

# **Return of Organization Exempt From Income Tax**

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

2017

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No 1545-0047

ernai Rever	of the Treasury enue Service	► Go to www.irs.gov/Form990 for ir	nstructions and th	ne latest in	formation.		Inspection
For the	e 2017 calend	ar year, or tax year beginning	, 2017, a	nd ending			20
Check if	if applicable C	Name of organization COMMUNITY EARLY LEARNING C	ENTER OF THE FO	X VALLEY,	INC	D Employer ic	lentification number
Address	s change	Doing business as				47-11171	
Name c	change	Number and street (or P O box if mail is not delivered to	street address)	Room/suite	:	E Telephone n	umber
Initial re		13 S STATE STREET		_		920-733-	-5527
Final retu	um/terminated	City or town, state or province, country, and ZIP or foreig	n postal code				
Amende	ed return	PPLETON, WI 54911				G Gross receip	ots\$ 296,091
Applicat	ition pending F	Name and address of principal officer JUDITH OLS	SON				rdınates? ☐ Yes 🗵 No
	13	13 S STATE STREET APPLETON, V	VI 54911	23			luded? Yes No
Tax-exe	empt status	X 501(c)(3)	) 4947(a)(1) or	527	If *No	o," attach a list	(see instructions)
Website	e: ► WWW C	MMUNITYEARLYLEARNINGCENTER CO	M ,		H(c) Group	exemption nun	
Form of	organization 🔀	Corporation ☐ Trust ☐ Association ☐ Other ►	\ L Yea	r of formatio	n 2014	M State of le	egal domicile WI
Part I	Summa						
1	Briefly des	ribe the organization's mission or most sign	ificant activities	TO ENS	SURE THA	T BY AGI	E 5, ALL OUR
	CHILDRE	HAVE THE FOUNDATION TO ACHIE	VE THEIR FU	LL POTE	NTIAL		
2	Check this	box ▶☐ if the organization discontinued its	operations or di	sposed of	more than	25% of its	net assets
3		voting members of the governing body (Part				3	10
4		independent voting members of the governil				4	
5	Total numb	er of individuals employed in calendar year 2	2017 (Part V, line	2a)		5	(
6		er of volunteers (estimate if necessary)				6	20
2 3 4 5 6 7a	Total unrela	ited business revenue from Part VIII, column	(C), line 12			7a	
b	Net unrelat	ed business taxable income from Form 990-	T, line 34			_   7b	
				<u> </u>	Prior Ye		Current Year
8 9 10		ns and grants (Part VIII, line 1h)	•	<u></u>	1,72	4,035	32,64
9		rvice revenue (Part VIII, line 2g) .	•	.		0	
10	Investment	income (Part VIII, column (A), lines 3, 4, and	7d)	<u></u>		161	26
11	Other rever	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c,	10c and 11e)	ì		1,926	54,530
111		<u></u>	roo, and rroj	4		2,320,	31,33





orm s	90 (2017)			age 5
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	4	х	
	Complete Schedule A	<b>⊢</b>		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? .	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? It "Yes." complete Schedule C. Part II	4		Х

\ <u>.</u>			
		tr	
<u> </u>	į.		
· · · · · · · · · · · · · · · · · · ·			
÷ • · ·			
-			
	· · · · · · · · · · · · · · · · · · ·		
No.			
•			

Form 990 (				Page 4
	Chacklist of Paguirad Schadula	<u>is (continued)</u>		
Pala and Company	1205			
	154.			
7				
	t.			
_				
		1	· •	<u> 1</u> 1/2

Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . * 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		1	
•	reportable gaming (gambling) winnings to prize winners?	1c	**	Table OVIVIV
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		RE-II	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		200	
p,	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		201	1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	٠	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	•	<u></u>
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	1		
	account)?	4a	most week	X
, p	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	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<del> </del>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	٠.	١٠	
_	gifts were not tax deductible?	6b	Kres	#####
- 7	Organizations that may receive deductible contributions under section 170(c).			
	•			

	On B. Policies (This Section B requests information about policies not required by the internal Never		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		l _
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		7	#11 m
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	_Did the organization regularly_and consistently monitor and enforce compliance with the policy? If "Yes."			

