Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** **Return of Organization Exempt From Income Tax**

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



A	For th	e 2023 calendar year, or tax year beginning and	ending			
Β	Check if applicab	SELF-SUPPORT FOR EARLY LEARNING &		D Employer identifie	cation number	
	Addre					
	Name Chang	Je Doing business as D. L. L. F.	27-14237	23		
	Initial	Number and street (or P.U. box if mail is not delivered to street address)	E Telephone number			
	Final returr termii		360-244-			
_	ated Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,513,999.	
	returr	VANCOUVER, WA 90004		H(a) Is this a group re		
	Appli tion pendi			for subordinates		
	-		er [[07	H(b) Are all subordinates in		
	Nebsi		or 527	• • • • • • • • • • • • • • • • • • • •	list. See instructions	
		f organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	State of legal domicile: WA	
	art I					
	1	Briefly describe the organization's mission or most significant activities: SELF	CONVE	NES AND MOB	TLTZES	
Governance	1.	EARLY LEARNING PARTNERS AND STAKEHOLDERS	THROU	GHOUT SOUTH	WEST	
nai	2	Check this box if the organization discontinued its operations or dispo				
Nel	3	-		3	9	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		9		
ss 8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		279		
viti	6	Total number of volunteers (estimate if necessary)		15		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
				Prior Year	Current Year	
ē	8	Contributions and grants (Part VIII, line 1h)		168,524.	171,680.	
Revenue	9	Program service revenue (Part VIII, line 2g)		7,362,898.	9,342,265.	
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		56.	54.	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,531,478.	9,513,999.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	390,877.	806,241.		
	14		efits paid to or for members (Part IX, column (A), line 4)			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,871,390.	8,286,447.	
en		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 4, 0	86	• 0	0•	
Ă				234,353.	304,696.	
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,496,620.	9,397,384.	
	19	Revenue less expenses. Subtract line 18 from line 12		34,858.	116,615.	
es			Be	ginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,300,819.	1,359,293.	
Ass. Bal	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		740,455.	682,325.	
Net	22	Net assets or fund balances. Subtract line 21 from line 20		560,364.	676,968.	
_	art II			,	,	

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	Signature of offi				Dat	ē			
Here	FRANCESCA TAYLOR, CHAIR Type or print name and title								
	Print/Type prepa		Preparer's signa	ature	Date	Check	PTIN		
Paid	MICHAEL	GILLESPIE	MICHAEL	GILLESPIE	11/15/2	4 self-employed	P002377	45	
Preparer	Firm's name	PLYMALE & G	JILLESPIE CPAS,	, PLLC	Firr	n's EIN 47 –	3289916		
Use Only	Firm's address	P.O. BOX 76	55						
VANCOUVER, WA 98666-0765 Phone no. (360)69									
May the II	RS discuss this	return with the prepare	er shown above? See instru	ctions			X Yes	No	
LHA For	Paperwork Re	duction Act Notice, s	ee the separate instructior	1S. 332001 12-21-23			Form 990	0 (2023)	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	SELF-SUPPORT FOR EARLY LEARNING &
_	990 (2023) FAMILIES 27-1423723 Page 2
Par	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SELF CONVENES AND MOBILIZES EARLY LEARNING PARTNERS AND STAKEHOLDERS
	THROUGHOUT SOUTHWEST WASHINGTON TO PROMOTE COMMUNITY AWARENESS AND
	ADVOCACY FOR EARLY LEARNING AND KINDERGARTEN READINESS FOR ALL
	CHILDREN.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
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
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 784,524. including grants of \$ 71,071.) (Revenue \$ 823,535.)
4a	(Code:) (Expenses \$/ 04, 524 • including grants of \$/ 1, 0/1 •) (Revenue \$ 023, 535 •) OUR GOALS ARE:
	1) EARLY LEARNING OPPORTUNITIES: ALL OUR CHILDREN HAVE ACCESSIBLE,
	AFFORDABLE, AND UNIVERSALLY AVAILABLE CHILDCARE AND EARLY LEARNING
	OPPORTUNITIES.
	2) ADVANCING EQUITY: ALL OUR CHILDREN HAVE EQUITABLE OPPORTUNITIES FOR
	SUCCESS.
	3) SCHOOL SUCCESS/KINDERGARTEN READINESS: ALL OUR CHILDREN ARE READY
	FOR SCHOOL AND SCHOOLS ARE READY TO PROVIDE SUCCESS EXPERIENCES FOR ALL
	CHILDREN.
	4) LEADERSHIP AND ADVOCACY: SELF WILL PROVIDE LEADERSHIP AND ADVOCACY
	FOR EARLY LEARNING IN SOUTHWEST WASHINGTON.
4b	(Code:) (Expenses \$ 8,115,197. including grants of \$ 735,170.) (Revenue \$ 8,518,730.)
15	ESD 112: THE ORGANIZATION CONTRACTS WITH EDUCATIONAL SERVICE DISTRICT
	112 (ESD 112) TO PERFORM EARLY CARE AND EDUCATION PERSONNEL SERVICES.
	THE ORGANIZATION EMPLOYS THE EARLY CARE AND EDUCATIONAL PERSONNEL THAT
	WORK IN ESD'S CHILD CARE PROGRAMS AND RECEIVES COST REIMBURSEMENT
	REVENUE RELATED TO THE DIRECT EMPLOYEE EXPENSES IN ADDITION TO AN
	ADMINISTRATIVE FEE.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 8,899,721.

