--|
| Calen | dar year (or fiscal year beginning in)  | (a) 2018        | <b>(b)</b> 2019    | <b>(c)</b> 2020     | <b>(d)</b> 2021     | <b>(e)</b> 2022 | (f) Total    |  |
|       | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").   |                 |                    |                     |                     |                 |              |  |
| 2     | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. |                 |                    |                     |                     |                 |              |  |
| 3     | Gross receipts from activities that are not an unrelated trade or business under section 513.   |                 |                    |                     |                     |                 |              |  |
| 4     | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  |                 |                    |                     |                     |                 |              |  |
| 5     | The value of services or facilities furnished by a governmental unit to the organization without charge   |                 |                    |                     |                     |                 |              |  |
|       | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons  |                 |                    |                     |                     |                 |              |  |
| b     | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.           |                 |                    |                     |                     |                 |              |  |
| С     | Add lines 7a and 7b   |                 |                    |                     |                     |                 |              |  |
|       | Public support. (Subtract line 7c from line 6.)   |                 |                    |                     |                     |                 |              |  |
| Sec   | tion B. Total Support   |                 |                    |                     |                     |                 | T-           |  |
| Calen | dar year (or fiscal year beginning in)  | <b>(a)</b> 2018 | <b>(b)</b> 2019    | <b>(c)</b> 2020     | <b>(d)</b> 2021     | <b>(e)</b> 2022 | (f) Total    |  |
|       | Amounts from line 6   |                 |                    |                     |                     |                 |              |  |
|       | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |                 |                    |                     |                     |                 |              |  |
|       | Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on                       |                 |                    |                     |                     |                 |              |  |
| 12    | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  |                 |                    |                     |                     |                 |              |  |
|       | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)   |                 |                    |                     |                     | 501()           |              |  |
|       | First 5 years. If the Form 990 is organization, check this box and  | stop here       |                    | third, fourth, or f | fifth tax year as a | section 501(c)  | (3)          |  |
|       | tion C. Computation of Pul  |                 |                    | 10                  |                     | - I -           | - 1 ^        |  |
|       | Public support percentage for 20  | •               |                    |                     | •                   |                 |              |  |
|       | Public support percentage from 2  |                 |                    |                     |                     | 1               | 6 %          |  |
|       | tion D. Computation of Inv  |                 |                    |                     | (0)                 | 1 -             | <b>,</b>   0 |  |
|       | Investment income percentage for  | •               | • • •              | -                   |                     |                 |              |  |
|       |   |                 |                    |                     |                     |                 |              |  |
| 19a   | Investment income percentage from <b>2021</b> Schedule A, Part III, line 17   |                 |                    |                     |                     |                 |              |  |
| b     | <b>33-1/3% support tests—2021.</b> If t line 18 is not more than 33-1/3%  |                 | lid not check a bo |                     | ne 19a, and line 1  | 6 is more than  |              |  |

## 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**

|     |   |            | Yes | No |
|-----|---|------------|-----|----|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  | 1          |     |    |
| 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   | 2          |     |    |
| За  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.   | 3a         |     |    |
| 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 <b>Part VI</b> when and how the organization made the determination.   | 3b         |     |    |
| 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 <b>Part VI</b> what controls the organization put in place to ensure such use.  | 3с         |     |    |
| 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>4</b> a |     |    |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | 4b         |     |    |
| 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 <b>Part VI</b> 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.   | 4c         |     |    |
| 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 <b>Part VI</b> , 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). | 5a         |     |    |
| 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?   | 5b         |     |    |
| c   | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5с         |     |    |
| 6   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  | 6          |     |    |
| 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).   | 7          |     |    |
| 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).   | 8          |     |    |
| 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 <b>Part VI.</b>  | 9a         |     |    |
| 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 <b>Part VI.</b>  | 9b         |     |    |
| 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 <b>Part VI.</b>   | 9с         |     |    |
| l0a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.  | 10a        |     |    |
| 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.)  | 10b        |     |    |

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| Par              | t IV                                     | Supporting Organizations (continued)  |        |         |          |
|------------------|--|---|--------|---------|----------|
| 11               | Has t                                    | the organization accepted a gift or contribution from any of the following persons?   |        | Yes     | No       |
|                  | A per                                    | son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,  |        |         |          |
|                  | the g                                    | overning body of a supported organization?  | 11a    |         |          |
|                  |  | nily member of a person described on line 11a above?  | 11b    |         | <u> </u> |
|                  |  | s 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    |         |          |
| Sect             | ion                                      | B. Type I Supporting Organizations  |        | .,      |          |
| 1                | or mo<br>office<br>orgar<br>than<br>were | the governing body, members of the governing body, officers acting in their official capacity, or membership of one one supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers | 1      | Yes     | No       |
| 2                | Did that of benear                       | the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.   | 2      |         |          |
| Sect             | ion (                                    | C. Type II Supporting Organizations   |        |         |          |
| 1                | of ea                                    | a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).   | 1      | Yes     | No       |
| Sect             | ion l                                    | D. All Type III Supporting Organizations  |        |         |          |
|                  | orgar<br>year,                           | the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1      | Yes     | No       |
| 2                | organ                                    | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).   | 2      |         |          |
| 3                | voice<br>all tin                         | ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played is regard.   | 3      |         |          |
| Sect             | ion l                                    | E. Type III Functionally Integrated Supporting Organizations  |        |         |          |
| 1<br>a<br>b<br>c | Т  | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see   | instru | uctions | s).      |
| 2                | Activi                                   | ities Test. Answer lines 2a and 2b below.   |        | Yes     | No       |
|                  | Did s<br>suppo<br>orgai<br>respo         | substantially all of the organization's activities during the tax year directly further the exempt purposes of the ordered organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported nizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted translally all of its activities.   | 2a     |         |          |
| b                | more<br>reaso                            | the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the ons for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.   | 2b     |         |          |
| 3                | Parer                                    | nt of Supported Organizations. Answer lines 3a and 3b below.  |        |         |          |
| а                | Did the each                             | the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>  | 3a     |         |          |
| b                |  | ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   | 3b     |         |          |