	90 (2017)			Page <b>b</b>
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	see in:	struct	ions.
Socti	Check if Schedule O contains a response or note to any line in this Part VI			<u>· 니</u>
Jecti	On 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 10		S. P. S.	200
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			3.4
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	222	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X
6 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		X
	one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	<u> </u>	x
b	stockholders, or persons other than the governing body?	7b		-x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	ratio	446	
	the year by the following.			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	าue C		)
	·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<del> </del>	X
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь	ĺ	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	├
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		Park.	2007
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	- I - I - I - I - I - I - I - I - I - I
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	NAME AND ADDRESS OF	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			7
а	The organization's CEO, Executive Director, or top management official .	15a	<u> </u>	X
b	Other officers or key employees of the organization	15b	Lishinshiere	X
46.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	8.00	STATE OF THE PARTY
Secti	on C. Disclosure		<b></b>	L
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	n 501(	c)(3)s	only)
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>•</b>	
	RICK S STEZENSKI 313 S STATE STREET APPLETON, WI 54911 920-968-6700			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees; and former such persons

	nor any relate	d org	anız	atio	n c	ompe	nsa	ted any curren	t officer, directo	, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for	(C) Position (do not check more the box, unless person is b officer and a director/tr Officer individured of the control of th				e than one the thick the t	one n an	(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)		Institutional trustee	cer	Key employee	Highest compensated employee	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JON M STELLMACHER	5 00	:								
PRESIDENT/DIRECTOR		х						0	0	0
(2) JUDITH OLSON	5 00									
VICE PRESIDENT/DIRECTOR		X						0	0	0
(3) JOHN J RUSSO	5 00	Į								
SECRETARY/DIRECTOR		Х						0	0	0
(4) RICK S STEZENSKI	5 00	]								
TREASURER/DIRECTOR		Х				<u> </u>		0	0	0
(5) BETH HAINES	1 00	]				-				_
DIRECTOR		X						12,975	0	0
(6) LISA KOGAN-PRASKA	1 00	-								•
DIRECTOR		X	<u> </u>	_			-	0	0	0
(7) GAYLE HARDT	1 00						ļ			•
DIRECTOR		X	_				<u> </u>	0	0	0
(8) PAUL MCCANN	1 00	١.,					1			0
DIRECTOR		X	$\vdash$	-	-			0	0	
(9) LEE ALLINGER	1 00	١,,						0	0	0
DIRECTOR	1 00	Х		<del> </del>			-	<u> </u>		
(10) KEVIN LOOMANS		x						0	0	0
DIRECTOR		<u> </u>		-	-		┢	·		
(11)										
(12)										
(13)										
(14)										
					Ц.			<u> </u>		

Part	VI Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees		nd F C)	lighes	st C	ompensated E	mployees (	contin	ued)
	(A) Name and title	(B) Average hours per week (list any	box, office	unles	Pos neck is pe	ition more	than out the theorem of the theorem	ı an tee)	(D)  Reportable compensation from	(E) Reportable compensation fro		(F) Estimated amount of other
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compensation from the , organization and related organizations
(15)												
(16)			_									
<u>(17)</u>												
<u>(18)</u>								-				
(19)												
(20)												
(21)												
(22)												
(23)							-				`	**
(24)												
(25)												
1b c d	Sub-total  Total from continuation sheets to Part  Total (add lines 1b and 1c)			l		l		<b>&gt; &gt; &gt;</b>	12,975 00 12,975 00		00	0 00
2	Total (add lines 16 and 16)  Total number of individuals (including bu reportable compensation from the organ			ose	list	ed	above	e) w				
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	oloyee, or high	nest compe	nsate	d Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe compl	nsal <i>ete</i>	tion Sc <i>l</i>	froi nedi	m any ule J f	un for s	related organiz	zation or inc	dıvıdu:	
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization Repyear	compensat port compe	ed ind nsatio	depe	end or th	ent ne c	contr alend	acto lar y	ors that receive year ending wit	ed more that th or within	in \$10 the or	00,000 of ganization's tax
	(A) Name and business add	Iress					<u> </u>		(B) Description of s	ervices		(C) Compensation
			··-							-	_	·
		<del></del>										
2	Total number of independent contractor received more than \$100,000 of compens							l_th	nose listed ab	ove) who		