SELF-SUPPORT FOR EARLY LEARNING &

Form 990 (2023) FAMILIES
Part IV Checklist of Required Schedules

FAMILIES

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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			37
_	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?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41		х
45	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

SELF-SUPPORT FOR EARLY LEARNING &

Part IV Checklist of Required Schedules (continued) Yes No 22 Difference Differenc	Form	990 (2023) FAMILIES 27-142	23723	Р	age 4
22 Del the organization report more than 55,000 of grants or ther assistance to or for domestic individuals on Part X, common M, line 22 M Yes, 'complete Schedule / Part I and M M 22 X 23 Del the organization answer 'Ves' to Part NI, Section A, line 3, 4, or 5, aboxt compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? M 'Yes, 'complete Schedule / Part I M' and subset after December 31, 2002 / IY 'Yes, 'answer lines 24 bitrough 24 dia di complete schedule / Part I M' and subset after December 31, 2002 / IY 'Yes, 'answer lines 24 bitrough 24 di di complete schedule / Part I M' and subset after December 31, 2002 / IY 'Yes, 'answer lines 24 bitrough 24 di di complete schedule / Part I M' and 'answer lines 24 bitrough 24 di di complete schedule / Part I 246 246 24 Di bit the organization martatian an escrow account other than a retunding escrow at any time during the year? 256 246 256 246 246 246 256 246 246 256 246 246 246 246 246 246 256 246 246					
22 Del the organization spect more than 55.000 of grants or cher assistance to or for domestic individuals on Part X, Rompeter Schedule / Part I and MI 22 X 23 Del the organization answer 'Ves' to Part VIII, Section A, Iino 3, 4, or 5, albod compensation of the organization's current and forms officers, directors, trustees, key employees, and highest compensated employees? M 'Yes, 'complete Schedule / J 23 X 24 Del the organization narear was issued after Decomber 31, 2002? M 'Yes, 'narwer lines 42.6 through 24 and complete Schedule / M 'Yes, 'narwer lines 42.6 through 24 and complete Schedule / M 'Yes, 'narwer lines 42.6 through 24 and complete Schedule / J 246 X 25 Del the organization mentarian an escrew account other than a refunding acrow at any time during the year 10 delesse any tax-seempt bonds? 246 X 26 Del the organization and and an 5010(20) organizations. Dit the organization again an escase benefit transaction with a disqualified person during the year? 256 X 26 B is the organization aware that in any other organizations by the organization again any anount on Part X, line 5 or 22.1 or receivables from or payables to any current are former officer, director, trustee, key employee. Therefore of founder, or substantial contributor, or 35% controlled entity or tamy memoder of any of there organization by any current or former officer, director, trustee, key employee meters of any execution commeter entrops, or any 25% or 38% or 38% or three of any of there organization or any as part or orthere assistance to any cururent or former officer, director, trustee, key employ				Yes	No
Part K. (column (A), line 27 if "Yes," complete Schedule / Parts 1 and III 22 X 23 Dott the organization nearer Vers 1 bard VI, Schedul Componsated employees? If "Yes," complete 23 X 244 Dott the organization invest any proceeds of tax-owmpt bonds beyond a temporary period exception? 24 X 2 bit the organization invest any proceeds of tax-owmpt bonds beyond a temporary period exception? 24 X 2 bit the organization invest any proceeds of tax-owmpt bonds beyond a temporary period exception? 24 X 2 bit the organization invest any proceeds of tax-owmpt bonds beyond a temporary period exception? 24 X 2 bit the organization invest any proceeds of tax-owmpt bonds beyond a temporary period exception? 24 X 2 bit the organization areas an encow account there than a refulking excers at my time during the year to defease any tax-owmpt bonds? 24 X 2 bit the organization areas an encow account the organization spite form 800 or 000527 if Yes, "complete Schedule L, Part I X X 2 bit the organization area any anount on Part X, line 5 or 22 for reservables from any parkets to any uneart of the organization spite form 800 or 000527 if Yes, "complete Schedule L, Part II X 2 bit the organization area any and not the sastatract to any of these sectors! Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22 Def the organization answer Yee's to Part VII, Section A, Ino 3, 4, or 5, about compensation of the organization is aurent and former officers, directors, trustoes, key employees, and highest compensated employees? If 'Yee, 'complete's Schedule J, U'Nes, 'to complete's Schedule J, VI 'Nos, 'to complete's			22		x
and former officers, directors, trustese, key employees, and highest compensated employees? If "Yes," complete 23 X 24a Deft 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 24a X 2b De the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a X 2b De the organization invest an an escrew account of the tran a relation and an an excess benefit transaction with a disqualified period in a prior year, and that the transaction with a disqualified period in a prior year, and that the transaction with a disqualified period in a prior year, and that the transaction with a disqualified period in a prior year, and that the transaction with a disqualified period in a prior year, and that the transaction with a disqualified period in a prior year, and that the transaction with a disqualified period in a prior year, and that the transaction with a disqualified period in a prior year, and that the transaction with a disqualified period in a prior year, and that the transaction with a disqualified period in a prior year, and that the transaction with a disqualified period in a prior year, concrited schedule L, Part I 26 X 27 Did the organization organization exployee, creator or founder, substantial contributor or #3% 26 X 28 Dect the organization exployee beneform if the period acception; 26 X 29 Did the organization exployee benefor any orother substantial contributor? If "Yes, "complete Schedule	22				
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," top to line 25a 24a X 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a X 25a Section 50(168), 50(164), and 50(1620) amount of the organization ange in an excess benefit transaction with a disqualified perion during the year? 24d X 25a Section 50(168), 50(164), and 50(1620) amount of the organization. Subtanding at any time during the year? 24d X 25a Section 50(168), 50(164), and 50(1620) amount of the organization. Subtanding at my time during the year? 24d X 25a Section 50(168), 50(164), and 50(1620) amount on the organization. Subtanding at my time during the year? 24d X 25a Section 50(168), 50(164), and 50(1620) amount on parts and the organization apper have excess benefit transaction has not been reported on any of the organization apper have excess benefit transaction in a priory year, and that the transaction has not been reported on any of the organization apper theored on any of the erganization apper theored on any of the erganization apper theored on any of the erganization apper to a 35% controlled with yor thin member of any of these persons? If "Yes," complete Schedule L, Part II. 26b X 27 Did the organization apper theored or tamily membe	20				
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b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 246 c Did the organization marking an escrew account of ther than a refunding escrew at any time during the year to defease any tax-exempt bonds? 246 d Did the organization act as an "on behaft of" issuer for bonds outstanding at any time during the year? 244 25a Section 501(c)3), 501(c)4), and 501(c)20) organizations. Did the organization engage 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 is prior Forms 990 or 990-E27 II "Yes," complete Schedule L, Part I 25a 25b Ud the organization avare that engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with an excess benefit transaction with a disqualified person in a prior year, and that the transaction with one excess benefit transaction with an elevalue they farmly member of any of these persons? If "Yes," complete Schedule L, Part I 26 X 26 Did the organization any reflex persons? If "Yes," complete Schedule L, Part II 28 X 27 Did the organization any reflex or than assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributors or 35% contolled entity or any individual described in the 28a? If "Yes," complete Schedule L, Part II 28 X 28 Was the organization acquires thereof, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X		Schedule K. If "No," go to line 25a	. 24 a		X
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c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If 28 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 receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, 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 I 31 X 33 Did the organization nective any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a Did the organization. Sud the organization make any transfers to an exempt non-charitable related organization? 36a X 36 Better organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 36a X 37 Did the organization complete Schedule O and provide explanations on Schedu	h				
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			0		
	5	(gambling) winnings to prize winners?	1c	x	