|     | Edule A (FORM 990) 2022 DURANGO EARLY LEARNING CENTER  |                 |  | 52955                           | Page <b>c</b> |
|-----|--|-----------------|--|---------------------------------|---------------|
| Pa  | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga   | niza            | tions  |                                 |               |
| 1   | Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization                               | t on N<br>ns mu | ov. 20, 1970 (explain ir<br>st complete Sections A | Part VI). <b>See</b> through E. |               |
| Sec | tion A — Adjusted Net Income   |                 | (A) Prior Year                                     | (B) Current<br>(option:         |               |
| 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               |  |                                 |               |
| Sec | tion B — Minimum Asset Amount  |                 | (A) Prior Year                                     | (B) Current<br>(option:         |               |
| 1   | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |                 |  |                                 |               |
| - 6 | Average monthly value of securities  | 1a              |  |                                 |               |
| ŀ   | Average monthly cash balances  | 1b              |  |                                 |               |
|     | Fair market value of other non-exempt-use assets   | 1c              |  |                                 |               |
|     | I Total (add lines 1a, 1b, and 1c)   | 1d              |  |                                 |               |
| •   | e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |                 |  |                                 |               |
| 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               |  |                                 |               |
| Sec | tion C — Distributable Amount  |                 |  | Current \                       | <b>Year</b>   |
| 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   | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6               |  |                                 |               |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). BAA Schedule A (Form 990) 2022

| Pa  | Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)  |    |  |  |  |  |  |  |
|-----|---|----|--|--|--|--|--|--|
| Sec | Section D — Distributions   |    |  |  |  |  |  |  |
| 1   | Amounts paid to supported organizations to accomplish exempt purposes   | 1  |  |  |  |  |  |  |
| 2   | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2  |  |  |  |  |  |  |
| 3   | Administrative expenses paid to accomplish exempt purposes of supported organizations   | 3  |  |  |  |  |  |  |
| 4   | Amounts paid to acquire exempt-use assets   | 4  |  |  |  |  |  |  |
| 5   | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)  | 5  |  |  |  |  |  |  |
| 6   | 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 organization is responsive (provide details                           |    |  |  |  |  |  |  |
|     | in <b>Part VI</b> ). See instructions.  | 8  |  |  |  |  |  |  |
| 9   | Distributable amount for 2022 from Section C, line 6  | 9  |  |  |  |  |  |  |
| 10  | Line 8 amount divided by line 9 amount  | 10 |  |  |  |  |  |  |

| Section E — Distribution Allocations (see instructions)   | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
|---|--------------------------------|--|---|
| 1 Distributable amount for 2022 from Section C, line 6  |                                |  |   |
| 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in <b>Part VI</b> ). See instructions.   |                                |  |   |
| 3 Excess distributions carryover, if any, to 2022   |                                |  |   |
| <b>a</b> From 2017  |                                |  |   |
| <b>b</b> From 2018  |                                |  |   |
| <b>c</b> From 2019  |                                |  |   |
| <b>d</b> From 2020  |                                |  |   |
| <b>e</b> From 2021  |                                |  |   |
| f Total of lines 3a through 3e  |                                |  |   |
| <b>g</b> Applied to underdistributions of prior years   |                                |  |   |
| h Applied to 2022 distributable amount  |                                |  |   |
| i Carryover from 2017 not applied (see instructions)  |                                |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                |  |   |
| 4 Distributions for 2022 from Section D, line 7: \$   |                                |  |   |
| a Applied to underdistributions of prior years  |                                |  |   |
| <b>b</b> Applied to 2022 distributable amount   |                                |  |   |
| c Remainder. Subtract lines 4a and 4b from line 4.  |                                |  |   |
| 5 Remaining underdistributions for years prior to 2022, if any.<br>Subtract lines 3g and 4a from line 2. For result greater than<br>zero, explain in Part VI. See instructions. |                                |  |   |
| 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                      |                                |  |   |
| 7 Excess distributions carryover to 2023. Add lines 3j and 4c.  |                                |  |   |
| 8 Breakdown of line 7:  |                                |  |   |
| a Excess from 2018  |                                |  |   |
| <b>b</b> Excess from 2019   |                                |  |   |
| c Excess from 2020  |                                |  |   |
| d Excess from 2021  |                                |  |   |
| e Excess from 2022  |                                |  |   |
|   |                                |  |   |

BAA Schedule A (Form 990) 2022

Part VI

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

BAA TEEA0408L 09/09/22 Schedule A (Form 990) 2022

# Schedule B (Form 990)

**Schedule of Contributors** 

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

DURANGO EARLY LEARNING CENTER 84-0852955 Organization type (check one): Filers of: Section: X 501(c)( 3 ) Form 990 or 990-EZ (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Employer identification number