Par	t VIII				•		/		
		Check if Schedule C	ontains contains	a res	ponse or note t	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	5	1a	-		<b>第四次的第三人称单数的</b>	4284284X	2/5/4/2/192
ts, Grants Amounts	b	Membership dues	-	1b	<del></del>				
ع ج	C	Fundraising events		1c					
Gífts, ilar An	d	Related organizations		1d					
o. ∰	e	Government grants (cor		1e					
S S	f	All other contributions, g	•					Martha Residence	
ig je		and similar amounts not inc		1f	32,647	<b>Francisco</b>			
를 달	١ ۾	Noncash contributions inclu			32,047				
Contributions, Giff and Other Similar	g h	Total. Add lines 1a–1		-II ψ		32,647			
		Total. Add lines 1a-1	<u>' ' '                                </u>		Business Code	E P. 10 3 11 10 11 2		CARLES AND THE PARTY OF THE PAR	
na Pu	2a						1995	2011 PROSE TAKE TO SEE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ě	b								
ė			·						·
Ž	l q								<del> </del>
ઝૂ	l "								
<u>ra</u>	, e	All ather program cor							
Program Service Revenue	'.	All other program ser Total. Add lines 2a–2		Je.	<u> </u>	0	EDDING PEGANTANA	l Tibl 400-100 (Simborned Fr	
	<u>g</u> 3	Investment income		divid	ends interest	, ,	Annual Desiration Services	- 3/28/2018/1919	
		and other similar amo		uiviu	ends, interest,	```			267
	4			mat b	and proposeds	267	<del></del>		267
	5	Income from investmen	i oi iax-exei	npt bi	ona proceeds		-		
	3	Royalties .	(i) Real		(iı) Personal	1540290200320926	24406172728658.577748460		
	6.	Gross rents .			(177 61301161				
	6a		279,				1000		
	b	Less rental expenses	224,						
	C	Rental income or (loss)  Net rental income or		530	1 0	Englishment Company			20 516
	d 7a	Gross amount from sales of	(i) Securit	IPS	(ii) Other	54,530	Niberrania na matamatan na mata	FARMENTS PLANESTY	38,516
	'a	assets other than inventory	(1) 0000111		(ii) Other				
	ь	Less cost or other basis			<del></del>				
		and sales expenses			,				
	_	Gain or (loss)			· · ·				
	٦ C	Net gain or (loss)					VAND WEST STORY		
	d	iver dam or (ioss)		•		SACTOR FOREST (COMPANY)	SPECIFICATION AND A SPECIA	Cotot as totalismos	12004 SP104 03 3 2000
e	8a	Gross income from fu	ındraicina						
venue	Ua	events (not including \$	muraising						
Ó		of contributions reporte	ed on line 1				3.4674		
Ϋ́		See Part IV, line 18	sa on mie n	٠,					
Other	b	Less direct expenses		a b					
0		Net income or (loss) f		_	events	10.00			
	C Qa	Gross income from ga			evenus P	FERENCE TECHNIQUE			1000 AW 12 3 3 4 3 2 2 3 1 2 4 3
	Ju	See Part IV, line 19	anning detivi						
	h	Less direct expenses		a . b					
	b	Net income or (loss) f			vities <b>•</b>				
	10a	Gross sales of in		g acti less	VIIIC3	MENERAL PROPERTION		TO THE PARTY OF TH	 
	104	returns and allowance							
	h	Less cost of goods s		a b					
	b	Net income or (loss) f			entory <b>&gt;</b>				
	С	Miscellaneous R		- 11176	Business Code				
	11a				Dualiteas Code		BVE STAFFESTER		
	_		•••••			<del> </del>			
	b					<del> </del>			<del> </del>
	0 1	All other revenue			<u> </u>				<del></del>
	d	All other revenue	114		<u> </u>		35680481408215408278181	14 70085 Q. <b>(</b> (14 75 75 75 16 77	i Parkarana karana 2014ka
	e '12	Total. Add lines 11a- Total revenue. See in				87.444	T28 (421012178) 48-35-32	ASSISTANCE OF THE SECOND SECON	38.783
	12	i otal revenue, See ir	เธเเนตแดกร		▶	ı 87.444 <sup>1</sup>	ł	li de la companya de	i 38,783