SELF-SUPPORT	FOR	EARLY	LEARNING	&
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Form	990 (2023) FAMILIES 27-1423	723	Р	age 5			
Pa	t 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 279						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
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		Х			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
С	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).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?						
	d If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 						
f	5 , 5 , 1 , 1						
g							
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8							
•	sponsoring organization have excess business holdings at any time during the year?	8					
9							
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders 11a						
	Gross income from other sources. (Do not net amounts due or paid to other sources against						
D	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	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						
с	Enter the amount of reserves on hand 13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
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?						
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

Form	990 (2023) FAMILIES		27-1423	723	Р	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and for a	a "No"	respo	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C). See	instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	ç			
	If there are material differences in voting rights among members of the governing body, or if the governing			1		
	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	ç			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	o with	any other	1		
	officer, director, trustee, or key employee?		-	2		X
3	Did the organization delegate control over management duties customarily performed by or under th		t 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 S			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?	-	-	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cl					
	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 bod			11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		0			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	I			
а	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filed WA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (section 501(c)(3)s only) avail	able
.5	for public inspection. Indicate how you made these available. Check all that apply.			,e orny	, avan	2010
	Own website Another's website X Upon request Other (explain	on Sc	hedule ())			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			nd fina	ncial	
	statements available to the public during the tax year.	ot (a interest policy, al	ia mid	ioiai	
20	State the name, address, and telephone number of the person who possesses the organization's bo	oke an	d records			
-0	DEBRA HAM $- 360-244-4089$	and all				
	12214 SE MILL PLAIN BLVD.; SUITE 203, VANCOUVER, W	A	98684			

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	Highest Compensated
	Employees, and Independe	ent 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.

(A)	(B)	Ľ		(0	C)	•		(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	Pos heck ss pe	ition more rson	than is bot pr/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DEBRA HAM	40.00			x				118,665.	0.	8,078.
EXECUTIVE DIRECTOR (2) CHRISTELLE KHATER	40.00			^				110,005.	0.	0,070.
FINANCE MANAGER	40.00			x				79,704.	0.	4,875.
(3) DOUG LEHRMAN	1.00							///////////////////////////////////////		1,0,31
EMERITUS		x						0.	0.	0.
(4) JOAN CALEY	1.00									
MEMBER		x						0.	0.	0.
(5) MARCOS HOLLING	1.00									
MEMBER		х						0.	0.	0.
(6) FRANCESCA TAYLOR	1.00									_
CHAIRPERSON OF BOARD	1	X		X				0.	0.	0.
(7) JERRY BENDER	1.00								0	0
MEMBER	1 00	X						0.	0.	0.
(8) PHYLLIS GOLDHAMMER ROBERTSON	1.00	x						0.	0.	0.
MEMBER (9) ELAINE GUNTER	1.00	^						0.	0.	0.
TREASURER	1.00	x		x				0.	0.	0.
(10) LORI OBERHEIDE	1.00									.
MEMBER		x						0.	0.	0.
(11) CAROLINE REED	1.00									
MEMBER		x						0.	0.	0.
(12) TOKO MUODZI-ROSS	1.00									
MEMBER		X						0.	0.	0.
(13) DANIA RESCUE OTTO	1.00									
MEMBER		X						0.	0.	0.
		-				\vdash	-			

	SELF-SUPP	PORT FOR	RΙ	EAF	ST2	Z I	LEZ	٩RI	NING &	0.7.1	400	P 00	•
	990 (2023) FAMILIES									27-1	123	723	Page 8
Par			ploy	ees			ghe	st C			— - I		- <u>`</u>
	(A) Name and title	(B) Average hours per week (list any	box offic	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	on amount of t other s compensation		nated Int of Ner Insation
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		from the organization and related organizations	
	Subtotal Total from continuation sheets to Part VI								198,369. 0.		0.		953.
d	Total (add lines 1b and 1c)								198,369.		0.	12,	953.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100),000 of reportab	le		1
3	Did the organization list any former officer,		ee, k	key e	emp	loye	e, or	' hig	hest compensated emp	bloyee on	[Ye	
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportabl	le co	omp	ensa	atior	n and	d otl	•	the organization	ſ	3	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4	X
	rendered to the organization? If "Yes," com	olete Schedule	e J f	or sı	uch	pers	son .					5	X
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest con	npensated inc	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of con	npens	ation fror	n
	the organization. Report compensation for t	he calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax (B)	year.		(C)	
	Name and business	address	N	ONE	3				Description of s	services	С	ompensa	tion
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot li	mite	d to		se lis 0	sted	above) who received n	nore than			