Name of organization DURANGO EARLY LEARNING CENTER

84-0852955

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional s | pace is needed.            |   |
|------------|---|----------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 1          | KRISTIN THOMAS  95 WHISPERING PINES CIRCLE  DURANGO, CO 81301                   | \$ <u>7,000</u> .          | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 2          | THOMAS A AND MARY E DUGAN FOUNDATIO  709 E MURRAY DRIVE  FARMINGTON, NM 87401   | \$20,000.                  | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |   | .\$                        | Person Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |   | \$                         | Person Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |   | \$                         | Person Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |   | \$                         | Person Payroll Noncash  (Complete Part II for noncash contributions.) |
|            | TEE 0.7001 0.7/00/00  |                            |   |

DURANGO EARLY LEARNING CENTER

1 1 Pa 84-0852955

|         | _                                 |  |
|---------|-----------------------------------|--|
| Part II | Noncash Property (see instruction | s). Use duplicate copies of Part II if additional space is needed. |

| (a) No.<br>from<br>Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received |
|---------------------------|---|---|----------------------|
|                           | N/A                                       | -   |                      |
|                           | <u> </u>                                  | -<br> <br> -<br>                                |                      |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |   | -   |                      |
|                           |   | -<br> \$  |                      |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |   | -   |                      |
|                           |   | -<br> \$  |                      |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received |
|                           | <u> </u>                                  | -   |                      |
|                           |   | \$  |                      |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |   | -<br>-<br>-                                     |                      |
|                           |   | \$  |                      |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received |
|                           | <u> </u>                                  | -   |                      |
|                           |   | \$  |                      |
| BAA                       | TEEA0703L 07/22/22                        | Schedule  | B (Form 990) (2022   |

BAA

Employer identification number 84-0852955

| Part III                  |                           | for the year from any one completing Part III, enter the total of (Enter this information once. See | rations described in section 501(c)(7), (8), contributor. Complete columns (a) through (e) and f exclusively religious, charitable, etc., instructions.)\$N/A |  |  |  |  |
|---------------------------|---------------------------|---|---|--|--|--|--|
| (a) No. from              | (b) Purpose of gift       | (c) Use of gift   | (d) Description of how gift is held   |  |  |  |  |
| Part I                    | N/A                       |   |   |  |  |  |  |
|                           | N/A                       |   |   |  |  |  |  |
|                           |                           |   |   |  |  |  |  |
|                           |                           | (e) Transfer of gift  |   |  |  |  |  |
|                           | Transferee's name, addres | ss, and ZIP + 4   | Relationship of transferor to transferee  |  |  |  |  |
|                           |                           |   |   |  |  |  |  |
|                           | <b></b>                   | . – – – – – – – – – –   |   |  |  |  |  |
|                           | <u> </u>                  |   |   |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift       | (c) Use of gift   | (d) Description of how gift is held   |  |  |  |  |
|                           |                           |   |   |  |  |  |  |
|                           | <u> </u>                  |   |   |  |  |  |  |
|                           |                           |   |   |  |  |  |  |
|                           | (e) Transfer of gift      |   |   |  |  |  |  |
|                           | Transferee's name, addres | ss, and ZIP + 4   | Relationship of transferor to transferee  |  |  |  |  |
|                           | <u> </u>                  |   |   |  |  |  |  |
|                           |                           |   |   |  |  |  |  |
| (a) No.                   | (h) Pourses of site       | (2) 11 4 - 14   | (A) Paradalian (I amaidia la III  |  |  |  |  |
| from<br>Part I            | (b) Purpose of gift       | (c) Use of gift   | (d) Description of how gift is held   |  |  |  |  |
|                           |                           |   |   |  |  |  |  |
|                           | <b></b>                   |   |   |  |  |  |  |
|                           |                           |   |   |  |  |  |  |
|                           | (e) Transfer of gift      |   |   |  |  |  |  |
|                           | Transferee's name, addres | ss, and ZIP + 4   | Relationship of transferor to transferee  |  |  |  |  |
|                           | <u> </u>                  | . – – – – – – – – – –   |   |  |  |  |  |
|                           | <b> </b>                  |   |   |  |  |  |  |
|                           |                           |   |   |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift       | (c) Use of gift   | (d) Description of how gift is held   |  |  |  |  |
|                           |                           | <br>  |   |  |  |  |  |
|                           |                           |   |   |  |  |  |  |
|                           | (e) Transfer of gift      |   |   |  |  |  |  |
|                           | Transferee's name, addres | ss, and ZIP + 4   | Relationship of transferor to transferee  |  |  |  |  |
|                           | <u> </u>                  | . – – – – – – – – – – –   |   |  |  |  |  |
|                           | <b> </b>                  | . – – – – – – – – – – – – – –   |   |  |  |  |  |

# SCHEDULE D (Form 990)

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.

