Form **990**

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**
**Do not enter social security numbers on this form as it may be made public.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047
**2023**
**Open to Public Inspection**

**A For the 2023 calendar year, or tax year beginning and ending**

**B** Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending

**C** Name of organization
EARLY LEARNING INDIANA, INC.
Doing business as
Number and street (or P.O. box if mail is not delivered to street address): 1411 ROOSEVELT AVE  Room/suite: 202
City or town, state or province, country, and ZIP or foreign postal code: INDIANAPOLIS, IN 46201

**D Employer identification number** 35-0888763
**E** Telephone number 317-636-9197
**G** Gross receipts $ 55,847,433.

**F** Name and address of principal officer: MAUREEN WEBER
SAME AS C ABOVE

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No
**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions
**H(c)** Group exemption number

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527
**J Website:** WWW.EARLYLEARNINGIN.ORG
**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other
**L** Year of formation: 1899 **M** State of legal domicile: IN

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: EARLY LEARNING INDIANA (ELI) IS ON A MISSION TO ENSURE CHILDREN THROUGHOUT INDIANA ARE EMPOWERED

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 11 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 11 |
| 5 | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | 5 | 417 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 200 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 76,989,581. | 2,032,436. |
| | 9 | Program service revenue (Part VIII, line 2g) | 13,529,004. | 12,971,019. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,228,272. | 3,756,233. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 44,094. | 103,372. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 91,790,951. | 18,863,060. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 45,144,023. | 30,543,002. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 15,412,222. | 16,038,386. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) 412,170. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 12,500,217. | 14,894,131. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 73,056,462. | 61,475,519. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 18,734,489. | -42,612,459. |
| | | | **Beginning of Current Year** | **End of Year** |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 117,855,800. | 82,188,927. |
| | 21 | Total liabilities (Part X, line 26) | 6,392,581. | 11,612,236. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 111,463,219. | 70,576,691. |

## Part II Signature Block

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

**Sign Here**
Signature of officer — Date
DAVE STEWART, TREASURER/CFO
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| CORY SCHUNEMANN, CPA | CORY SCHUNEMANN, CPA | 10/29/24 | | P01866583 |

Firm's name BLUE & CO., LLC — Firm's EIN 35-1178661
Firm's address 12800 N. MERIDIAN ST, STE 400
CARMEL, IN 46032 — Phone no. 317-848-8920

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No



SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**Part III | Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

**4a** (Code: ) (Expenses $ 20,200,614. including grants of $ ) (Revenue $ 13,074,391. )

SEE SCHEDULE O.

**4b** (Code: ) (Expenses $ 30,543,002. including grants of $ 30,543,002. ) (Revenue $ )

SEE SCHEDULE O.

**4c** (Code: ) (Expenses $ 5,455,137. including grants of $ ) (Revenue $ )

SEE SCHEDULE O

**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses 56,198,753.

## Part IV Checklist of Required Schedules

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

**Part IV | Checklist of Required Schedules** *(continued)*

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

**Part V | Statements Regarding Other IRS Filings and Tax Compliance**

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

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 289 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | X | |

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

| | | | Yes | No |
|---|---|---|---|---|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 417 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O* | 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 | | X |
| b | If "Yes," enter the name of the foreign country<br>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 | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| 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).** | | | |
| a | 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 | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | N/A | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | N/A | |
| 8 | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A | 8 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? N/A | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A | 9b | | |
| 10 | **Section 501(c)(7) organizations.** Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 N/A | 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | |
| 11 | **Section 501(c)(12) organizations.** Enter: | | | |
| a | Gross income from members or shareholders N/A | 11a | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A | 12b | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? N/A | 13a | | |
| | **Note:** See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | |
| c | Enter the amount of reserves on hand | 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O* | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O. | 16 | | X |
| 17 | **Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A<br>If "Yes," complete Form 6069. | 17 | | |

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

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

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 11 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 11 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | X |
| 6 | Did the organization have members or stockholders? | 6 | | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O* | 9 | | | X |

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

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

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed IN

18 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] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

THE ORGANIZATION - 317-636-9197

1411 ROOSEVELT AVE, 202, INDIANAPOLIS, IN 46201

## 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.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) MAUREEN WEBER<br>PRESIDENT AND CEO | 40.00 | | | X | | | | 298,119. | 0. | 32,487. |
| (2) DAVID STEWART<br>VP/CFO | 40.00 | | | X | | | | 194,537. | 0. | 19,025. |
| (3) JONATHAN DILLEY<br>CHIEF OF STAFF | 40.00 | | | X | | | | 177,492. | 0. | 26,463. |
| (4) HEATHER PEASE<br>CHIEF ENGAGEMENT OFFICER | 40.00 | | | | X | | | 165,050. | 0. | 17,442. |
| (5) ERIN KISSLING<br>CHIEF LEARNING OFFICER | 40.00 | | | | X | | | 165,729. | 0. | 14,095. |
| (6) ADRIENNE BENNETT<br>VP EARLY LEARNING PRACTICE | 40.00 | | | | | X | | 110,147. | 0. | 22,358. |
| (7) KIRSTEN YEAGER<br>VP DEVELOPMENT | 1.00 | | | | | X | | 109,063. | 0. | 5,452. |
| (8) ANDREW PERRIN (TERM END 12/20/2<br>CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (9) RON STIVER<br>VICE CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (10) JILL ROBISCH<br>TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (11) STEPHANIE BOTHUN<br>SECRETARY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (12) PAUL KRIEVINS<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) JOHN MILLER (TERM END 12/20/23)<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) ALONZO WEEMS (TERM END 12/20/23<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) ANNELIESE WILLIAMS<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) FREEDOM SMITH<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) DEREK GRIMM<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position: Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| (18) TIFFANY BENJAMIN<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) LINDA THEOBALD<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) JULIE DUNLAP<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) PARISI MANSOORI, M.D.<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,220,137. | 0. | 137,322. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,220,137. | 0. | 137,322. |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 7

| | | | Yes | No |
|---|---|---|---|---|
| 3 | Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | X |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | 4 | X | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | 5 | | X |

**Section B. Independent Contractors**

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| SIDE STREET CATERING<br>PO BOX 7060, FISHERS, IN 46038 | FOOD SERVICE | 2,146,191. |
| TRENDY MINDS, INC.<br>PO BOX 441594, INDIANAPOLIS, IN 46244 | MARKETING | 1,388,478. |
| WONDERSCHOOL, INC., 548 MARKET ST, PMB<br>92922, SAN FRANSISCO, CA 94104 | CHILD CARE SOLUTIONS | 1,209,000. |
| GADELLNET CONSULTING SERVICES, LLC, 1520<br>SOUTH VENDEVENTER AVENUE, ST. LOUIS, MO | IT SERVICES | 504,484. |
| QUALITY BUILDING MANAGEMENT, 7998<br>GEORGETOWN ROAD SUITE 500, INDIANAPOLIS, | JANITORIAL SERVICES<br>AND SUPPLIES | 487,850. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 47

**Part VIII** **Statement of Revenue**

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|---|---|---|---|---|
| **Contributions, Gifts, Grants and Other Similar Amounts** | 1 a Federated campaigns | 1a 594,040. | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d 89,050. | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 1,349,346. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g $ 65,352. | | | | |
| | h **Total.** Add lines 1a-1f | | 2,032,436. | | | |
| **Program Service Revenue** | | Business Code | | | | |
| | 2 a CENTER FEES | 624410 | 7,465,154. | 7,465,154. | | |
| | b GOVERNMENT AGENCY PROGRAM FEES | 624410 | 5,505,865. | 5,505,865. | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g **Total.** Add lines 2a-2f | | 12,971,019. | | | |
| **Other Revenue** | 3 Investment income (including dividends, interest, and other similar amounts) | | 3,685,418. | | | 3685418. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | | (i) Real / (ii) Personal | | | | |
| | 6 a Gross rents | 6a | | | | |
| | b Less: rental expenses | 6b | | | | |
| | c Rental income or (loss) | 6c | | | | |
| | d Net rental income or (loss) | | | | | |
| | | (i) Securities / (ii) Other | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a (i) 37,055,188. | | | | |
| | b Less: cost or other basis and sales expenses | 7b (i) 36,984,373. | | | | |
| | c Gain or (loss) | 7c (i) 70,815. | | | | |
| | d Net gain or (loss) | | 70,815. | | | 70,815. |
| | 8 a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | |
| | b Less: direct expenses | 8b | | | | |
| | c Net income or (loss) from fundraising events | | | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | |
| | b Less: direct expenses | 9b | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| | 10 a Gross sales of inventory, less returns and allowances | 10a | | | | |
| | b Less: cost of goods sold | 10b | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| **Miscellaneous Revenue** | | Business Code | | | | |
| | 11 a MISCELLANEOUS | 900099 | 103,372. | 103,372. | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e **Total.** Add lines 11a-11d | | 103,372. | | | |
| | 12 **Total revenue.** See instructions | | 18,863,060. | 13074391. | 0. | 3756233. |