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FAMILIES				

	Form 990 (2023) FAMILIES 27-1423723 Page 9									
Pa	rt VI	I Statement of Revenue								
		Check if Schedule O contains a response	or note to any lin							
				(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514			
ts t	1 a	Federated campaigns 1a								
Contributions, Gifts, Grants and Other Similar Amounts	b									
¶,G	с									
ar /	d	Related organizations 11								
inil S, C		Government grants (contributions)								
rtion S	f	All other contributions, gifts, grants, and								
ibu		similar amounts not included above 1f	171,680.							
nd D	g	Noncash contributions included in lines 1a-1f								
ãΩ	h	Total. Add lines 1a-1f		171,680.						
			Business Code							
ice	2 a	PROGRAM SERVICE FEES	624100	9,342,265.			9342265.			
ue v	b	·								
n S /en	с									
grai Re	d									
Program Service Revenue	e									
-		All other program service revenue		9,342,265.						
-	<u> </u>	Total. Add lines 2a-2f Investment income (including dividends, intere		9,342,203.						
	3			54.			54.			
	4	other similar amounts) Income from investment of tax-exempt bond p								
	5	Royalties								
	Ŭ	(i) Real	(ii) Personal							
	6 a	Gross rents 6a								
	b									
	с									
	d	Net rental income or (loss)								
	7 a	Gross amount from sales of (i) Securities	(ii) Other							
		assets other than inventory 7a								
	b	Less: cost or other basis								
nu		and sales expenses 7b								
evenue		Gain or (loss)								
Ě		Net gain or (loss)								
Other	8 a	Gross income from fundraising events (not								
0		including \$ of								
		contributions reported on line 1c). See								
	Ь	Part IV, line 188aLess: direct expenses8b								
		Net income or (loss) from fundraising events								
		Gross income from gaming activities. See								
	• •	Part IV, line 19 9a								
	b	Less: direct expenses 9b								
		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								
	с	Net income or (loss) from sales of inventory								
S			Business Code							
Miscellaneous Revenue	11 a	·				ļ				
llan /ent	b	(
Be	c									
Ë		All other revenue								
		Total Add lines 11a-11d		9,513,999.	0.	0.	9342319.			
	12	Total revenue. See instructions		. د د د , د	ı ⁰ .	J.	JJ44313.			

SELF-SUPPORT FOR EARLY LEARNING &

FAMILIES Part IX Statement of Functional Expenses

Form 990 (2023)

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 respon- not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	806,241.	806,241.		
2	Grants and other assistance to domestic	,			
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	198,369.	49,592.	148,777.	
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	5,620,481.	5,619,013.	1,468.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	74,068.	72,398.	1,670.	
9	Other employee benefits	557,756.	545,184.	12,572.	
10	Payroll taxes	1,835,773.	1,731,166.	104,607.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting	20,292.		20,292.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	24 245			
	column (A), amount, list line 11g expenses on Sch 0.)	31,047.		31,047.	
12	Advertising and promotion	25 002		20 101	
13	Office expenses	35,983.	5,862.	30,121.	
14	Information technology				
15	Royalties				
16					
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	23,976.	19,246.	4,730.	
19	Conferences, conventions, and meetings	23,570.	17,240.	±,750•	
20	Interest	7,127.		7,127.	
21 22	Payments to affiliates Depreciation, depletion, and amortization	,,		,,	
23	1	52,620.		52,620.	
23 24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
-	PROGRAM EXPENSES	90,625.	20,893.	69,732.	
a b	EVENTS	18,210.	18,210.	0,102.	
ы С	TRAINING	11,548.	11,548.		
c d	COMMUNICATIONS	8,091.	368.	7,723.	
	All other expenses	5,177.		1,091.	4,086
е 25	Total functional expenses. Add lines 1 through 24e	9,397,384.	8,899,721.	493,577.	4,086
25 26	Joint costs. Complete this line only if the organization	2,02,70010	.,,		1,000
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
) 12-21-23				Form 990 (202

SELF-SUPPORT	FOR	EARLY	LEARNING	\$
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Form	n 990 (i	2023) FAMILIES	OK .	BARDI BBARRING		27-	1423723 Page 11
Ра	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			338,816.	1	360,522.
	2	Savings and temporary cash investments			540,100.	2	540,378.
	3	Pledges and grants receivable, net			-	3	
	4	Accounts receivable, net			200,519.	4	185,282.
	5	Loans and other receivables from any current of			•		,
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
	_	under section 4958(f)(1)), and persons describe				6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ąŝ	9	Prepaid expenses and deferred charges	22,582.	9	62,156.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	36,879. 36,879.			
	b	Less: accumulated depreciation	7,127.	10c	0.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			191,675.	15	210,955.
	16	Total assets. Add lines 1 through 15 (must equ		1,300,819.	16	1,359,293.	
	17	Accounts payable and accrued expenses	394,925.	17	379,829.		
	18	Grants payable				18	
	19	Deferred revenue			345,530.	19	302,496.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs					
.iab		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	\$ 17-24	. Complete Part X			
		of Schedule D			740,455.	25	682,325.
	26	Total liabilities. Add lines 17 through 25		e X	740,455.	26	002,323.
es		Organizations that follow FASB ASC 958, che	eck ner	e 🕰			
anc	07	and complete lines 27, 28, 32, and 33.			446,671.	27	550,520.
Bala	27	Net assets with donor restrictions			113,693.	27	126,448.
Β	28	Net assets with donor restrictions			115,055.	20	120,110.
Fu		Organizations that do not follow FASB ASC 9 and complete lines 29 through 33.	56, CH				
D.	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ec				29 30	<u> </u>
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			560,364.	32	676,968.
2	33	Total liabilities and net assets/fund balances			1,300,819.	33	1,359,293.
				, , . =		, , =	