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

| DUF | DURANGO EARLY LEARNING CENTER  |  |                               |   | 84-0852955                                |  |  |  |
|-----|--|--|-------------------------------|---|---|--|--|--|
| Pai | Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or   |  |                               |   |   |  |  |  |
|     | Complete if the organization answered  | I "Yes" on Form 990, Part IV, line 6.  |                               |   |   |  |  |  |
|     |  | (a) Donor advised fund   | ds                            | (b) Funds and o                                     | 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 do are the organization's property, subject to the  | e organization's exclusive legal con   | itrol?                        |   | Yes No                                    |  |  |  |
| 6   | Did the organization inform all grantees, don for charitable purposes and not for the benef impermissible private benefit?                         | ors, and donor advisors in writing t<br>it of the donor or donor advisor, or | hat grant fun<br>for any othe | ds can be used only r purpose conferring            | Yes No                                    |  |  |  |
| Pai | Conservation Easements. Complete if the organization answered  | I "Yes" on Form 990. Part IV. line 7.  |                               |   |   |  |  |  |
| 1   | Purpose(s) of conservation easements held to   |  | apply).                       |   |   |  |  |  |
|     | Preservation of land for public use (for exan  | nple, recreation or education)   | Preservat                     | ion of a historically imp                           | ortant land area                          |  |  |  |
|     | Protection of natural habitat  |  | Preservat                     | tion of a certified historic                        | c structure                               |  |  |  |
|     | Preservation of open space   |  |                               |   |   |  |  |  |
| 2   | Complete lines 2a through 2d if the organization last day of the tax year.   | held a qualified conservation contribu                                       | ution in the for              | m of a conservation ease                            | ment on the                               |  |  |  |
|     | last day of the tax year.  |  |                               | Held at the   | End of the Tax Year                       |  |  |  |
| á   | Total number of conservation easements   |  |                               | 2a  |   |  |  |  |
| ŀ   | Total acreage restricted by conservation ease  | ements   |                               | 2b  |   |  |  |  |
|     | Number of conservation easements on a cert   |  |                               |   |   |  |  |  |
|     | Number of conservation easements included  | in (c) acquired after July 25, 2006  | and not on a                  |   |   |  |  |  |
|     | historic structure listed in the National Regist   | ter  |                               | 2d  |   |  |  |  |
| 3   | Number of conservation easements modified, tratax year   | ansferred, released, extinguished, or to                                     | erminated by                  | the organization during the                         | e   |  |  |  |
| 4   | Number of states where property subject to o   |  |                               | <u></u>   |   |  |  |  |
| 5   | Does the organization have a written policy r  |  |                               |   | JVac □ No                                 |  |  |  |
| _   | and enforcement of the conservation easeme<br>Staff and volunteer hours devoted to monitoring,   |  |                               | <u> </u>  | Yes No                                    |  |  |  |
| 6   | Stan and volunteer nours devoted to monitoring,  | inspecting, nanding or violations, an  | u emorcing co                 | onservation easements du                            | iring the year                            |  |  |  |
| 7   | Amount of expenses incurred in monitoring, insp  | pecting, handling of violations, and en                                      | forcing conser                | rvation easements during                            | the year                                  |  |  |  |
| 8   | Does each conservation easement reported of and section 170(h)(4)(B)(ii)?  | on line 2(d) above satisfy the requir  | rements of se                 | ection 170(h)(4)(B)(i)                              | Yes No                                    |  |  |  |
| 9   | In Part XIII, describe how the organization re include, if applicable, the text of the footnote conservation easements.                            | ports conservation easements in it to the organization's financial stat      | s revenue an<br>ements that   | nd expense statement ar<br>describes the organizati | nd balance sheet, and on's accounting for |  |  |  |
| Pai | t III Organizations Maintaining Co<br>Complete if the organization answered  | ollections of Art, Historical 7<br>I "Yes" on Form 990, Part IV, line 8.     | Treasures,                    | or Other Similar A                                  | ssets.                                    |  |  |  |
| 1 a | If the organization elected, as permitted undo historical treasures, or other similar assets h Part XIII the text of the footnote to its financial | eld for public exhibition, education,  | or research                   | tatement and balance s<br>in furtherance of public  | heet works of art, service, provide in    |  |  |  |
| ŀ   | If the organization elected, as permitted undo<br>historical treasures, or other similar assets held<br>following amounts relating to these items: | for public exhibition, education, or res                                     | search in furth               | erance of public service, p                         | t works of art, provide the               |  |  |  |
|     | (i) Revenue included on Form 990, Part VIII  | , line 1   |                               | \$ <sub>_</sub>                                     |   |  |  |  |
|     | (ii) Assets included in Form 990, Part X   |  |                               |   |   |  |  |  |
| 2   | If the organization received or held works of art, amounts required to be reported under FASE  | 3 ASC 958 relating to these items:   |                               |   | owing                                     |  |  |  |
|     | Revenue included on Form 990, Part VIII, lin   | e 1  |                               | \$  |   |  |  |  |
|     | Accordingly dod in Form 990 Part Y   |  |                               | S   |   |  |  |  |