**Part IX Statement of Functional Expenses**

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

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

| *Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.* | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 29,931,667. | 29,931,667. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 611,335. | 611,335. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,110,438. | 180,891. | 773,899. | 155,648. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 11,984,515. | 10,665,887. | 1,182,051. | 136,577. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 384,871. | 297,881. | 74,050. | 12,940. |
| 9 Other employee benefits | 1,523,602. | 1,257,550. | 237,876. | 28,176. |
| 10 Payroll taxes | 1,034,960. | 854,235. | 161,586. | 19,139. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 31,426. | 5,363. | 26,063. | |
| c Accounting | 200,227. | 388. | 199,839. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 90,367. | | 90,367. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 2,347,926. | 2,220,693. | 127,113. | 120. |
| 12 Advertising and promotion | 1,245,244. | 973,931. | 237,761. | 33,552. |
| 13 Office expenses | 379,103. | 333,173. | 43,220. | 2,710. |
| 14 Information technology | 1,410,642. | 1,090,883. | 308,978. | 10,781. |
| 15 Royalties | | | | |
| 16 Occupancy | 2,055,363. | 1,145,081. | 905,739. | 4,543. |
| 17 Travel | 50,419. | 44,523. | 4,839. | 1,057. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 173,874. | 148,216. | 23,909. | 1,749. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 514,615. | 275,715. | 238,900. | |
| 23 Insurance | 174,289. | 64,694. | 109,595. | |
| 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.) | | | | |
| a FOOD SUPPLIES AND CONTR | 2,279,682. | 2,279,344. | 338. | |
| b LICENSING AND CENTER PR | 2,034,547. | 2,034,469. | 78. | |
| c CLASSROOM AND SUPPLIES | 1,870,551. | 1,746,978. | 118,395. | 5,178. |
| d OTHER EXPENSES | 35,856. | 35,856. | | |
| e All other expenses | | | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 61,475,519. | 56,198,753. | 4,864,596. | 412,170. |
| 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) | | | | |

**Part X | Balance Sheet**

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

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | | 619,841. | 1 | 2,226,795. |
| | 2 | Savings and temporary cash investments | | 16,216,472. | 2 | 3,927,135. |
| | 3 | Pledges and grants receivable, net | | 717,716. | 3 | 895,445. |
| | 4 | Accounts receivable, net | | 2,153,096. | 4 | 2,641,711. |
| | 5 | Loans and other receivables from 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 | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under 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 | |
| | 9 | Prepaid expenses and deferred charges | | 3,060,430. | 9 | 2,592,171. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 7,922,392. | | | |
| | b | Less: accumulated depreciation | 10b 4,209,447. | 3,788,856. | 10c | 3,712,945. |
| | 11 | Investments - publicly traded securities | | 86,624,542. | 11 | 61,837,888. |
| | 12 | Investments - other securities. See Part IV, line 11 | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 4,674,847. | 15 | 4,354,837. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | | 117,855,800. | 16 | 82,188,927. |
| Liabilities | 17 | Accounts payable and accrued expenses | | 1,848,159. | 17 | 7,370,004. |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other payables to 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 | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 4,544,422. | 25 | 4,242,232. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 6,392,581. | 26 | 11,612,236. |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here** [X] **and complete lines 27, 28, 32, and 33.** | | | | |
| | 27 | Net assets without donor restrictions | | 14,880,342. | 27 | 15,808,681. |
| | 28 | Net assets with donor restrictions | | 96,582,877. | 28 | 54,768,010. |
| | | **Organizations that do not follow FASB ASC 958, check here** ☐ **and complete lines 29 through 33.** | | | | |
| | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | | 31 | |
| | 32 | Total net assets or fund balances | | 111,463,219. | 32 | 70,576,691. |
| | 33 | Total liabilities and net assets/fund balances | | 117,855,800. | 33 | 82,188,927. |

## Part XI Reconciliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 18,863,060. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 61,475,519. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -42,612,459. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 111,463,219. |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,706,669. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 19,262. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 70,576,691. |

## Part XII Financial Statements and Reporting

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other<br>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 reviewed on a separate basis, consolidated basis, or both:<br>[ ] 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 separate basis, consolidated basis, or both:<br>[X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | 3a | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | 3b | X | |

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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
**2023**
**Open to Public Inspection**

**Name of the organization** EARLY LEARNING INDIANA, INC.
**Employer identification number** 35-0888763

**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.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (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 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An 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 university:
10 [ ] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 [ ] 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 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations ........

g Provide the following information about the supported organization(s).

| **(i)** Name of supported organization | **(ii)** EIN | **(iii)** Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? Yes | No | **(v)** Amount of monetary support (see instructions) | **(vi)** Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 28211194. | 32989210. | 88787079. | 76989581. | 2032436. | 229009500 |
| 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 | | | | 732,560. | 711,983. | 1444543. |
| 4 **Total.** Add lines 1 through 3 | 28211194. | 32989210. | 88787079. | 77722141. | 2744419. | 230454043 |
| 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) | | | | | | 105382733 |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | 125071310 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 28211194. | 32989210. | 88787079. | 77722141. | 2744419. | 230454043 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 522,040. | 518,022. | 833,153. | 1217551. | 3685418. | 6776184. |
| 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.) | 47,402. | 3,248. | 81,638. | 44,094. | 103,372. | 279,754. |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 237509981 |

12 Gross receipts from related activities, etc. (see instructions) ..... 12 55,150,645.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) ..... 14 52.66 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 ..... 15 53.41 %

16a **33 1/3% support test - 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ☒

b **33 1/3% support test - 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ☐

17a **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ☐

b **10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ☐

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

## 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.)

### Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support.** (Subtract line 7c from line 6.) | | | | | | |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

### Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 | Public support percentage from 2022 Schedule A, Part III, line 15 | 16 | % |

### Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 | Investment income percentage from **2022** Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

## Part IV Supporting Organizations

(Complete only if you checked a box on line 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

| | | Line | Yes | No |
|---|---|---|---|---|
| **1** | Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.* | 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* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).* | 2 | | |
| **3a** | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.* | 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* **Part VI** *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* **Part VI** *what controls the organization put in place to ensure such use.* | 3c | | |
| **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.* | 4a | | |
| **b** | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.* | 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* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.* | 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* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).* | 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? | 5c | | |
| **6** | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.** | 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* **Part VI.** | 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* **Part VI.** | 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* **Part VI.** | 9c | | |
| **10a** | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.* | 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 | | |

**Part IV Supporting Organizations** *(continued)*

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

## Section B. Type I Supporting Organizations

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

## Section C. Type II Supporting Organizations

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

## Section D. All Type III Supporting Organizations

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

## Section E. Type III Functionally Integrated Supporting Organizations

**1** *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

| | | Yes | No |
|---|---|---|---|
| **2** Activities Test. **Answer lines 2a and 2b below.** | | | |
| **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.* | 2a | | |
| **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.* | 2b | | |
| **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.** | | | |
| **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.** | 3a | | |
| **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* | 3b | | |