	30 (2017)				Page 10
	IX Statement of Functional Expenses				
Section	n 501(c)(3) and 501(c)(4) organizations must cor			ns must complete co	olumn (A).
	Check if Schedule O contains a respor			<u> </u>	<u> </u>
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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 8	Other salaries and wages .  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11	Other employee benefits				
a b c	Management Legal . Accounting				
d e f	Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O )				
12 13	Advertising and promotion Office expenses .				
14	Information technology .			,	
15	Royalties .			_	
16 17	Occupancy Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21 22	Payments to affiliates  Depreciation, depletion, and amortization	105,419			
23 24	Insurance Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)			emiliani 1 men 1 men	
_	, , , , ,	27,294	27 204		Maria de la compansión de
a h	MISCELLANEOUS EVDENSES	750	27,294	750	
b c	MISCELLANEOUS EXPENSES	730		730	<del> </del>
d		-			_
e	All other expenses	Y.		1	
25	Total functional expenses. Add lines 1 through 24e	133,463	27,294	750	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here    if following SOP 98-2 (ASC 958-720)		,		

Form 990 (2017)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 41,514 23,160 Cash—non-interest-bearing 2 223,918 84,324 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 9 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 2.099,240 Less. accumulated depreciation 10b 10c 331,814 1,850,196 1,767,426 Investments—publicly traded securities 11 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,115,628 16 1,874,910 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 426,291 231,592 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 426,291 26 231.592 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 1,689,337 27 Temporarily restricted net assets 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 1,689,337 33 1,643,318 33 Total net assets or fund balances 2,115,628 34 1,874,910 Total liabilities and net assets/fund balances

	_			_	•
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1 _		87,	<u> 444</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		133,	463
3	Revenue less expenses Subtract line 2 from line 1	3		(46,	019
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	689,	337
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			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,	643,	318
Part	· · · · · · · · · · · · · · · · · · ·				_
	, Check if Schedule O contains a response or note to any line in this Part XII		<del> ,</del>	· ;	
			- INTERPORTATION	Yes	No
1	Accounting method used to prepare the Form 990 🗵 Cash 🔲 Accrual 🔲 Other	<del></del>			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	erstein s	X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	ollea or			
	reviewed on a separate basis, consolidated basis, or both				
.1	Separate basis Consolidated basis Both consolidated and separate basis		200		
b	Were the organization's financial statements audited by an independent accountant?	d an a	2b	Chestan A	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both	eu on a			
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versiaht	1000000		
С	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex		NEW N	Alexandr 1	绘选图
	Schedule O.	piani in			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	1200	CONTRACT E	2003246
Ja	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao the	"	$\overline{}$	
IJ	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		
		<del></del>	Form	990	(2017)
			. 3	'	,/

 $\overline{\phantom{a}}$ 

#### SCHEDULE A (Form 990 or 990-EZ)

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

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

OMB No 1545-0047 20**17** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ► Go to www irs gov/Form990 for instructions and the latest information.

Employer identification number Name of the organization COMMUNITY EARLY LEARNING CENTER OF THE FOX VALLEY, INC 47-1117143 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1) A)(vi). (Complete Part !! ) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 X An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

... X

(E)