| 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):  a   Public exhibition   d   Loan or exchange program   b   Scholardy research   c   Preservation for future generations   d   Provide a description of the organization's collections and explain how they further the organization's eventy purpose in Part XIII.  4 Provide a description of the organization solicit or receive donation of art, historical treasures, or other similar assets   Yes   No Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets   Yes   No Part XIII.  Feart IV   Excrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization any agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b   If Yes, "explain the arrangement in Part XIII and complete the following table:  1   | Part III                 | Organizations Main                            | taining Collection                       | ns of Art, His                  | torical Treas       | ures, or O      | ther Similar As          | sets (        | contir    | nued) |
|--|--------------------------|---|--|---------------------------------|---------------------|-----------------|--------------------------|---------------|-----------|-------|
| b   Scholarly research   c   Other   |                          |   | , accession, and othe                    | r records, check a              | ny of the following | that make si    | gnificant use of its     | collection    | 1         |       |
| c   Preservation for future generations  | a Pu                     | ıblic exhibition                              |  | <b>d</b> Loan                   | or exchange prog    | gram            |                          |               |           |       |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to fasie funds refiner than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X line 21.  1b if Yesexplain the arrangement in Part XIII and complete the following table:   | <b>b</b> Sc              | cholarly research                             |  | e Other                         |                     |                 |                          |               |           |       |
| Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for raise funds rather than to be maintained as part of the organization's collection?  Feptart V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, or contributions or other assets not included on Form 990, Part X, line 21, or escrow or custodial account liability?  La Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability?  La Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  La Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  La Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  La Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  La Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  La Did the organization include an amount on Form 990, Part X, line 10.  La Beginning of year balance.  (a) Current year  (b) Prior year  (c) Two years back  (c) Two years back  (d) Three years back  (e) For years back  (e) For years back  1 a Beginning of year balance.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  § Contributions.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  § Contribution by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iii) Related org | <b>c</b> Pr              | eservation for future gener                   | ations                                   | <u> </u>                        |                     |                 |                          |               |           |       |
| to be sold to raise funds rather than to be maintained as part of the organizations collection? Yes   No   |                          |   | ation's collections and                  | d explain how they              | further the organ   | ization's exen  | npt purpose in           |               |           |       |
| reported an amount on Form 990, Part X, line 21.  1 a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   | to be                    | sold to raise funds rather the                | nan to be maintained                     | d as part of the o              | rganization's col   | lection?        |                          | _             |           | No    |
| on Form '990, Part X?.   | Part IV                  | Escrow and Custod reported an amount on Fo    | ial Arrangement<br>orm 990, Part X, line | s. Complete if th<br>21.        | e organization an   | iswered "Yes'   | on Form 990, Par         | t IV, line    | 9, or     |       |
| b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   | <b>1 a</b> Is the on For | organization an agent, trus<br>m 990. Part X? | stee, custodian or ot                    | her intermediary                | for contributions   | or other ass    | ets not included         | Yes           | Г         | □Nο   |
| c Beginning balance. d Additions during the year. e Distributions during the year. f Ending balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  |                          |   |  |                                 |                     |                 | L                        |               | _         |       |
| d Additions during the year. e Distributions during the year. f Ending balance. 11  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   |                          |   |  |                                 |                     |                 |                          | Amount        |           |       |
| e Distributions during the year.  f Ending balance.  1 t   | <b>c</b> Beginr          | ning balance                                  |  |                                 |                     |                 | 1 c                      |               |           |       |
| ## Ending balance.  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   | <b>d</b> Additio         | ons during the year                           |  |                                 |                     |                 | 1 d                      |               |           |       |
| 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  | <b>e</b> Distrib         | utions during the year                        |  |                                 |                     |                 | 1 e                      |               |           |       |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1 a Beginning of year balance  | <b>f</b> Ending          | g balance                                     |  |                                 |                     |                 | 1 f                      |               |           |       |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1 a Beginning of year balance. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) | 2 a Did the              | e organization include an a                   | mount on Form 990                        | , Part X, line 21,              | for escrow or cu    | stodial accou   | unt liability?           | Yes           |           | No    |
| 1 a Beginning of year balance  | <b>b</b> If "Yes         | s," explain the arrangemen                    | t in Part XIII. Check                    | here if the expla               | nation has been     | provided on     | Part XIII                |               | [         | ]     |
| 1 a Beginning of year balance  |                          |   |  |                                 |                     |                 |                          |               |           |       |
| 1 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment 7 The percentages on lines 2a, 2b, and 2c should equal 100%.  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations 3a(ii) 3a(ii) 3a(iii)                                  | Part V                   | Endowment Funds.                              | <u>`</u>                                 | 1                               | t                   |                 |                          |               |           |       |
| c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment c Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%.  3a A re there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other depreciation (c) Accumulated depreciation assis (c) basis (other) depreciation 1a Land. b Buildings. 1a Land. 305, 804. b Buildings. 305, 804. b Buildings. 307, 804. b Buildings. 308, 804. c Leasehold improvements. 309, 877, 53, 195. 16, 592. c Other 31, 800. 1, 800.   |                          |   | (a) Current year                         | (b) Prior yea                   | r <b>(c)</b> Two ye | ears back       | (d) Three years back     | <b>(e)</b> Fo | our years | back  |
| c Net investment earnings, gains, and losses   |                          |   |  |                                 |                     |                 |                          |               |           |       |
| and losses   | <b>b</b> Contril         | outions                                       |  |                                 |                     |                 |                          |               |           |       |