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

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

| **Section A - Adjusted Net Income** | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4) | 8 | | |

| **Section B - Minimum Asset Amount** | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d **Total** (add lines 1a, 1b, and 1c) | 1d | | |
| e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 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 | | |

| **Section C - Distributable Amount** | | | Current Year |
|---|---|---|---|
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Enter 0.85 of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |

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

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

| Section D - Distributions | | Current Year |
|---|---|---|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | 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* **Part VI**). See instructions. | 8 | |
| 9 Distributable amount for 2023 from Section C, line 6 | 9 | |
| 10 Line 8 amount divided by line 9 amount | 10 | |

| **Section E - Distribution Allocations** (see instructions) | **(i)** **Excess Distributions** | **(ii)** **Underdistributions Pre-2023** | **(iii)** **Distributable Amount for 2023** |
|---|---|---|---|
| 1 Distributable amount for 2023 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2023 | | | |
| a From 2018 | | | |
| b From 2019 | | | |
| c From 2020 | | | |
| d From 2021 | | | |
| e From 2022 | | | |
| f **Total** of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2023 distributable amount | | | |
| i Carryover from 2018 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2023 from Section D, line 7: $ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2023 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions. | | | |
| 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions. | | | |
| 7 **Excess distributions carryover to 2024.** Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2019 | | | |
| b Excess from 2020 | | | |
| c Excess from 2021 | | | |
| d Excess from 2022 | | | |
| e Excess from 2023 | | | |

**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.)

**Schedule B**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

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

OMB No. 1545-0047

**2023**

| Name of the organization | **Employer identification number** |
|---|---|
| EARLY LEARNING INDIANA, INC. | 35-0888763 |

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | [X] 501(c)( 3 ) (enter number) organization |
| | [ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation |
| | [ ] 527 political organization |
| Form 990-PF | [ ] 501(c)(3) exempt private foundation |
| | [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | [ ] 501(c)(3) taxable private foundation |

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

**General Rule**

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] 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).

| Name of organization | Employer identification number |
|---|---|
| EARLY LEARNING INDIANA, INC. | 35-0888763 |

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | | $ 85,150. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 2 | | $ 635,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 3 | | $ 85,271. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 4 | | $ 594,040. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 5 | | $ 90,900. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 6 | | $ 55,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |

| Name of organization | Employer identification number |
|---|---|
| EARLY LEARNING INDIANA, INC. | 35-0888763 |

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| Name of organization | Employer identification number |
|---|---|
| EARLY LEARNING INDIANA, INC. | 35-0888763 |

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

**SCHEDULE C** (Form 990)

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**

**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| Name of organization | Employer identification number |
|---|---|
| EARLY LEARNING INDIANA, INC. | 35-0888763 |

## Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ........ $ ______

3 Volunteer hours for political campaign activities ........ ______

## Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ........ $ ______

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ........ $ ______

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ........ ☐ Yes ☐ No

4a Was a correction made? ........ ☐ Yes ☐ No

b If "Yes," describe in Part IV.

## Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ........ $ ______

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ........ $ ______

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ........ $ ______

4 Did the filing organization file **Form 1120-POL** for this year? ........ ☐ Yes ☐ No

5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| **(a)** Name | **(b)** Address | **(c)** EIN | **(d)** Amount paid from filing organization's funds. If none, enter -0-. | **(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Part II-A** **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| **Limits on Lobbying Expenditures** (The term "expenditures" means amounts paid or incurred.) | **(a)** Filing organization's totals | **(b)** Affiliated group totals |
|---|---|---|
| **1a** Total lobbying expenditures to influence public opinion (grassroots lobbying) | 0. | |
| **b** Total lobbying expenditures to influence a legislative body (direct lobbying) | 0. | |
| **c** Total lobbying expenditures (add lines 1a and 1b) | 0. | |
| **d** Other exempt purpose expenditures | 61,475,519. | |
| **e** Total exempt purpose expenditures (add lines 1c and 1d) | 61,475,519. | |
| **f** Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000. | |

| **If the amount on line 1e, column (a) or (b) is:** | **The lobbying nontaxable amount is:** |
|---|---|
| not over $500,000, | 20% of the amount on line 1e. |
| over $500,000 but not over $1,000,000, | $100,000 plus 15% of the excess over $500,000. |
| over $1,000,000 but not over $1,500,000, | $175,000 plus 10% of the excess over $1,000,000. |
| over $1,500,000 but not over $17,000,000, | $225,000 plus 5% of the excess over $1,500,000. |
| over $17,000,000, | $1,000,000. |

| | (a) | (b) |
|---|---|---|
| **g** Grassroots nontaxable amount (enter 25% of line 1f) | 250,000. | |
| **h** Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | |
| **i** Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | |

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

**4-Year Averaging Period Under Section 501(h)**
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in) | **(a)** 2020 | **(b)** 2021 | **(c)** 2022 | **(d)** 2023 | **(e)** Total |
|---|---|---|---|---|---|
| **2a** Lobbying nontaxable amount | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| **b** Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000. |
| **c** Total lobbying expenditures | | 601. | 541. | | 1,142. |
| **d** Grassroots nontaxable amount | 250,000. | 250,000. | 250,000. | 250,000. | 1,000,000. |
| **e** Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000. |
| **f** Grassroots lobbying expenditures | | | | | |

**Part II-B** **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

| *For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.* | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|
| **1** During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| **a** Volunteers? | | | |
| **b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| **c** Media advertisements? | | | |
| **d** Mailings to members, legislators, or the public? | | | |
| **e** Publications, or published or broadcast statements? | | | |
| **f** Grants to other organizations for lobbying purposes? | | | |
| **g** Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| **h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| **i** Other activities? | | | |
| **j** Total. Add lines 1c through 1i | | | |
| **2a** Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? | | | |
| **b** If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| **c** If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| **d** If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

**Part III-A** **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

| | | Yes | No |
|---|---|---|---|
| **1** Were substantially all (90% or more) dues received nondeductible by members? | 1 | | |
| **2** Did the organization make only in-house lobbying expenditures of $2,000 or less? | 2 | | |
| **3** Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | | |

**Part III-B** **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

| | | |
|---|---|---|
| **1** Dues, assessments and similar amounts from members | 1 | |
| **2** Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).** | | |
| **a** Current year | 2a | |
| **b** Carryover from last year | 2b | |
| **c** Total | 2c | |
| **3** Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| **4** If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? | 4 | |
| **5** Taxable amount of lobbying and political expenditures. See instructions | 5 | |

**Part IV** **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

**Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
**Attach to Form 990.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047
**2023**
**Open to Public Inspection**

**Name of the organization** EARLY LEARNING INDIANA, INC.

**Employer identification number** 35-0888763

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

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

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

## Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | | | Held at the End of the Tax Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included on line 2a | 2c | |
| d | Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ______

4 Number of states where property subject to conservation easement is located ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

______

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

______

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $ ______

(ii) Assets included in Form 990, Part X $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ ______

b Assets included in Form 990, Part X $ ______

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other ______

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | 16,121,535. | 19,029,696. | 17,201,891. | 15,720,351. | 14,140,463. |
| b Contributions | 710,423. | 300,000. | | | |
| c Net investment earnings, gains, and losses | 2,196,120. | -2,486,574. | 2,435,582. | 1,917,030. | 1,824,910. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 692,238. | 629,968. | 503,242. | 354,788. | 191,734. |
| f Administrative expenses | 90,367. | 91,619. | 104,535. | 80,702. | 53,288. |
| g End of year balance | 18,245,473. | 16,121,535. | 19,029,696. | 17,201,891. | 15,720,351. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 27.5929 %
b Permanent endowment 12.4042 %
c Term endowment 60.0027 %

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:

| | | Yes | No |
|---|---|---|---|
| (i) Unrelated organizations? | 3a(i) | X | |
| (ii) Related organizations? | 3a(ii) | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" 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 |
|---|---|---|---|---|
| 1a Land | | 261,544. | | 261,544. |
| b Buildings | | 3,024,595. | 1,888,738. | 1,135,857. |
| c Leasehold improvements | | 1,430,906. | 1,004,023. | 426,883. |
| d Equipment | | 1,432,568. | 695,076. | 737,492. |
| e Other | | 1,772,779. | 621,610. | 1,151,169. |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))* | | | | 3,712,945. |