Total

	E A (FORM 990 OF 990-EZ) 2017						raye 2
Part							
	. (Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support			1			<u> </u>
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants")	•					
2	Tax revenues levied for the						. /
	organization's benefit and either paid to or expended on its behalf .					:	
	•					<u> </u>	
3	The value of services or facilities furnished by a governmental unit to the		•				
	organization without charge .						
4	Total. Add lines 1 through 3				<u></u>		
-	_	NATIONAL MARKET		VARA DAME			
5	The portion of total contributions by					1/25/63	
•	each person (other than a governmental unit or publicly				11.4		
	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		HER LEVEL	BUTTON TO S	10/00/00	METERS CO.	
Secti	on B. Total Support						7
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	/(d) 2016	(e) 2017	(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	•	/	1			
40			/				
10	Other income Do not-include gain or loss from the sale of capital assets	ļ					
	(Explain in Part VI.)						
11				CHOICE PROFILE		26%,7744	
12	Gross receipts from related activities, etc			ASSIST CONSESSESSION AND ASSISTANT	PAR   - NOTE OF STREET STREE	12	
13	First five years. If the Form 990 is for the			d, third, fourth	i, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		,				▶ 🗆
Secti	on C. Computation of Public Suppo	rt Percentág	е				
14	Public support percentage for 2017 (line	6, column (f) di	vided by line 1	1, column (f))		14	%_
15	Public support percentage from 2016 Sc					15	%
16a <sub>,</sub>	331/3% support test—2017. If the organ				nd line 14 is 33	3 <sup>1</sup> /3% or more,	check this
	box and stop here. The organization qua	,			·		▶ 🛚
b	33 <sup>1</sup> / <sub>3</sub> % support test—2016. If the organ					ıs 331/3% or m	ore, check
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test-2						
	10% or more, and if the organization m						
	Part VI how the organization meets the '	iacis-and-circ	umstances te	sac ine organi	zation qualifies	s as a publicly	supported
	organization	046 1641			4.0 ما ممانية	Co 10h 17	_
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization	U16. If the org	anization did r	iot check a bo	x on line 13, 1	this boy and t	a, and line
	Explain in Part VI how the organization r	auon meets th meets the "fac	ts-and-circum	stances" test	The organizati	on qualifies as	a publiciv
	supported organization		to and onedin	, .	o organizati	40000 00	<b>►</b> □
18	Private foundation. If the organization d	id not check a	box on line 13	. 16a. 16b. 17a	a, or 17b. chec	k this box and	
	instructions			, ==, :==, //-	,,		▶ □
				·	Sch	nedule A (Form 99	0 or 990-EZ) 2017

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

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

Secti	on A. Public Support		-	_			
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")		0	0	1,728,476	32,647	1,761,123
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the	1					
	organization's tax-exempt purpose					· <del>-</del> ···	
3	Gross receipts from activities that are not an				'		
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge .						
6	Total. Add lines 1 through 5		0	0	1,728,476	32,647	1,761,123
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons					-	
b	Amounts included on lines 2 and 3	;				1	
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year				,		
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	462				30° 2 12	
•	line 6.)		Triange (S				1,761,123
Secti	on B. Total Support	STERRIFF O'THE INVENTOR OF STREET	Proce - xxxxx - x + m to z so sous un p	[ F. 1.) Shirth a management of the	Inches and Daniel Sec. 1. 12.00		
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6 .		0	0	1,728,476	32,647	1,761,123
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources				72,487	279,458	351,945
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b .				72,487	279,458	351,945
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
40	• •						
12	Other income Do not include gain or, loss from the sale of capital assets						
	(Explain in Part VI) .						
13	Total support. (Add lines 9, 10c, 11,			-			
. •	and 12)						2,113,068
14	First five years If the Form 990 is for the	he organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	
	organization, check this box and stop he	ere					
Secti	on C. Computation of Public Suppo	rt Percentag	е				
15	Public support percentage for 2017 (line	8, column (f) dı	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2016 Sc					16	%
Secti	on D. Computation of Investment In					<del></del>	
17	Investment income percentage for 2017			y line 13, colui	mn (f))	17	<u>%</u>
18	Investment income percentage from 201					18	% and line
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2017. If the organ						
	17 is not more than 331/3%, check this box						
b	33 <sup>1</sup> / <sub>3</sub> % support tests—2016. If the organic	zation did not c	neck a box on	line 14 or line 1	isa, and line 16	o is more than .	oo'/3%, and
	line 18 is not more than 331/3%, check this						_
20	Private foundation, If the organization d	io not check a	DOX ON line 14.	. тэа. ог тэр. (	CHECK INIS DOX	and see mstru	CHUIIS - L