| e Other expenditures for facilities and programs.  f Administrative expenses. g End of year balance.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment c Term endowment Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations bif "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other depreciation depreciation (investment) b Buildings. 4 Land. 5 Buildings. 5 C Leasehold improvements. 6 C Leasehold improvements. 7 C Lagingment. 8 C Leasehold improvements. 8 C Leasehold improvements. 8 C Leasehold improvements. 9 C Other 1 C S Accumulated depreciation 1 C S S S S S S S S S S S S S S S S S S  | and lo                   | sses  |  |                                 |                     |                 |                          |               |           |       |
| and programs  f Administrative expenses g End of year balance  |                          | ·   |  |                                 |                     |                 |                          |               |           |       |
| g End of year balance  | and pr                   | ograms  |  |                                 |                     |                 |                          |               |           |       |
| 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment   |                          | •   |  |                                 |                     |                 |                          |               |           |       |
| a Board designated or quasi-endowment b Permanent endowment c Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%.  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?.  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation depreciation 4 28,142. 197,786. 230,356. c Leasehold improvements. 4 28,142. 197,786. 230,356. c Leasehold improvements. 8 7,697. 16,567. 71,130. d Equipment. 6 9,787. 53,195. 16,592. e Other.   | -                        | •   |  |                                 |                     |                 |                          |               |           |       |
| b Permanent endowment c Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (other) basis (other)  1 a Land. b Buildings. 305,804. 305,804. b Buildings. 428,142. 197,786. 230,356. c Leasehold improvements. 87,697. 16,567. 71,130. d Equipment 69,787. 53,195. 16,592. e Other.   |                          |   | -  | end balance (lir                | ie 1g, column (a)   | )) held as:     |                          |               |           |       |
| c Term endowment   |                          | •   |  | 6                               |                     |                 |                          |               |           |       |
| The percentages on lines 2a, 2b, and 2c should equal 100%.  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iiii) Related organizations  (iv) In a land in a la |                          |   |  |                                 |                     |                 |                          |               |           |       |
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  1a Land.  505, 804.  b Buildings.  c Leasehold improvements.  d Equipment.  69, 787. 53, 195. 16, 592. e Other.  1,800.   |                          |   |  | 00/                             |                     |                 |                          |               |           |       |
| organization by:  (i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?.  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  1 a Land.  305,804.  428,142.  197,786.  230,356.  c Leasehold improvements.  87,697.  16,567.  71,130.  d Equipment.  69,787.  53,195.  16,592.  e Other.  1,800.   | rne pe                   | rcentages on lines 2a, 2b, a                  | nd 2c should equal 10                    | 0%.                             |                     |                 |                          |               |           |       |
| (i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?.  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1 a Land.  b Buildings.  c Leasehold improvements.  c Leasehold improvements.  d Equipment  69, 787.  1,800.  3a(i)  3a(i)  3b  4 (i)  Book value (c)  4 Accumulated depreciation  4 Book value  305, 804.  3 |                          |   | he possession of the                     | organization that a             | are held and admir  | nistered for th | е                        |               | · ·       |       |
| (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?.  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other) (investment)  1 a Land.  5 Buildings.  5 Leasehold improvements.  6 Leasehold improvements.  6 Equipment 6 Gegen 230, 356. 71, 130. 6 Equipment 7 Equipment 7 Equipment 7 Equipment 8 Form 990, Part X, line 10.  (b) Cost or other basis (other) 8 Solution 8 Soluti | •                        | -   |  |                                 |                     |                 |                          |               | Yes       | No    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?.  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (investment) (investment) (investment) (a) Book value (investment) (b) Buildings.  b Buildings.  c Leasehold improvements.  d Equipment.  69,787.  1800.  | • • •                    |   |  |                                 |                     |                 |                          |               |           |       |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (investment) (investment) (a) Book value (investment) (b) Buildings.  1 a Land. 305, 804. 305, 804.  b Buildings. 428, 142. 197, 786. 230, 356. c Leasehold improvements. 87, 697. 16, 567. 71, 130. d Equipment 69, 787. 53, 195. 16, 592. e Other 1,800. 1,800.   | ` '                      | •   |  |                                 |                     |                 |                          |               |           |       |
| Part VI         Land, Buildings, and Equipment.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1 a Land         305, 804         305, 804         305, 804           b Buildings         428, 142         197, 786         230, 356           c Leasehold improvements         87, 697         16, 567         71, 130           d Equipment         69, 787         53, 195         16, 592           e Other         1,800         1,800  |                          | • • •   | •  |                                 |                     |                 |                          | 3D            |           |       |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation           1 a Land.         305, 804.         305, 804.           b Buildings.         428,142.         197,786.         230,356.           c Leasehold improvements.         87,697.         16,567.         71,130.           d Equipment.         69,787.         53,195.         16,592.           e Other         1,800.         1,800.  |                          |   |  | ation's endowine                | ent iunus.          |                 |                          |               |           |       |
| ta Land.         305,804.         305,804.           b Buildings.         428,142.         197,786.         230,356.           c Leasehold improvements.         87,697.         16,567.         71,130.           d Equipment         69,787.         53,195.         16,592.           e Other         1,800.         1,800.   | rait VI                  |   |  | n Form 990, Part                | IV, line 11a. See   | Form 990, Pa    | art X, line 10.          |               |           |       |
| 1a Land.       305,804.       305,804.         b Buildings.       428,142.       197,786.       230,356.         c Leasehold improvements.       87,697.       16,567.       71,130.         d Equipment.       69,787.       53,195.       16,592.         e Other.       1,800.       1,800.   |                          | Description of property                       | <b>(a)</b> Cos                           | st or other basis<br>nvestment) |                     | her <b>(c)</b>  | Accumulated depreciation | <b>(d)</b> B  | ook va    | lue   |
| b Buildings       428,142       197,786       230,356         c Leasehold improvements       87,697       16,567       71,130         d Equipment       69,787       53,195       16,592         e Other       1,800       1,800   | 1 a Land.                |   | ,  | ,                               | •                   | ,               |                          |               | 305.      | 804.  |
| c Leasehold improvements.       87,697.       16,567.       71,130.         d Equipment.       69,787.       53,195.       16,592.         e Other.       1,800.       1,800.  | <b>b</b> Buildir         | ngs   |  |                                 |                     |                 | 197,786.                 |               |           |       |
| d Equipment       69,787.       53,195.       16,592.         e Other       1,800.       1,800.  | <b>c</b> Leasel          | nold improvements                             |  |                                 |                     |                 |                          |               |           |       |
| e Other  |                          | •   |  |                                 |                     |                 |                          |               |           |       |
|  |                          |   |  |                                 |                     |                 | 20,130.                  |               |           |       |
|  | Total. Add li            | nes 1a through 1e. (Colum                     | nn (d) must equal Fo                     | rm 990, Part X,                 |                     |                 |                          |               |           |       |