**Schedule D (Form 990) 2023**

## Part VII Investments - Other Securities

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

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

## Part VIII Investments - Program Related.

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

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

## Part IX Other Assets

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

| (a) Description | (b) Book value |
|---|---|
| (1) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS | 212,899. |
| (2) RIGHT OF USE ASSETS | 4,141,938. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))* | 4,354,837. |

## Part X Other Liabilities

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

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) OPERATING LEASE LIABILITIES | 4,242,232. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))* | 4,242,232. |

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... [X]

**Schedule D (Form 990) 2023**

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 21,819,581. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | 1,706,669. | | |
| b | Donated services and use of facilities | 2b | 1,320,957. | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 19,262. | | |
| e | Add lines **2a** through **2d** | | | 2e | 3,046,888. |
| 3 | Subtract line **2e** from line **1** | | | 3 | 18,772,693. |
| 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 | 4a | 90,367. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 90,367. |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | 18,863,060. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 62,706,109. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | 1,320,957. | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 1,320,957. |
| 3 | Subtract line **2e** from line **1** | | | 3 | 61,385,152. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 90,367. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 90,367. |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | 61,475,519. |

**Part XIII Supplemental Information**

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

PART V, LINE 4:

ELI'S ENDOWMENT CONSISTS OF FUNDS HELD BY CENTRAL INDIANA COMMUNITY FOUNDATION, AND INVESTMENT ACCOUNTS ESTABLISHED TO PROVIDE SUPPORT FOR TUITION ASSISTANCE AND FUTURE OPERATIONS. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENT.

PART X, LINE 2:

ELI IS ORGANIZED AS A NOT-FOR-PROFIT CORPORATION UNDER SECTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE AND SIMILAR STATE LAW.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

**Part XIII Supplemental Information** *(continued)*

REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY ELI AND RECOGNIZE A TAX LIABILITY IF ELI HAD TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY ELI, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2023 AND 2022, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

ELI IS GENERALLY EXEMPT FROM INCOME TAXES. HOWEVER, ELI IS REQUIRED TO FILE FEDERAL FORM 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX AND A CORRESPONDING STATE RETURN, WHICH ARE INFORMATIONAL RETURNS ONLY. ELI HAS FILED ITS FEDERAL AND STATE INFORMATION TAX RETURNS FOR PERIODS THROUGH DECEMBER 31, 2022 AND IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS. HOWEVER, AS OF THE DATE THE FINANCIAL STATEMENTS WERE AVAILABLE TO BE ISSUED, THERE WERE NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS 19,262.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

**Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.**
**Attach to Form 990.**
**Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047
**2023**
**Open to Public Inspection**

Name of the organization: EARLY LEARNING INDIANA, INC.
Employer identification number: 35-0888763

**Part I — General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II — Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| BUILDING BLOCKS / COMMUNITY COORDINATED CHILD CARE OF SOUTHERN INDIANA INC - 414 SE FOURTH ST STE 214 - EVANSVILLE, IN 47713 | 31-0971740 | 501C3 | 500,000. | 0. | | | EARLY YEARS INITIATIVE |
| EDNA MARTIN CHRISTIAN CENTER 2605 EAST 25TH STREET INDIANAPOLIS, IN 46218 | 35-1072577 | 501C3 | 500,000. | 0. | | | EARLY YEARS INITIATIVE |
| HEALTHIER MOMS AND BABIES INC 1025 W RUDISILL BLVD FORT WAYNE, IN 46807 | 83-4507606 | 501C3 | 500,000. | 0. | | | EARLY YEARS INITIATIVE |
| JACOBS LADDER PEDIATRIC REHAB CENTER INC - 423 S ROOSEVELT - CHESTERTON, IN 46304 | 35-2052681 | 501C3 | 500,000. | 0. | | | EARLY YEARS INITIATIVE |
| NEW BEGINNINGS CHURCH 2132 WEST MICHIGAN STREET INDIANAPOLIS, IN 46222 | 32-0090427 | 501C3 | 500,000. | 0. | | | EARLY YEARS INITIATIVE |
| PORTER COUNTY COMMUNITY FOUNDATION 515 FRANKLIN ST MICHIGAN CITY, IN 46383 | 35-2000788 | 501C3 | 500,000. | 0. | | | EARLY YEARS INITIATIVE |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ........ 63.

3 Enter total number of other organizations listed in the line 1 table ........ 98.

**Part II** **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of noncash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| TANDEM COMMUNITY BIRTH CENTER AND POSTPARTUM HOUSE INC - 2613 E 3RD ST - BLOOMINGTON, IN 47401 | 84-5009749 | 501C3 | 500,000. | 0. | | | EARLY YEARS INITIATIVE |
| THE PORTLAND FOUNDATION 107 S MERIDIAN ST PORTLAND, IN 47371 | 35-2019467 | 501C3 | 500,000. | 0. | | | EARLY YEARS INITIATIVE |
| THE VILLAGES OF INDIANA, INC 2405 NORTH SMITH PIKE BLOOMINGTON, IN 47404 | 35-1708240 | 501C3 | 500,000. | 0. | | | EARLY YEARS INITIATIVE |
| UNITED WAY OF ALLEN COUNTY, INC. 334 E BERRY ST FORT WAYNE, IN 46802 | 35-0867932 | 501C3 | 500,000. | 0. | | | EARLY YEARS INITIATIVE |
| UNIVERSITY OF NOTRE DAME 836A GRACE HALL NOTRE DAME, IN 46556 | 35-0868188 | 501C3 | 500,000. | 0. | | | EARLY YEARS INITIATIVE |
| LAGRANGE COUNTY COMMUNITY FOUNDATION - 0045 N 250 W - LAGRANGE, IN 46761 | 35-1834679 | 501C3 | 500,000. | 0. | | | EARLY YEARS INITIATIVE |
| YMCA OF GREATER INDIANAPOLIS 6610 NORTH SHADELAND AVENUE INDIANAPOLIS, IN 46220 | 35-0868211 | 501C3 | 500,000. | 0. | | | EARLY YEARS INITIATIVE |
| YOUNG MEN'S CHRISTIAN ASSOCIATION OF MUNCIE IN INC - 500 S MULBERRY ST - MUNCIE, IN 47305 | 35-0868215 | 501C3 | 500,000. | 0. | | | EARLY YEARS INITIATIVE |
| FIRST ASSEMBLY OF GOD LAFAYETTE IN, INC. - 108 BECK LANE - LAFAYETTE, IN 47909 | 35-1275741 | 501C3 | 500,000. | 0. | | | EARLY YEARS INITIATIVE |

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|---|---|---|---|---|---|---|---|
| VOLUNTEERS OF AMERICA OHIO & INDIANA - 1780 E BROAD ST - COLUMBUS, OH 43203 | 34-0861121 | 501C3 | 499,400. | 0. | | | EARLY YEARS INITIATIVE |
| FLETCHER PLACE COMMUNITY CENTER PO BOX 825 INDIANAPOLIS, IN 46206 | 35-1966882 | 501C3 | 497,500. | 0. | | | EARLY YEARS INITIATIVE |
| UNITED DAY CARE CENTER OF DELAWARE COUNTY, INC. - 312 SOUTH VINE STREET - MUNCIE, IN 47305 | 35-0868143 | 501C3 | 495,500. | 0. | | | EARLY YEARS INITIATIVE |
| FOUNDATION FOR BETTER HEALTH 420 MULBERRY ST EVANSVILLE, IN 47713 | 37-1997782 | 501C3 | 494,100. | 0. | | | EARLY YEARS INITIATIVE |
| SCAN INC 500 W MAIN ST FORT WAYNE, IN 46802 | 31-0899309 | 501C3 | 487,500. | 0. | | | EARLY YEARS INITIATIVE |
| FAMILY CENTERED SERVICES INC 1515 SUTTON CIRCLE DRIVE NORTH BLUFFTON, IN 46714 | 35-1768199 | 501C3 | 483,800. | 0. | | | EARLY YEARS INITIATIVE |
| FAMILY DEVELOPMENT SERVICES 3637 N MERIDIAN ST INDIANAPOLIS, IN 46208 | 35-1990571 | 501C3 | 470,000. | 0. | | | EARLY YEARS INITIATIVE |
| HAWTHORNE SOCIAL SERVICE ASSOCIATION, INC. - 2440 WEST OHIO STREET - INDIANAPOLIS, IN 46222 | 35-0874274 | 501C3 | 466,000. | 0. | | | EARLY YEARS INITIATIVE |
| SYCAMORE REHABILITATION SERVICES / HENDRICKS COUNTY ARC, INC. - 1001 SYCAMORE LANE PO BOX 369 - DANVILLE, IN 46122 | 35-1064235 | 501C3 | 465,800. | 0. | | | EARLY YEARS INITIATIVE |