Form **990** (2023)

FAMILIES

SELF-SUPPORT	FOR	EARLY	LEARNING	&
FAMILTES				

Form	1 990 (2023) FAMILIES	27-14	23723	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,513				
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,397				
3	Revenue less expenses. Subtract line 2 from line 1	3			15. 64.		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8		-	11.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	676	5,9	68.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2 b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,					
	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 Scl	nedule 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 requ						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2023)

SCHEDULE A						OMB No. 1545-0047				
(Form 990)			rity Status an					2023		
			ization is a section 50 [.] 17(a)(1) nonexempt cha			or a section		Ζυζυ		
Department of the Internal Revenue		At	tach to Form 990 or Fo Form990 for instruction	orm 990-E	Ζ.	formation.		Open to Public Inspection		
Name of the		ELF-SUPPORT F	OR EARLY LEA	RNING	&			identification number		
Devit		AMILIES						7-1423723		
Part I		blic Charity Status.					IS.			
r	•	foundation because it is: (I	•	-	,					
	,	of churches, or associatio			n 170(b)('	I)(A)(I).				
		rganization operated in cor				-	(iiii) Enter	the hospital's name		
	ity, and state:	rgamzation operated in eer						the hospital o hame,		
	•	(iv). (Complete Part II.)								
6 🗌 A	federal, state, or lo	cal government or governm	nental unit described in	section 17	'0(b)(1)(A)	(v).				
7 🗌 A	n organization that i	normally receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in		
s	ection 170(b)(1)(A)(vi). (Complete Part II.)								
		escribed in section 170(b)(
	-	ch organization described			-		-	-		
		-land-grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or		
	iniversity:									
		normally receives (1) more								
		s exempt functions, subjec	•					•		
		d business taxable income .). (Complete Part III.)	(less section of r lax) in		sses acqu	lifed by the of	ganization	alter Julie 30, 1975.		
		nized and operated exclusi	ively to test for public sa	fetv. See s	section 50)9(a)(4).				
		ted organizations describe	•	-			-			
li	nes 12a through 12d	d that describes the type o	f supporting organizatio	n and com	plete line	s 12e, 12f, an	d 12g.			
a 🗌	Type I. A supportin	g organization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving		
	the supported orga	nization(s) the power to reg	gularly appoint or elect a	a majority o	of the dire	ctors or truste	ees of the s	upporting		
	•	nust complete Part IV, Se								
b 📖		ng organization supervised				0		•		
	•	nent of the supporting orga		ame perso	ons that co	ontrol or mana	age the sup	ported		
	•	u must complete Part IV, s								
с 📖		ly integrated. A supporting nization(s) (see instructions					lly integrate	ed with,		
d 🗌		ionally integrated. A supp	· ·				rted oragni	zation(s)		
u		ally integrated. The organiz					· ·			
		structions). You must con	e ,	•		•				
е 🗌		e organization received a v					II, Type III			
	functionally integra	ted, or Type III non-function	nally integrated support	ing organiz	zation.					
f Enter	the number of suppo	orted organizations								
		mation about the supporte	0 (7	(iv) le the organ	nization listed					
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organ in your governin	ng document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)		
	g		above (see instructions))	Yes	No					
Total										

SELF-SUPPORT	FOR	EARLY	LEARNING	&
FAMILIES				

		Deer Dorront				
Schedule A	A (Form 990) 2023	FAMILIES			27-1423723	Page 2
Part II	Support Schedule fo	r Organizations De	escribed in Sect	ions 170(b)(1)(A)(iv) and 170	(b)(1)(A)(vi)	
	(Complete only if you check	ked the box on line 5, 7,	or 8 of Part I or if the	organization failed to qualify under	Part III. If the organiz	ation
	fails to qualify under the tes	sts listed below, please o	complete Part III.)			

Sec	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")										
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3										
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
6	Public support. Subtract line 5 from line 4.										
Sec	Section B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total				
7	Amounts from line 4										
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources										
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10										
12	Gross receipts from related activities	, etc. (see instructi	ons)			12					
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)					
	organization, check this box and stop										
-	ction C. Computation of Publ										
14	Public support percentage for 2023 (14	%				
15	Public support percentage from 2022					15	%				
16a	33 1/3% support test - 2023. If the o										
	stop here. The organization qualifies										
b	33 1/3% support test - 2022. If the o	-									
	and stop here. The organization qual										
17a	10% -facts-and-circumstances tes										
	and if the organization meets the fact			-		-					
	meets the facts-and-circumstances to	-			-						
b	10% -facts-and-circumstances tes	-									
	more, and if the organization meets the				• •						
	organization meets the facts and circ										
18	Private foundation. If the organization	n did not check a	box on line 13, 16	5a, 16b, 17a, or 17	b, check this box a	and see instruc					

Schedule A (Form 990) 2023

|--|

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

FAMILIES

(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 163,379. 18,180. 20,855 109,250. 126,893. 438,557. 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 5879115. 7435897. 9342265.36079642. 8506764. 4915601. 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 5024851. 7599276. 9469158.36518199. 8524944 5899970. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 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 0 c Add lines 7a and 7b 36518199. 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 9469158.36518199. 8524944 5899970 5024851 7599276. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 7. 15. 30. 56. 54 162. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 7. 15. 30. 56. 54. 162. 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.) 5899985. 5024881. 7599332. 9469212.36518361. 8524951. 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 100.00 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 % 100.00 16 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .00 17 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) % 18 18 Investment income percentage from 2022 Schedule A, Part III, line 17 % 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 X 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

Schedule A (Form 990) 2023 FAMI Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

SELF-SUPPORT FOR EARLY LEARNING &

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1

2

No

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
с	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	l in Part VI.	11c		
Sec	ction I	B. Type I Supporting Organizations			
				Yes	No
1	more direct	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI how the supported organization(s) tively operated supervised or controlled the organization's activities. <i>If the organization had more than one supported</i>			

	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised, or controlled the supporting organization.