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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?
- 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 (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 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 in 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 in 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 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
ng			1231447
_			
b <i>y</i>		197	
	1_	7	
JS			1
ed		1	Tarrell Com
	2		raintine and
		237 V	P(250) 31
er		العاشانيا	
	3a		
nd			
he			932
	3b	ing stic forthis.	Aprendical Action
B)			144
υ,			Sie Sie M
	3c	GAMBLE LIP	es s marceli
If			
	4a		
gn	<b>网络</b>		HARRY.
on .			
,,,		TYPE IL	
	4b	11.94.24 (8	रूज्यक्रमस्य
on			Figure
ed		Total Control	
B)			
	1 1 1		l
,,,			
5, "			
IN		表為	
n,		1	
on		(in the state of	77 E 765 FEBRUAR
	5a		
Jу			
~ ,	5b	1000000	
	-		
	5c	Lat name	ESCHELL SOUND
to			
ed			
or	遵建	100	
	6	d.hiministe	التنسستند
		3×5 245	40°80°4
or			
th			LAST
	7		L
7?		NAME OF THE PERSON OF THE PERS	ring of
	8		
re	e Zere		4214
ed			
Ju	*****	105144	
	9a	Objectivation.	# C.7556-3
ch		1244	NO.
	9b		L
fit	WW.	23.7	***************************************
	9c		
<b>.</b> .		~ L. 12 %	2001
on			S
ed		100 m	The con-
	10a		ļ.,,,,,,,,
to			學學科
	10b		

				-9
Part	IV Supporting Organizations (continued)			
		20% J. 3	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a	163	24.984
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
		4.5.70	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
	controlled the organization's activities of the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		ALCOLUS .
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.			12.0
Socti	on C. Type II Supporting Organizations	2		L
Secti	on C. Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			XII Y
	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	2002		
	the supported organization(s)	1		<u> </u>
Secti	on D. All Type III Supporting Organizations		V	l Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	N. Sarak	Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax."			70.00
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		374.5
3	By reason of the relationship described in (2), did the organization's supported organizations have a	PART P	<b>CARR</b>	
•	significant voice in the organization's investment policies and in directing the use of the organization's		心 如。 類	
	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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s)
, 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	<b>/</b>		
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity	see ms	Struct	
2	Activities Test Answer (a) and (b) below.	F1,05 h	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		際	
	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	2.00		
	that these activities constituted substantially all of its activities	2a	06-3887-16	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			30° A
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	<u> </u>	#650 Cooks
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
b	of its supported example to the support of the support of the support of the support of example to the support of example to the support of t	3b	Sales de la	-CERT

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		<u> </u>
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% 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 035	6		
7 Recoveries of prior-year distributions	7		<u> </u>
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	<b>巴拉斯的 机铁铁矿</b> (2017年)	
2 Enter 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	PERSONAL PROPERTY OF THE PARTY	
5 Income tax imposed in prior year	5		,
6 Distributable Amount Subtract line 5 from line 4, unless subject to		CONTRACTOR OF THE SECOND SECON	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	y in	tegrated Type III supporting	organization (see