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|---|---|---|---|---|---|---|---|
| ST VINCENT'S EARLY LEARNING CENTER, INC - 730 WEST DELAWARE STREET - EVANSVILLE, IN 47710 | 35-0869067 | 501C3 | 443,100. | 0. | | | EARLY YEARS INITIATIVE |
| THE JOHN H. BONER COMMUNITY CENTER 2236 EAST 10TH STREET INDIANAPOLIS, IN 46201 | 23-7204495 | 501C3 | 438,600. | 0. | | | EARLY YEARS INITIATIVE |
| TRINITY UNITED CHURCH OF CHRIST-GARY - 1276 W 20TH AVE - GARY,, IN 46407 | 34-1927041 | 501C3 | 432,600. | 0. | | | EARLY YEARS INITIATIVE |
| JOHNSON COUNTY LEARNING CENTER, INC - 430 NORTH US 31 - WHITELAND, IN 46184 | 01-0970299 | 501C3 | 413,100. | 0. | | | EARLY YEARS INITIATIVE |
| IVY TECH COMMUNITY COLLEGE OF INDIANA - 50 W FALL CREEK PARKWAY NORTH DRIVE - INDIANAPOLIS, IN 46208 | 35-1180631 | 501C3 | 407,300. | 0. | | | EARLY YEARS INITIATIVE |
| COMMUNITY FOUNDATION OF ELKHART COUNTY - 240 EAST JACKSON BLVD SUITE 104 - ELKHART, IN 46516 | 31-1255886 | 501C3 | 400,000. | 0. | | | EARLY YEARS INITIATIVE |
| METRO UNITED WAY 334 E BROADWAY LOUISVILLE, KY 40202 | 61-0444680 | 501C3 | 393,000. | 0. | | | EARLY YEARS INITIATIVE |
| SHELTERING WINGS PO BOX 92 DANVILLE, IN 46122 | 35-2077713 | 501C3 | 387,000. | 0. | | | EARLY YEARS INITIATIVE |
| EAST SIDE CHURCH OF GOD, INC. 2600 E 5TH ST ANDERSON, IN 46012 | 35-1048447 | 501C3 | 385,000. | 0. | | | EARLY YEARS INITIATIVE |

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|---|---|---|---|---|---|---|---|
| HENRY COUNTY COMMUNITY FOUNDATION 700 SOUTH MEMORIAL DRIVE NEW CASTLE, IN 47362 | 31-1170412 | 501C3 | 377,000. | 0. | | | EARLY YEARS INITIATIVE |
| MONTGOMERY COUNTY COMMUNITY FOUNDATION, INC. - PO BOX 334 - CRAWFORDSVILLE, IN 47933 | 35-1836315 | 501C3 | 374,200. | 0. | | | EARLY YEARS INITIATIVE |
| LUTHERAN SOCIAL SERVICES, INC 333 EAST LEWIS STREET FORT WAYNE, IN 46802 | 35-0868124 | 501C3 | 373,300. | 0. | | | EARLY YEARS INITIATIVE |
| ALIGN SOUTHERN INDIANA 4108 CHARLESTOWN RD NEW ALBANY, IN 47150 | 82-4323453 | 501C3 | 360,000. | 0. | | | EARLY YEARS INITIATIVE |
| OAK PARK CHURCH, INC. 1920 CHESTER BLVD RICHMOND, IN 47374 | 35-2007732 | 501C3 | 350,000. | 0. | | | EARLY YEARS INITIATIVE |
| COMMUNITY FOUNDATION OF WABASH COUNTY, INC. - 105 WEST SECOND STREET SUITE 100 - NORTH MANCHESTER, IN 46962 | 35-6019016 | 501C3 | 350,000. | 0. | | | EARLY YEARS INITIATIVE |
| FOUNDATIONS FIRST CHILD CARE MINISTRY, CORP - 2817 SANDERLING DR - FORT WAYNE, IN 46808 | 81-3931517 | 501C3 | 349,500. | 0. | | | EARLY YEARS INITIATIVE |
| INDIANA WESLEYAN UNIVERSITY 4201 SOUTH WASHINGTON ST MARLON, IN 46953 | 35-0885591 | 501C3 | 345,000. | 0. | | | EARLY YEARS INITIATIVE |
| YMCA OF KOKOMO 114 NORTH UNION STREET KOKOMO, IN 46901 | 35-0893511 | 501C3 | 331,100. | 0. | | | EARLY YEARS INITIATIVE |

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|---|---|---|---|---|---|---|---|
| MARTIN LUTHER KING MULTI-SERVICE CENTER - 40 W 40TH ST - INDIANAPOLIS, IN 46208 | 23-7415846 | 501C3 | 328,600. | 0. | | | EARLY YEARS INITIATIVE |
| LOGAN COMMUNITY RESOURCES, INC 2505 E JEFFERSON BLVD SOUTH BEND, IN 46615 | 35-0965639 | 501C3 | 325,600. | 0. | | | EARLY YEARS INITIATIVE |
| UNITED WAY OF GRANT COUNTY, INC. 215 S ADAMS STREET MARION, IN 46952 | 35-0995975 | 501C3 | 323,100. | 0. | | | EARLY YEARS INITIATIVE |
| HEALTHNET, INC. 3403 EAST RAYMOND ST INDIANAPOLIS, IN 46203 | 35-1579827 | 501C3 | 306,000. | 0. | | | EARLY YEARS INITIATIVE |
| IVY TECH FOUNDATION 50 W FALL CREEK PKWY N DR INDIANAPOLIS, IN 46208 | 23-7073977 | 501C3 | 300,000. | 0. | | | EARLY YEARS INITIATIVE |
| PARKE COUNTY COMMUNITY FOUNDATION, INC. - 115 N MARKET ST - ROCKVILLE,, IN 47872 | 35-1881810 | 501C3 | 300,000. | 0. | | | EARLY YEARS INITIATIVE |
| VILLA MISSIONARY BAPTIST CHURCH OF INDIANAPOLIS INDIANA - 2650 VILLA AVENUE - INDIANAPOLIS, IN 46203 | 35-1041618 | 501C3 | 283,600. | 0. | | | EARLY YEARS INITIATIVE |
| FIREFLY CHILDREN & FAMILY ALLIANCE 1575 DR MARTIN LUTHER KING JR ST INDIANPOLIS, IN 46202 | 35-1061264 | 501C3 | 275,400. | 0. | | | EARLY YEARS INITIATIVE |
| YMCA OF VALPARAISO IN, INC. 1201 CUMBERLAND CROSSING DR VALPARAISO, IN 46383 | 35-0876401 | 501C3 | 250,700. | 0. | | | EARLY YEARS INITIATIVE |