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

FAMILIES

Schedule A (Form 990) 2023

Section C.	Type II	Supporting	Organizations	

			Yes		
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			
Sec	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			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? 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? <i>If "No," explain in</i> Part VI <i>how</i> <i>the organization maintained a close and continuous working relationship with the supported organization</i> (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 yea(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).
- 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.
- 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.
- 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**.
- **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*.

2a

2b

За

Yes No

	dule A (Form 990) 2023 FAMILIES			2/-1423/23 Page 6				
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations					
1	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	comple	te Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
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						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount	_		Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						

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).

Schedule A (Form 990) 2023

SELF-SUPPORT FOR EARLY LEARNING &

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SELF-SUPPORT FOR EARLY LEARNING & FAMILIES

Sche Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizatione /		7-1423723 Page7
	on D - Distributions		continu	<u>lea)</u>	Current Year
<u>3ecu</u> 1	Amounts paid to supported organizations to accomplish exe	1	Current real		
2	Amounts paid to supported organizations to accompliant exercise				
-	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
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 t	he organization is responsive	9		
	(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	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
_	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, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
0	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019 Excess from 2020				
	Excess from 2020 Excess from 2021				
	Excess from 2022				
	Excess from 2023				
e					

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	SELF-SUPPORT FAMILIES	r for	EARLY	LEARNING	&	27-1423723 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	2, 3b, 3c, 4b, 4c, 5a, 6, ines 2 and 3; Part IV, Se	9a, 9b, 9c ction E, lir	;, 11a, 11b, a ies 1c, 2a, 2	and 11c; Part IV, S b, 3a, and 3b; Par	ection B, lines 1 t V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

janization SELF-SUPPORT FOR EARLY LEARNING & Employer identification number

OMB No. 1545-0047

2023

27-1423723

Organization	type (check one):
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FAMILIES

Filers of:	Section:
Form 990 or 990-EZ	\boxed{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

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set is the set in the set

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

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		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2		\$30,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
3		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash Contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll On Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash					

Name of organization

Schedule B (Form 990) (2023)

SELF-SUPPORT FOR EARLY LEARNING & FAMILIES

Employer identification number

27 - 1423723

(Complete Part II for noncash contributions.)

323452 12-26-23

Page 2

	rganization SUPPORT FOR EARLY LEARNING &		Employer identification number
FAMIL			27-1423723
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is neede	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

Schedule B (Form 990) (2023)

Page 3

	B (Form 990) (2023)				Page 4				
	rganization				Employer identification number				
FAMIL	SUPPORT FOR EARLY LEARN	ING &			27-1423723				
Part III		ons to organizations describ	ed in section 50	01(c)(7), (8), or (10)					
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	through (e) and the following	line entry For or	manizations					
	Use duplicate copies of Part III if additional	space is needed.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	it	(d) Des	cription of how gift is held				
		(e) Transfe	r of gift						
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	it .	(d) Des	cription of how gift is held				
-	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	it .	(d) Des	cription of how gift is held				
		(e) Transfe	r of gift						
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	it	(d) Des	cription of how gift is held				
		(e) Transfe	r of gift						
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee				
	· · · · · · · · · · · · · · · · · · ·								

SC	HEDULE D	Supplementa	al Financial Statement	S		OMB No. 1545-0047
	n 990)		2023			
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 .ttach to Form 990.	2b.		Open to Public
Interna	I Revenue Service		0 for instructions and the latest inform	ation.		Inspection
Nam	e of the organizati	FAMILIES				r identification number
Pa		ations Maintaining Donor Advise		s or Ac	counts	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(h) Funde a	nd other accounts
1	Total number at o	nd of year		U)	ji unus a	
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5		on inform all donors and donor advisors in		sed fund	S	
	are the organization	on's property, subject to the organization's	exclusive legal control?			🗌 Yes 📃 No
6	Did the organization	on inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used or	nly	
	for charitable purp	ooses and not for the benefit of the donor o	or donor advisor, or for any other purpose	e conferri	ng	
Der	impermissible priv					Yes No
Pa		ation Easements. Complete if the org	-	Part IV, I	ine 7.	
1		servation easements held by the organizat		fabiotor	icallyima	artant land area
		n of land for public use (for example, recrea If natural habitat				ortant land area
		n of open space		acertin		Structure
2		through 2d if the organization held a quali	fied conservation contribution in the form	of a cor	servation	easement on the last
_	day of the tax yea	c c .		ſ		at the End of the Tax Year
а	Total number of c	onservation easements		Г	2a	
b		ricted by conservation easements			2b	
с						
d	d Number of conservation easements included on line 2c acquired after July 25, 2006, and not					
		ture listed in the National Register			2d	
3		vation easements modified, transferred, re	leased, extinguished, or terminated by th	e organiz	zation dur	ing the tax
	year					
4 5		where property subject to conservation ea tion have a written policy regarding the pe				
5	Ũ	orcement of the conservation easements i	0, 1 , 0			Yes No
6		r hours devoted to monitoring, inspecting,				
		5, 1 5,	5 , 5			3,
7	Amount of expense	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation eas	ements d	uring the year
8		vation easement reported on line 2d above				
-)(4)(B)(ii)?				L Yes No
9		be how the organization reports conservat				
		d include, if applicable, the text of the foot ounting for conservation easements.	note to the organization's infancial statem	ients tria	ll describe	es the
Pa		ations Maintaining Collections o	f Art, Historical Treasures, or C	Other S	imilar A	ssets.
		f the organization answered "Yes" on Form				
1a	If the organization	elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and bala	nce shee	works
	of art, historical tre	easures, or other similar assets held for pu	blic exhibition, education, or research in f	urtheran	ce of pub	lic
	service, provide in	Part XIII the text of the footnote to its fina	ncial statements that describes these iter	ms.		
b	If the organization	elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance	sheet wo	rks of
		sures, or other similar assets held for public	c exhibition, education, or research in furt	herance	of public	service,
	-	ing amounts relating to these items.				
		ded on Form 990, Part VIII, line 1				
0	.,		anuran or other similar assets for financia			
2		received or held works of art, historical tre unts required to be reported under FASB A		ai yain, p	ovide	
а	-	on Form 990, Part VIII, line 1	-		\$	
		Form 990, Part X				
		eduction Act Notice, see the Instruction				edule D (Form 990) 2023