Part		s) Supporting Organ	izations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	orted	
	organizations, in excess of income from activity			<u> </u>
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	<u> </u>
4	Amounts paid to acquire exempt-use assets		!	
5	Qualified set-aside amounts (prior IRS approval required)		,	
6	Other distributions (describe in Part VI) See instructions	,		<u> </u>
7	Total annual distributions. Add lines 1 through 6.	T 14		
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
n	(provide details in <b>Part VI</b> ) See instructions  Distributable amount for 2017 from Section C, line 6			
<u>9</u> 	Line 8 amount divided by line 9 amount			
10	Line o amount divided by line a amount		(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	""。 ""		
2	Underdistributions, if any, for years prior to 2017		· · · · · · · · · · · · · · · · · · ·	
_	(reasonable cause required—explain in Part VI) See		!	
	instructions		!	
3	Excess distributions carryover, if any, to 2017	<b>建设建设的</b>		
а		MSE TO SECURE		
b	From 2013			
C	From 2014		ATTEMPT OF THE PROPERTY OF THE	
d	From 2015			
é	From 2016			
f	Total of lines 3a through e		Check Printers and Comments of the Comments of	
g	Applied to underdistributions of prior years		The state of the s	MILE SOLD SERVICES
h	Applied to 2017 distributable amount			i managarita managarita per 1976.24
i	Carryover from 2012 not applied (see instructions)		The second secon	
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f	and the second s		
4	Distributions for 2017 from			
	Section D, line 7 \$			THE SERVICE
	Applied to underdistributions of prior years		Toron and the state of the second sec	ESTIMAL SPECIAL SECTION
b	Applied to 2017 distributable amount	CEGUREO SONO PROFESSION		A STREET, TEPTOLOGICAL SERVICE
	Remainder Subtract lines 4a and 4b from 4			A CONTRACTOR OF THE CONTRACTOR
5	Remaining underdistributions for years prior to 2017, if	Les april	1	
	any Subtract lines 3g and 4a from linè 2. For result oreater than zero, explain in <b>Part VI</b> . See instructions		0 00	
	9	MILE SELECTION AND ARREST OF A		Circ Bills (122011-10017616-1616-1617-1616
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			0 00
7	Excess distributions carryover to 2018 Add lines 3	P. A. P. Land Bear Street, Springer Street, Springer Springer, Spr		
•	and 4c	0 00		
8	Breakdown of linc 7:			
a	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
þ	Excess from 2016	Andrews in the Property of the	The state of the s	
е	Excess from 2017	Externation of the control of the co	HARBOTO RESERVE	
	<del></del>		Cabadula	4 /C 000 ex 000 EZ\ 2017

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

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 2017

Open to Public Inspection

Manie O	the organization		Employer racitimostion number
COMMU	NITY EARLY LEARNING CENTER OF THE		47-1117143
Part			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
	"	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and dono	or advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to t		
6	Did the organization inform all grantees, donors,	and donor advisors in writing that gra-	nt funds can be used
	only for charitable purposes and not for the bend		
	conferring impermissible private benefit?		. □ Yes □ No
Part	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recreations)		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year	•	Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
	Total acreage restricted by conservation easemer	nts .	2b
	Number of conservation easements on a certified		. 2c
	Number of conservation easements included in		on a
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, trai	nsferred, released, extinguished, or teri	minated by the organization during the
	tax year ►	-	·
4	Number of states where property subject to cons	ervation easement is located >	
	Does the organization have a written policy re		spection, handling of
	violations, and enforcement of the conservation e		🗋 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspe-	cting, handling of violations, and enforcing	conservation easements during the year
	•	•	
7	Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, and enforcing	conservation easements during the year
	▶\$		
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text	of the footnote to the organization's fir	nancial statements that describes the
	organization's accounting for conservation easem		
Part	III Organizations Maintaining Collection	ns of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered		
	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
	If the organization elected, as permitted under		
	works of art, historical treasures, or other similar		ducation, or research in furtherance o
	public service, provide the following amounts rela	iting to these items	
	(i) Revenue included on Form 990, Part VIII, line	1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
	if the organization received or held works of ar		r assets for financial gain, provide the
	following amounts required to be reported under	SFAS 116 (ASC 958) relating to these i	
а	Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