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|---|---|---|---|---|---|---|---|
| GOODWILL INDUSTRIES OF CENTRAL AND SOUTHERN INDIANA, INC. - 1635 WEST MICHIGAN STREET - INDIANAPOLIS, IN 46222 | 35-0893506 | 501C3 | 250,000. | 0. | | | EARLY YEARS INITIATIVE |
| SHEPHERD COMMUNITY, INC. 4107 EAST WASHINGTON STREET INDIANAPOLIS, IN 46201 | 35-1765846 | 501C3 | 250,000. | 0. | | | EARLY YEARS INITIATIVE |
| THE FAMILY CONNECTION OF ST. JOSEPH COUNTY INC - 132 NORTH LAFAYETTE - SOUTH BEND, IN 46601 | 35-1187695 | 501C3 | 250,000. | 0. | | | EARLY YEARS INITIATIVE |
| UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202 | 31-0537502 | 501C3 | 250,000. | 0. | | | EARLY YEARS INITIATIVE |
| CROSSROADS YMCA, INC. 100 WEST BURRELL DRIVE CROWN POINT, IN 46307 | 35-1369437 | 501C3 | 250,000. | 0. | | | EARLY YEARS INITIATIVE |
| UNITED WAY OF CENTRAL INDIANA 2955 N MERIDIAN ST STE 300 INDIANAPOLIS, IN 46208 | 35-1007590 | 501C3 | 250,000. | 0. | | | SHARED SERVICES GRANT |
| HERITAGE FUND OF BARTHOLOMEW COUNTY - 538 FRANKLIN ST - COLUMBUS, IN 47201 | 35-1343903 | 501C3 | 245,000. | 0. | | | EARLY YEARS INITIATIVE |
| SOUTHEASTERN INDIANA YMCA, INC 30 STATE ROAD 129 SOUTH BATESVILLE, IN 47006 | 35-1855594 | 501C3 | 230,800. | 0. | | | EARLY YEARS INITIATIVE |
| SOUTH CENTRAL COMMUNITY ACTION PROGRAM, INC. - 1500 WEST 15TH STREET - BLOOMINGTON, IN 47404 | 35-6050163 | 501C3 | 222,400. | 0. | | | EARLY YEARS INITIATIVE |

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|---|---|---|---|---|---|---|---|
| ARTS FOR LEARNING, THE INDIANA AFFILIATE OF YOUNG AUDIENCES - 546 E 17TH ST STE 200 - INDIANAPOLIS, IN 46202 | 35-1148812 | 501C3 | 212,300. | 0. | | | EARLY YEARS INITIATIVE |
| FAMILY SERVICE ASSOCIATION OF HOWARD COUNTY INC - 6185 MAIN ST - KOKOMO, IN 46901 | 35-1148589 | 501C3 | 201,000. | 0. | | | EARLY YEARS INITIATIVE |
| MONROE COUNTY UNITED MINISTRIES, INC. - 827 WEST14TH COURT - BLOOMINGTON, IN 47404 | 35-1313090 | 501C3 | 198,900. | 0. | | | EARLY YEARS INITIATIVE |
| KOSCIUSKO CHAMBER OF COMMERCE 523 SOUTH BUFFALO STREET WARSAW, IN 46580 | 35-0781014 | 501C3 | 183,100. | 0. | | | EARLY YEARS INITIATIVE |
| ABC & ME 410 FAIRGROUNDS RD TIPTON, IN 46072 | 87-2463607 | 501C3 | 167,900. | 0. | | | EARLY YEARS INITIATIVE |
| GOSHEN DAY CARE BOARD, INC. 1700 SHASTA DRIVE GOSHEN, IN 46526 | 35-1146723 | 501C3 | 165,200. | 0. | | | EARLY YEARS INITIATIVE |
| BLUE RIVER SERVICES, INC. PO BOX 547 CORYDON, IN 47112 | 35-1101603 | 501C3 | 147,800. | 0. | | | EARLY YEARS INITIATIVE |
| COMMUNITY CARE IN UNION COUNTY, INC. - 302 HARRISON STREET - LIBERTY, IN 47353 | 35-1819814 | 501C3 | 125,000. | 0. | | | EARLY YEARS INITIATIVE |
| COMMUNITY FOUNDATION BLOOMINGTON AND MONROE COUNTY, INC. - 100 SOUTH COLLEGE AVENUE SUITE 240 - BLOOMINGTON, IN 47404 | 35-1811149 | 501C3 | 116,000. | 0. | | | SHARED SERVICES GRANT |

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|---|---|---|---|---|---|---|---|
| EARLY CHILDHOOD ALLIANCE, INC.<br>516 E WAYNE ST<br>FORT WAYNE, IN 46805 | 35-0953465 | 501C3 | 116,000. | 0. | | | SHARED SERVICES GRANT |
| HABITAT FOR HUMANITY OF NORTHWEST INDIANA, INC. - 3777 COLFAX STREET - GARY, IN 46408 | 56-1525939 | 501C3 | 108,000. | 0. | | | CLOSING THE GAP ADVANCEMENT GRANTS |
| REALIFE CHURCH OF GREENFIELD INDIANA - 5151 WEST US HIGHWAY 40 - GREENFIELD, IN 46140 | 20-5953511 | 501C3 | 108,000. | 0. | | | CLOSING THE GAP ADVANCEMENT GRANTS |
| JOHNSON COUNTY PUBLIC LIBRARY FOUNDATION - 49 E MONROE STREET - FRANKLIN, IN 46131 | 35-1462375 | 501C3 | 85,500. | 0. | | | EARLY YEARS INITIATIVE |
| THE OAKS ACADEMY, INC.<br>1301 EAST 16TH STREET<br>INDIANAPOLIS, IN 46202 | 35-2050595 | 501C3 | 60,000. | 0. | | | FELLOWSHIP GRANT |
| MARIAN UNIVERSITY, INC.<br>3200 COLD SPRINGS ROAD<br>INDIANAPOLIS, IN 46222 | 35-0868175 | 501C3 | 50,000. | 0. | | | COMMUNITY INVESTMENT |
| MILLER MINISTRIES, INC<br>7404 ROCKVILLE RD<br>INDIANAPOLIS, IN 46214 | 84-2522046 | 501C3 | 25,000. | 0. | | | ROOM TO BLOOM |
| EARLY EXPERIENCES PLAY SCHOOL, LLC<br>2015 NEWTON ST<br>COLUMBUS, IN 47201 | 85-0793638 | 501C3 | 20,000. | 0. | | | CLOSING THE GAP ADVANCEMENT GRANTS |
| LITTLE RED ACADEMY<br>100 WEST FOURTH ST<br>AURORA,, IN 47001 | 84-2123318 | 501C3 | 15,000. | 0. | | | CLOSING THE GAP ADVANCEMENT GRANTS |

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|---|---|---|---|---|---|---|---|
| LEWIS CASS SCHOOLS<br>100 SOUTH MAIN STREET<br>WALTON, IN 46994 | 35-1079150 | 501C3 | 12,000. | 0. | | | QUALITY INVESTMENT CURRICULUM CHOICE |
| BRIGHTER MINDS LEARNING MINISTRY<br>301 N FOREST AVE<br>INDIANAPOLIS, IN 46201 | 81-3790362 | 501C3 | 10,000. | 0. | | | CLOSING THE GAP ADVANCEMENT GRANTS |
| COLUMBIA CITY UNITED METHODIST CHURCH - 605 N FOREST PARKWAY - COLUMBIA CITY, IN 46725 | 35-1130532 | 501C3 | 8,000. | 0. | | | QUALITY INVESTMENT CURRICULUM CHOICE |
| FIRST UNITED METHODIST CHURCH/KIDS FIRST CHILD CARE MINISTRY - 502 WEST MONROE STREET - DECATUR, IN 46733 | 20-0704835 | 501C3 | 6,000. | 0. | | | QUALITY INVESTMENT CURRICULUM CHOICE |
| AGAPE-LOVE CHRISTIAN CHILDCARE. LLC. - 920 OAKLAND ESTATES DRIVE - ELKHART, IN 46517 | 47-1775910 | 501C3 | 5,312. | 0. | | | CLOSING THE GAP ADVANCEMENT GRANTS |
| WOMENS CARE CENTER<br>360 N NOTRE DAME AVE<br>SOUTH BEND, IN 46617 | 35-1609945 | 501C3 | 300,000. | 0. | | | EARLY YEARS INITIATIVE |
| LINCOLN HILLS DEVELOPMENT CORPORATION - 302 MAIN ST - TELL CITY, IN 47586 | 35-1112746 | 501C3 | 500,000. | 0. | | | EARLY YEARS INITIATIVE |
| NEIGHBORS EDUCATIONAL OPPORTUNITIES - 5201 US HIGHWAY 6 - PORTAGE, IN 46368 | 45-0697456 | 501C3 | 500,000. | 0. | | | EARLY YEARS INITIATIVE |
| TIPPECANOE COUNTY CHILD CARE, INC<br>31 NORTH 7TH STREET SUITE B<br>LAFAYETTE, IN 47901 | 35-1386694 | | 339,500. | 0. | | | EARLY YEARS INITIATIVE |