Schedule 0; Form 900; 202 FAMILIES 27-1423723 Page 2 Part III. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets; continued Guidento trans (heck all that appl). a b Scholarly research b Scholarly research d Collecton trans (heck all that appl). c Preptice within d Constructions d b Scholarly research d Constructions d Vestice C Prepseudon for future generations d Constructions on the organization's exempt purpose in Part XIII. c Drepseudo traise funds rather than to be mantarated as part of the organization's collection? Yes No Part IV Exerce wand Custofial Arrangements Complete the organization anowered 'Yes' on Form 990, Part X, Ine 9. or reported an amount on Form 990, Part X, Ine 21. Yes No D If Yes, 'regulatin be arrangement in Part XIII and complete the following table: Inter organization include an amount on Form 990, Part X, Ine 21. Amount d Destributions charing the year 14 Amount 14 d Destributions charing the year 14 <		SELF-SU	PPORT FOR	EARL	Y LEAF	RNING &				
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection term (sheck all that apply). d Loan or exchange program b Scholary research e Other	Sche									
collection lemis (chock all that apply). a Debte exhibition d Loan or exchange program b Scholarly research e Other	Par	rt III Organizations Maintaining C	ollections of A	Art, His	torical T	reasures, o	or Othe	r Similar A	ssets(cont	inued)
a Public exhibition d Can or exchange program b Scholarly research e Other	3	Using the organization's acquisition, accessi	on, and other recor	ds, chec	k any of the	e following that	at make sig	gnificant use	of its	
b Scholary research 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 societ or receive donations of air, historical treasures, or other similar assets to be societ or airs funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or responde an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Interview in the social custodial account is the organization answered 'Yes' on Form 990, Part X, line 21. a Is the organization include an amount on Form 990, Part X, line 21. Amount to interview in the organization include an amount on Form 990, Part X, line 21. a Did the organization include an amount on Form 990, Part X, line 21. Interview in Part XIII. Part XIII. a Did the organization include an amount on Form 990, Part X, line 21. for Generation and the organization answered 'Yes' on Form 990, Part X, line 21. Provide the organization include an amount on Form 990, Part X, line 21. a Beginning of year balance (a) Current year (b) Priory year (c) Two years back (d) Thre years back (e) four years back in a scheen provide of near XIII. b Contributions (a) Current year and balance (line 19, column (a)) held as: Board designat		collection items (check all that apply).								
c Preservation for future generations 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 answered 'Yes' on Form 990, Part K, line 9.1, 1 a bit be organization angent, trustee, custodial Arrangements Complete if the organization answered 'Yes' on Form 990, Part K, line 9.1, 1 a bit be organization angent, trustee, custodial, or other intermediary for contributions or other assets not included on Form 990, Part X? b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning of yearb balance C Beginne endowment	а	Public exhibition								
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization is collection? Part W Escrow and Custodial Arrangements Complete if the organization asolection? reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Is diditions during the year Ite III. Ite IIII. Ite III. Ite IIII. Ite IIII. Ite III. Ite III	b	Scholarly research		e 📖	Other					
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top sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrew and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 980, Part X, line 21, for escrew or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Image and the set of the organization answered 'Yes' on Form 990, Part X, line 10. Image add acce ascholarships Image add acce additin a	4	Provide a description of the organization's co	ollections and expla	ain how t	hey further t	the organizati	on's exen	npt purpose ir	n Part XIII.	
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1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X7 Ves No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount 10 Amount c Beginning balance 10 Amount 10	Par			ete if the	organizatio	n answered "	Yes" on F	orm 990, Parl	t IV, line 9, or	
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b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a									
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f Ending balance	d	Additions during the year						1d		
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b Contributions			(a) Current year	(b) F	Prior year	(c) I wo yea	rs back (d) Three years	back (e) Fol	ir years back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance g End of										
d Grants or scholarships	b	Contributions								
e Other expenditures for facilities and programs	С	Net investment earnings, gains, and losses								
and programs	d	Grants or scholarships								
f Administrative expenses	е	Other expenditures for facilities								
g End of year balance		and programs								
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% b Permanent endowment% c Term endowment% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations, and Equipment Complete 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. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings	f	Administrative expenses								
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b Permanent endowment % c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations and the organizations listed as required on Schedule R? (i) Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment 2000, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value (d) Book value (d) Book value (e) Buildings (c) Leasehold improvements (c) Leasehold improvements (c) Cat (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	lg, column (a)) held as:				
c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (ii) Related organizations? (iii) Related organizations? (ii) Inrelated organizations listed as required on Schedule R? (iii) A pescribe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment 3b 3b 3b 3b 3b 3c 3b 3c	а	Board designated or quasi-endowment		_%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (iii) Related organization? (iii) Related 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 (e) Leasehold improvements (f) Equipment (f) Rolo (f) Rolo (f) Rolo (f) Rolo	b	Permanent endowment	%							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Part VI Describe in Part XIII the intended uses of the organization's endowment funds. (i) Cost or other basis (investment) (i) Cost or other basis (other) (i) Buildings (ii) Related improvements (iii) Related organization of property (iii) Related organization of properts (iii) Related organization of properts (iii) Cost or other basis (other) (iii) Book value 1a Land 1a Land b Buildings 27,800. c Leasehold improvements 27,800. d Equipment 27,800. 9,079. 9,079.	с	Term endowment	%							
organization by: Yes No (i) Unrelated organizations? 3a(i) 3b 3c		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
(i) Unrelated organizations? 3a(i) (ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. 3b 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 (other) (c) Accumulated depreciation 1a Land 1a Land 1a Land 1a Land b Buildings 27,800. 27,800. 0. c Leasehold improvements 27,800. 0. 0. e Other 9,079. 9,079. 0.	3a	Are there endowment funds not in the posse	ssion of the organi	zation th	at are held a	and administe	ered for th	e		
(ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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 (other) (b) Cost or other depreciation (d) Book value 1a Land		organization by:								Yes No
(ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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 (other) (b) Cost or other depreciation (d) Book value 1a Land		(i) Unrelated organizations?							3a(i)	
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 1a Land										
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 1a Land	b									
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 1a Land	4	Describe in Part XIII the intended uses of the	organization's end	owment	funds.					
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par	rt VI Land, Buildings, and Equipm	nent							
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment 27,800. 27,800. e Other 9,079. 9,079.		Complete if the organization answere	d "Yes" on Form 99	90, Part l'	V, line 11a.	See Form 990), Part X, I	ine 10.		
b Buildings		Description of property					• •		(d) Boo	ok value
b Buildings	1a	Land								
c Leasehold improvements 27,800. 27,800. 0. d Equipment 9,079. 9,079. 0.										
d Equipment 27,800. 27,800. 0. e Other 9,079. 9,079. 0.										
e Other 9,079. 9,079. 0.			27,							0.
				079.				9,079.	,	0.
				t X, line	10c, columi	n (B))				0.