BAA Schedule D (Form 990) 2022

| Part VII                              | Investments — Other Securities.  Complete if the organization answered "Yes"  | on Form 990 Part IV line   | N/A<br>a 11h Saa Form 990 Part Y lina 12 |                         |
|---------------------------------------|---|----------------------------|--|-------------------------|
| (a) Descri                            | iption of security or category (including name of security)   | (b) Book value             | (c) Method of valuation: Cost or end     | I-of-vear market value  |
|                                       | al derivatives  | * *                        |  | ,                       |
|                                       | held equity interests.  |                            |  |                         |
| (3) Other                             |   |                            |  |                         |
| -                                     |   |                            |  |                         |
| (A)<br>(B)<br>(C)<br>(D)<br>(E)       |   |                            |  |                         |
| (C)                                   |   |                            |  |                         |
| (D)                                   |   | -                          |  |                         |
| (E)                                   |   |                            |  |                         |
| (F)                                   |   |                            |  |                         |
| (G)                                   |   |                            |  |                         |
| (H)                                   |   | _                          |  |                         |
| (l)                                   |   | _                          |  |                         |
| Total. (Columi                        | n (b) must equal Form 990, Part X, column (B) line 12.)   |                            |  |                         |
| Part VIII                             | Investments - Program Related.  |                            | N/A                                      |                         |
|                                       | Complete if the organization answered "Yes"   |                            |  |                         |
|                                       | (a) Description of investment   | (b) Book value             | (c) Method of valuation: Cost or er      | nd-of-year market value |
| (1)                                   |   |                            |  |                         |
| (2)                                   |   |                            |  |                         |
| (3)                                   |   |                            |  |                         |
| (4)                                   |   |                            |  |                         |
| (5)                                   |   |                            |  |                         |
| (6)                                   |   |                            |  |                         |
| (7)                                   |   |                            |  |                         |
| (8)                                   |   |                            |  |                         |
| (9)                                   |   |                            |  |                         |
| (10)                                  | n (b) must equal Form 990, Part X, column (B) line 13.)   |                            |  |                         |
| Part IX                               | Other Assets.   | •••                        |  |                         |
| I dit ix                              | Complete if the organization answered "Yes"   | on Form 990, Part IV, line | e 11d. See Form 990, Part X, line 15.    |                         |
|                                       | (a)   | Description                |  | (b) Book value          |
|                                       | NTS RECEIVABLE  |                            |  | 0.150                   |
| • •                                   | FION RECEIVABLE   |                            |  | 3,172.                  |
| (3)                                   |   |                            |  |                         |
| (4)<br>(5)                            |   |                            |  |                         |
| (6)                                   |   |                            |  |                         |
| (7)                                   |   |                            |  |                         |
| (8)                                   |   |                            |  |                         |
| (9)                                   |   |                            |  |                         |
| (10)                                  |   |                            |  |                         |
| Total. (Colu                          | umn (b) must equal Form 990, Part X, colum  | n (B) line 15.)            |  | 191,595.                |
| Part X                                | Other Liabilities.  | - 000 P . IV. I            | 446.0 5 000.5                            | 0.5                     |
|                                       | Complete if the organization answered "Yes"   |                            | e 11e or 11t. See Form 990, Part X, line |                         |
| 1. (1) Endow                          | * *   | scription of liability     |  | (b) Book value          |
|                                       | al income taxes RUED PAYROLL EXPENSE  |                            |  | 22 002                  |
| (3)                                   | RUED PAIRULL EXPENSE  |                            |  | 23,083.                 |
| (4)                                   |   |                            |  |                         |
| (5)                                   |   |                            |  |                         |
| (6)                                   |   |                            |  |                         |
| (7)                                   |   |                            |  |                         |
|                                       |   |                            |  |                         |
| (8)                                   |   |                            |  |                         |
| (9)                                   |   |                            |  |                         |
| (9)<br>(10)                           |   |                            |  |                         |
| (9)                                   |   |                            |  |                         |
| (9)<br>(10)<br>(11)<br>Total. (Column | n (b) must equal Form 990, Part X, column (B) line 25.) uncertain tax positions. In Part XIII, provide the text of th |                            |  | 23,083.                 |

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F  | Return. N/A    |
|--|----------------|
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  |                |
| 1 Total revenue, gains, and other support per audited financial statements   | 1              |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |                |
| a Net unrealized gains (losses) on investments   |                |
| b Donated services and use of facilities   |                |
| c Recoveries of prior year grants  |                |
| d Other (Describe in Part XIII.)   |                |
| e Add lines 2a through 2d.   | 2 e            |
| 3 Subtract line 2e from line 1.  | 3              |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |                |
| a Investment expenses not included on Form 990, Part VIII, line 7b   |                |
| b Other (Describe in Part XIII.)   |                |
| c Add lines 4a and 4b.   | 4 c            |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).   |                |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe  | r Doturn N/A   |
| ·  | return. N/A    |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  | r Keturii. N/A |
| ·  |                |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  |                |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  |                |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:   |                |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  |                |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  2 a  2 b  |                |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 Donated Services and Use of facilities.  3 Donated Services and Use of facilities.  4 Donated Services and Use of facilities.  2 Donated Services and Use of facilities.  3 Donated Services and Use of facilities.  4 Donated Services and Use of facilities.  5 Donated Services and Use of facilities.  5 Donated Services and Use of facilities.  6 Donated Services and Use of facilities.  6 Donated Services and Use of facilities.  7 Donated Services and Use of facilities.  8 Donated Services and Use of facilities.  9 Donated Services and Use of facilities. | 1              |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.   | 2 e            |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.   | 2 e            |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.   | 2 e            |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.   | 2e<br>3        |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  | 2e 3           |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.   | 2e 3           |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2022