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|---|---|---|---|---|---|---|---|
| GEMINUS CORPORATION<br>8400 LOUISIANA ST STE 200<br>MERRILLVILLE, IN 46410 | 35-1859562 | | 250,000. | 0. | | | EARLY YEARS INITIATIVE |
| DUNEBROOK INC<br>7451 WEST JOHNSON RD<br>MICHIGAN CITY, IN 46360 | 35-1781854 | | 200,000. | 0. | | | EARLY YEARS INITIATIVE |
| EL CAMPITO, INC.<br>1024 THOMAS STREET<br>SOUTH BEND, IN 46601 | 35-1438892 | | 200,000. | 0. | | | EARLY YEARS INITIATIVE |
| GODS LIL BLESSINGS<br>1346 WOODSIDE DR<br>BROWNSTOWN, IN 47220 | 27-1488533 | | 10,000. | 0. | | | CLOSING THE GAP ADVANCEMENT GRANTS |
| KIDZ ZONE, INC.<br>6985 E RIO GRANDE AVE<br>TERRE HAUTE, IN 47805 | 32-0068575 | | 10,000. | 0. | | | CLOSING THE GAP ADVANCEMENT GRANTS |
| JAMIECO INC. / A BETTER CHOICE<br>ACADEMY - 480 WEST 61ST AVENUE -<br>HOBART, IN 46342 | 35-2082722 | | 8,000. | 0. | | | QUALITY INVESTMENT CURRICULUM CHOICE |
| LITTLE FIREFLIES ACADEMY<br>2617 NEW YORK AVENUE<br>WHITING, IN 46394 | 82-4107446 | | 8,000. | 0. | | | QUALITY INVESTMENT CURRICULUM CHOICE |
| LOVING LAUGHTER CHILD CARE, LLC<br>2962 W 625S (B)<br>NORTH JUDSON, IN 46366 | 88-2810524 | | 10,000. | 0. | | | CLOSING THE GAP ADVANCEMENT GRANTS |
| POOKIE POOH BEARS<br>3929 SMITH ST<br>FORT WAYNE, IN 46806 | 84-2245495 | | 10,000. | 0. | | | CLOSING THE GAP ADVANCEMENT GRANTS |

**Part II** **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of noncash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| STEPPING STONES ACADEMY, INC.<br>1211 NORTH MADISON AVENUE SUITE G<br>GREENWOOD, IN 46142 | 88-0764263 | | 9,000. | 0. | | | CLOSING THE GAP ADVANCEMENT GRANTS |
| THE LEARNING TREE ACADEMY II<br>409 E FRANKLIN<br>DELPHI, IN 46923 | 86-3925077 | | 10,000. | 0. | | | CLOSING THE GAP ADVANCEMENT GRANTS |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|---|---|---|---|---|
| STIPENDS FOR PROGRAM PARTICIPATION | 2 | 16,000. | 0. | | |
| GRANTS TO HOME DAYCARE CENTERS | 101 | 595,335. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ELI MAINTAINS DETAILED RECORDS REGARDING GRANT AMOUNTS, SELECTION CRITERIA AND PROGRAM/FINANCIAL REPORTS USING SPECIAL SOFTWARE EXPRESSLY FOR THIS PURPOSE.

**SCHEDULE J (Form 990)**

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
**Attach to Form 990.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047
**2023**
**Open to Public Inspection**

Name of the organization: EARLY LEARNING INDIANA, INC.
**Employer identification number** 35-0888763

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef) | | | |
| **b** | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| **3** | Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.<br>☐ Compensation committee ☐ Written employment contract<br>☐ Independent compensation consultant ☒ Compensation survey or study<br>☐ Form 990 of other organizations ☒ Approval by the board or compensation committee | | | |
| **4** | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| **a** | Receive a severance payment or change-of-control payment? | 4a | | X |
| **b** | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| **c** | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | **Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| **5** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| **a** | The organization? | 5a | | X |
| **b** | Any related organization? | 5b | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| **6** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| **a** | The organization? | 6a | | X |
| **b** | Any related organization? | 6b | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| **7** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| **8** | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | |

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule J (Form 990) 2023**

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) MAUREEN WEBER | (i) | 297,444. | 0. | 675. | 14,414. | 18,073. | 330,606. | 0. |
| PRESIDENT AND CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) DAVID STEWART | (i) | 193,848. | 0. | 689. | 9,943. | 9,082. | 213,562. | 0. |
| VP/CFO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JONATHAN DILLEY | (i) | 176,847. | 0. | 645. | 7,684. | 18,779. | 203,955. | 0. |
| CHIEF OF STAFF | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) HEATHER PEASE | (i) | 164,381. | 0. | 669. | 8,721. | 8,721. | 182,492. | 0. |
| CHIEF ENGAGEMENT OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) ERIN KISSLING | (i) | 165,084. | 0. | 645. | 5,013. | 9,082. | 179,824. | 0. |
| CHIEF LEARNING OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M (Form 990)**

Department of the Treasury
Internal Revenue Service

# Noncash Contributions

**Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
**Attach to Form 990.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization: EARLY LEARNING INDIANA, INC.

**Employer identification number:** 35-0888763

**Part I** **Types of Property**

| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|---|---|---|---|---|
| 1 | Art - Works of art | | | | |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities - Publicly traded | | | | |
| 10 | Securities - Closely held stock | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | |
| 12 | Securities - Miscellaneous | | | | |
| 13 | Qualified conservation contribution - Historic structures | | | | |
| 14 | Qualified conservation contribution - Other | | | | |
| 15 | Real estate - Residential | | | | |
| 16 | Real estate - Commercial | | | | |
| 17 | Real estate - Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ( SUPPLIES AND MA ) | X | 2 | 65,352. | FMV |
| 26 | Other ( ) | | | | |
| 27 | Other ( ) | | | | |
| 28 | Other ( ) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ............ 29

| | | | Yes | No |
|---|---|---|---|---|
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | 31 | | X |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | | X |
| b | If "Yes," describe in Part II. | | | |
| 33 | If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | | |

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

# SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**
**Attach to Form 990 or Form 990-EZ.**
**Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization: EARLY LEARNING INDIANA, INC.

**Employer identification number:** 35-0888763

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

WITH ESSENTIAL SKILLS TO THRIVE IN KINDERGARTEN AND BEYOND. WE ACCOMPLISH THIS BY ADDRESSING SYSTEMIC BARRIERS TO EARLY EDUCATION, INTRODUCING NEW SOLUTIONS FOR THE FIELD, AND OPERATING A NETWORK OF HIGH-QUALITY EARLY LEARNING SCHOOLS.