Schedule D (Form 990) 2023

SELF-SUPPORT	FOR	EARLY	LEARNING	&
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Schedule [D (Form 990) 2023 FAMILIES		27	7-1423723 Page 3
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) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1) Financ	ial derivatives			
	/ 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 VII	I 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 en	id-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, line 13, col. (B))			
Part IX		•		
	Complete if the organization answered "Yes	" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1) RI	ELIEVED PTO OBLIGATIONS		ED FROM ESD	210,955.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, line 15, c	ol. (B))		210,955.
Part X		on (2)/		
	Complete if the organization answered "Yes	" on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 2	5.
1.	(a) Description of liability	,,,, ,, ,		(b) Book value
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	ump (b) must squal Form 000. Dout V line 05	(P)		
	umn (b) must equal Form 990, Part X, line 25, c			
2. Liability	y for uncertain tax positions. In Part XIII, provid	e the text of the foothote to	o the organization's financial statements	inat 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...

SELF-SUPPORT	FOR	EARLY	LEARNING	&
FAMILIES				

Sche	dule D (Form 990) 2023 FAMILIES		27-14237	23 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Rever	nue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12	-	nses per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
с	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	<u></u>		
Pa	t 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.

SCHEDULE I (Form 990)	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.									
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest inform	ation.		Open to Public Inspection		
Name of the organizat	Name of the organization SELF-SUPPORT FOR EARLY LEARNING & Employer identification number 27-1423723									
Part I General Ir	nformation on Grants a	nd Assistance								
criteria used to a	zation maintain records award the grants or assi IV the organization's pro	stance?								
	d Other Assistance to hat received more than					anization answered "Y	es" on Form 990, Parl	IV, line 21, for any		
1 (a) Name and ad	ddress of organization vernment	(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		
EDUCATIONAL SERVI 2500 NE 65TH AVE. VANCOUVER, WA 986		91-0847188	(GOV'T)	97,833.	0.			EARLY CHILDHOOD EDUCATION		
2 Enter total number	per of section 501(c)(3) a	and government o	rganizations listed in th	ne line 1 table						

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

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

SELF-SUPPORT FOR EARLY LEARNING & FAMILIES

Schedule I (Form 990) 2023

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Page 2

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			
at IV Supplemental Information Dravids the information required in Dart Line (): Dart III, column (b): and any other additional information								

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

PART II; LINE 1

PAYMENTS ARE MADE TO THE GRANTEE BASED ON REIMBURSEMENT REQUESTS.

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Name of the organization 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. SELF-SUPPORT FOR EARLY LEARNING & ZUZ3 Open to Public Inspection Employer identification number

27-1423723

OMB No 1545-0047

FAMILIES

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

WASHINGTON TO PROMOTE COMMUNITY AWARENESS AND ADVOCACY FOR EARLY

LEARNING AND KINDERGARTEN READINESS FOR ALL CHILDREN.

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

THE 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THE FULL BOARD BEFORE

BEING SUBMITTED.

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

ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST

ANNUALLY.

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

THE BOARD REVIEWS THE EXECUTIVE DIRECTOR'S WORK PERFORMANCE AND DETERMINES

ANY CHANGES IN COMPENSATION. THE EXECUTIVE DIRECTOR REVIEWS AND RECOMMENDS

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

POLICIES ARE CURRENTLY BEING ESTABLISHED AND THOSE POLICIES WILL BE POSTED

ON OUR WEBSITE.

FORM 990, PAGE 12, PART XII, LINE 2C:

THERE HAVE BEEN NO CHANGES IN OVERSIGHT OR SELECTION PROCESSES FROM

PRIOR YEARS.