#### **SCHEDULE E** (Form 990)

## **Schools**

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

Part I

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

84-0852955

DURANGO EARLY LEARNING CENTER

|    |   |            | YES | NO |
|----|---|------------|-----|----|
| 1  | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?   | 1          | Х   |    |
| 2  | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  | 2          | Х   |    |
| 3  | Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II | 3          | X   |    |
|    | RACIAL NONDISCRIMINATION POLICY IS PUBLISHED IN SCHOOL LITERATURE AND PROMOTIONS.   |            |     |    |
|    |   |            |     |    |
| 4  | Does the organization maintain the following?   |            |     |    |
| а  | Records indicating the racial composition of the student body, faculty, and administrative staff?   | 4 a        | X   |    |
| b  | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?   | 4 b        | Х   |    |
|    | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?   | 4 c        | Х   |    |
| d  | Copies of all material used by the organization or on its behalf to solicit contributions?  | 4 d        | Χ   |    |
|    | If you answered "No" to any of the above, please explain. If you need more space, use Part II.  |            |     |    |
|    |   |            |     |    |
|    |   |            |     |    |
| _  | Does the organization discriminate by race in any way with respect to:  |            |     |    |
| 5  | Students' rights or privileges?   | 5 a        |     | Х  |
| а  | Ottoderits rights of privileges.  | Ja         |     | Λ  |
| b  | Admissions policies?  | 5 b        |     | Х  |
| С  | Employment of faculty or administrative staff?  | 5 c        |     | Х  |
| d  | Scholarships or other financial assistance?   | 5 d        |     | Х  |
| е  | Educational policies?   | 5 e        |     | Х  |
| f  | Use of facilities?  | 5 f        |     | Х  |
| g  | Athletic programs?  | 5 g        |     | Х  |
| h  | Other extracurricular activities?   | 5 h        |     | Х  |
|    | If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.   |            |     |    |
|    |   |            |     |    |
|    |   |            |     |    |
|    |   |            |     |    |
| 62 | Does the organization receive any financial aid or assistance from a governmental agency?   | 6.5        |     | V  |
|    | Has the organization's right to such aid ever been revoked or suspended?  | 6 a<br>6 b |     | X  |
|    | If you answered "Yes" on either line 6a or line 6b, explain on Part II.   | 90         |     | Λ  |
| 7  | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial   |            |     |    |
|    | nondiscrimination? If "No," explain on Part II  | 7          | X   | Ī  |

Schedule E (Form 990) 2022 DURANGO EARLY LEARNING CENTER 84-0852955

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Schedule E (Form 990) 2022 BAA TEEA3402L 06/27/22

#### SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

DURANGO EARLY LEARNING CENTER

Employer identification number

84-0852955

#### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

DURING THE 2022.2023 SCHOOL YEAR, DURANGO EARLY LEARNING CENTER PROVIDED \$30,680 IN
TUITION ASSISTANCE WITH 38% OF FAMILIES RECEIVING A 10-20% MONTHLY SCHOLARSHIP AND
BECAME AN APPROVED UNIVERSAL PRESCHOOL PROVIDER. DURANGO EARLY LEARNING CENTER
RAISED AN ALL TIME RECORD HIGH AMOUNT OF \$23,000 DURING THE COLORADO GIVES DAY
CAMPAIGN FOR TUITION ASSISTANCE AND TEACHER RETENTION. DURANGO EARLY LEARNING CENTER
IMPLEMENTED A MONTHLY CELL PHONE REIMBURSEMENT STIPEND FOR STAFF. TWO PARENTING
TRAININGS, "CIRCLE OF SECURITY" WERE OFFERED WITH FREE CHILD CARE AS WELL AS WEEKLY
MOVEMENT CLASSES PROVIDED TO ALL CHILDREN ON SITE. DURANGO EARLY LEARNING CENTER ALSO
PURCHASED A CHILD CARE APP, BRIGHTWHEEL, TO STREAMLINE CHECK IN AND OUT PROCESSES,
BILLING, AND COMMUNICATION WITH FAMILIES. DURANGO EARLY LEARNING CENTER ALSO
CONTINUED TO IMPLEMENT OUR EARLY CHILDHOOD PAID INTERNSHIP, WHICH PROVIDES NEW
TEACHERS TO THE FIELD WITH DIRECT CLASSROOM EXPERIENCE SUPERVISED BY A MENTOR TEACHER
WHILE TAKING COLLEGE CREDIT COURSES TO BECOME EARLY CHILDHOOD TEACHER QUALIFIED.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE BOARD OF DIRECTORS IS PROVIDED A COPY OF THE TAX RETURN PRIOR THE MONTHLY BOARD MEETING TO APPROVING THE FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE BOARD OF DIRECTORS REGULARLY REVIEWS RELATED PARTY ACITIVITY FOR COMPLIANCE WITH POLICY.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE BOARD OF DIRECTORS MEETS ANNUALLY TO DISCUSS THE EXECUTIVE DIRECTORS

COMPENSATION BASED ON A PERFORMANCE REVIEW.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION INFORMATION IS MAINTAINED AT 890 EAST THIRD AVENUE IN DURANGO, CO.

Schedule O (Form 990) 2022 Page 2

Name of the organization

DURANGO EARLY LEARNING CENTER

Employer identification number 84-0852955

### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE LEARNING CENTER.