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

EARLY LEARNING INDIANA (ELI) IS ON A MISSION TO ENSURE EVERY CHILD IS EMPOWERED WITH ESSENTIAL SKILLS TO THRIVE IN KINDERGARTEN AND BEYOND. WE ACCOMPLISH THIS BY ADDRESSING SYSTEMIC BARRIERS TO EARLY EDUCATION, INTRODUCING NEW SOLUTIONS FOR THE FIELD, AND OPERATING A NETWORK OF HIGH-QUALITY EARLY LEARNING SCHOOLS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EARLY LEARNING INDIANA ADDRESSES BARRIERS RELATED TO ACCESS, AFFORDABILITY AND QUALITY OF EARLY CARE AND LEARNING BY IMPLEMENTING PROGRAMS DESIGNED TO BUILD THE EFFECTIVENESS OF THE EARLY LEARNING WORKFORCE, IMPROVE THE LEARNING AND DEVELOPMENT OUTCOMES ACHIEVED BY HOOSIER PROVIDERS, CLOSE LOCAL CAPACITY GAPS AND STRENGTHEN THE INFRASTRUCTURE OF SUPPORTS SURROUNDING FAMILIES AND EARLY LEARNING PROVIDERS.

DAY EARLY LEARNING CENTERS  ELI OPERATES 12 EARLY LEARNING CENTERS IN INDIANA, PROVIDING THE HIGHEST QUALITY EARLY CARE AND EDUCATION FOR MORE THAN 1,000 CHILDREN FROM INFANCY TO PRE-K. ELI CREATES WORK-BASED PROFESSIONAL LEARNING PROGRAMS FOR EARLY EDUCATION LEADERS, TEACHERS

Name of the organization: EARLY LEARNING INDIANA, INC.

Employer identification number: 35-0888763

AND CLASSROOM SUPPORT PROFESSIONALS. THROUGH THESE EDUCATOR SOLUTIONS, ELI OFFERS TRAINING PROGRAMS TO DEVELOP EMERGING LEADERS AND EARLY CHILDHOOD EDUCATORS THROUGH A BLENDED ONLINE AND JOB-EMBEDDED FORMAT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

EARLY HEAD START (EHS) CHILD CARE PARTNERSHIP  THROUGH AN EHS-CHILD CARE PARTNERSHIP GRANT, ELI CREATES SAFE AND DEVELOPMENTALLY ENRICHING CARE FOR INFANTS AND TODDLERS, WITH EMBEDDED ACCESS TO FAMILY SUPPORT AND HEALTH SERVICES, IN 163 SEATS ACROSS SEVEN MARION COUNTY LOCATIONS, INCLUDING TWO PARTNERSHIP SITES. IN ADDITION TO HIGH-QUALITY EARLY LEARNING FOR CHILDREN, ELI'S TEAM SUPPORTS FAMILIES IN THEIR ROLE AS PRIMARY CAREGIVERS AND TEACHERS OF THEIR CHILDREN, ASSISTING FAMILIES IN MEETING THEIR OWN PERSONAL GOALS AND ACHIEVING SELF-SUFFICIENCY ACROSS A WIDE VARIETY OF DOMAINS, SUCH AS HOUSING STABILITY, CONTINUED EDUCATION AND FINANCIAL SECURITY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

EARLY YEARS INITIATIVE - AMONG OTHER QUALITY IMPROVEMENT EFFORTS, ELI IS FACILITATING THE EARLY YEARS INITIATIVE, A $50M COMPETITIVE GRANT OPPORTUNITY FOR ORGANIZATIONS TO HELP INFANTS AND TODDLERS DEVELOP FOUNDATIONAL KNOWLEDGE AND SKILLS THAT SUPPORT THEIR FUTURE LEARNING AND DEVELOPMENT. IN 2023, ELI AWARDED 86 ORGANIZATIONS MORE THAN $31M TO COMPLETE A VARIETY OF PROGRAMS AND PROJECTS DESIGNED TO STRENGTHEN FAMILIES THROUGH HOME VISITING AND PARENT EDUCATION, ENSURE ACCESS TO SUPPORTIVE CHILDCARE, SUPPORT THE EARLY DETECTION OF DEVELOPMENTAL NEEDS OR DISABILITIES AND IMPLEMENTATION OF RESPONSIVE INTERVENTIONS,

Name of the organization: EARLY LEARNING INDIANA, INC.

Employer identification number: 35-0888763

AND PROMOTE ESSENTIAL SKILLS THROUGH EARLY LANGUAGE STRATEGIES.

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

FORM 990 REVIEW PROCESS: PRIOR TO BEING FILED, THIS FORM 990 WAS REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD AND THE FULL BOARD VIA E-MAIL. MEMBERS WERE GIVEN THE OPPORTUNITY TO REVIEW AND COMMENT PRIOR TO FILING.

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

MONITORING PROCESS FOR CONFLICT OF INTEREST POLICY: ELI REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY ENSURING THAT ALL BOARD MEMBERS COMPLETE AND RETURN THE ANNUAL CONFLICT OF INTEREST FORM. MANAGEMENT REVIEWS IN DETAIL THE RESPONSES ON THOSE FORMS AND ADDRESSES ISSUES AS NEEDED.

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

PROCESS FOR DETERMINING KEY EMPLOYEE COMPENSATION: COMPENSATION FOR ELI'S PRESIDENT & CEO AND OTHER KEY EMPLOYEES IS DETERMINED BASED ON THEIR JOB PERFORMANCE AND COMPARISON TO BENCHMARK DATA FROM OUTSIDE ORGANIZATIONS. A FORMAL COMPENSATION STUDY OF ALL POSITIONS WITHIN THE COMPANY WAS COMPLETED IN 2016 AND UPDATED IN BOTH 2020 AND 2023.

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

MAKING DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION: THE FOLLOWING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AS INDICATED: UPON REQUEST-FORM 1023, AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, CONFLICT-OF-INTEREST POLICY. ON WEBSITE (WWW.EARLYLEARNINGINDIANA.ORG) : FORM 990.

Name of the organization: EARLY LEARNING INDIANA, INC.

Employer identification number: 35-0888763

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN ASSETS HELD BY

OTHERS 19,262.

PART XII, LINE 2C

CHANGES IN AUDIT OVERSIGHT OR SELECTION PROCESS: THERE WERE NO CHANGES

FROM THE PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

**Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
**Attach to Form 990.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047
**2023**
**Open to Public Inspection**

Name of the organization: EARLY LEARNING INDIANA, INC.

**Employer identification number** 35-0888763

**Part I** **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Part II** **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
| DAY NURSERY AUXILIARY - 35-1518370<br>1411 ROOSEVELT AVE, SUITE 202<br>INDIANAPOLIS, IN 46201 | FUNDRAISING | INDIANA | 501(C)(3) | LINE 12D, III-O | | | X |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule R (Form 990) 2023**

332161 09-28-23 LHA

**Part III** **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
|---|---|---|---|
| **1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| **a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | **1a** | | X |
| **b** Gift, grant, or capital contribution to related organization(s) | **1b** | | X |
| **c** Gift, grant, or capital contribution from related organization(s) | **1c** | X | |
| **d** Loans or loan guarantees to or for related organization(s) | **1d** | | X |
| **e** Loans or loan guarantees by related organization(s) | **1e** | | X |
| **f** Dividends from related organization(s) | **1f** | | X |
| **g** Sale of assets to related organization(s) | **1g** | | X |
| **h** Purchase of assets from related organization(s) | **1h** | | X |
| **i** Exchange of assets with related organization(s) | **1i** | | X |
| **j** Lease of facilities, equipment, or other assets to related organization(s) | **1j** | | X |
| **k** Lease of facilities, equipment, or other assets from related organization(s) | **1k** | | X |
| **l** Performance of services or membership or fundraising solicitations for related organization(s) | **1l** | | X |
| **m** Performance of services or membership or fundraising solicitations by related organization(s) | **1m** | | X |
| **n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | **1n** | X | |
| **o** Sharing of paid employees with related organization(s) | **1o** | X | |
| **p** Reimbursement paid to related organization(s) for expenses | **1p** | | X |
| **q** Reimbursement paid by related organization(s) for expenses | **1q** | X | |
| **r** Other transfer of cash or property to related organization(s) | **1r** | | X |
| **s** Other transfer of cash or property from related organization(s) | **1s** | | X |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| | **(a)** Name of related organization | **(b)** Transaction type (a-s) | **(c)** Amount involved | **(d)** Method of determining amount involved |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? Yes | (e) No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.