, , ,

	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply)			_			_	significant u	se of its
a	Public exhibition				or exchan	_			
b	Scholarly research	_	е	☐ Othe	r 				
С 4	Preservation for future generation Provide a description of the organiza		and eval:	ain how t	hev further	the oro	ianization's eve	mnt nurnos	e in Part
•	XIII	tion 3 concetions	und expit	2111 11047 1	ney runtine	ine org	janization 5 exc	mpt purpos	o mi i an
5	During the year, did the organization	solicit or receive	donation	s of art,	historical t	reasure	s, or other sim	ılar	
	assets to be sold to raise funds rathe							☐ Yes	☐ No
Par							·		
	Complete if the organization 990, Part X, line 21								orm
1a	Is the organization an agent, trustee	, custodian or oth	er intern	nediary fo	or contribu	tions or	other assets i		_
	included on Form 990, Part X?					•	•	☐ Yes	∐ No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	ollowing to	able	_	1	Amount	
_	Beginning balance					10	<del></del>	Amount	
c d	Additions during the year	•			•	1d			
e	Distributions during the year	•			•	1e	<del></del>		
f	Ending balance					1f			
2a	Did the organization include an amou	nt on Form 990, P	art X, line	21, for e	scrow or c	ustodia	account liabilit	ty? 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in P								
Par	t V Endowment Funds.	_							
	Complete if the organization		1						
		(a) Current year	(b) Pri	or year	(c) Two yea	irs back	(d) Three years ba	ck (e) Four ye	ars back
1a	Beginning of year balance						<del></del> .	<del></del>	
b c	Contributions  Net investment earnings, gains, and		-				··-		
·	losses								
d	Grants or scholarships .							<del>-  </del>	
e	Other expenditures for facilities and						-	+	<del></del>
	programs .								
f	Administrative expenses								
g	End of year balance .								
2	Provide the estimated percentage of t	-	nd balanc	e (line 1g	, column (a	a)) held a	as		
а	Board designated or quasi-endowme	nt <b>&gt;</b>	%						
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ►		000/						
3a	The percentages on lines 2a, 2b, and Are there endowment funds not in the	20 Silouid equal i		zation the	at are held	and ad	ministered for t	ho	
- Ou	organization by	e possession of the	ic organi.	zation (iii	at are rieid	and ad	illillistered for t		es No
	(i) unrelated organizations .							3a(i)	- 110
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as requi	red on So	chedule R?			3b	
4	Describe in Part XIII the intended uses	s of the organization	on's endo	wment fu	unds				
Part			_						
	Complete if the organization								
	Description of property	(a) Cost or ot (investm			r other basis ther)	de	Accumulated epreciation	(d) Book v	alue 
1a	Land					50 0 8	//s 3 6 2		
b	Buildings				000 040		221 014	1 0	7 407
q C	Leasehold improvements			2,	099,240		331,814	1,78	57,426
d e	Equipment Other		-			<del> </del>			
	Add lines 1a through 1e (Column (d) n	nust equal Form 9	90. Part 3	K. column	(B), line 1	0c )	<b>•</b>	1.76	57,426
	-3 (-3	:= = 4 = 3:							

Part VII	Investments—Other Securities.			•
•	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lıņ	e 11b. See Form	990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	. (c) Met Cost or end	hod of valuation -of-year market value
(1) Financia	l derivatives		i	1
	held equity interests	. , ,	, , ,	•
(3) Other				
(A)	ź .			
(B)	, , è	,	٠.	-
(C)	- Na		٠ .	
, (D)	Υ,			1
(E)	,			, 4
(F)	, , , ,			
(G)		* ',	,	t
(H)	,			1 .
	(b) must equal Form 990, Part X, col. (B) line 12 ) ▶			
Part VIII	Investments—Program Related.		Province assessment assessment	estanting a properties of the second
r are viii	Complete if the organization answered "Yes" on Fo	rm 990 Part IV lin	e 11c. See Form	990 Part X line 13 •
	(a) Description of investment	(b) Book value	1	thod of valuation
	(a) Description of investment	(b) Book value		-of-year market value
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
(1) .			, **	
(2)		1 (		
(3)	<u>, 4,</u>	,		<del>-</del>
(4)		4. ,	2 1 /	·
(5)				
(6) .				<del>-</del>
(7)	•	<i>(</i> ), (		
(8)		,	,**	
Z(9)	(b) must equal Form 990, Part X, col. (B) line 13 ) ▶		SOUTH THE TAX SECTION AND A SECURIOR AND A SECTION AND A SECURIOR	(TWO) THE ENDING STREET
Part IX	Other Assets.  Complete if the organization answered "Yes" on Fo	rm 990 Part IV lin	* a 11d See Form	; , , , , , , , , , , , , , , , , , , ,
	(a) Description	* * * * * * * * * * * * * * * * * * *	· · · ·	(b) Book value
(4)				, , , , , , , , , , , , , , , , , , ,
(1)				, , ,
(2) :				
(3)			· · · · · · · · · · · · · · · · · · ·	- 1
(4)				
(5) .			<del></del>	- ,
(6)		• • •		
(7)		·	<u> </u>	7.1.
(8)		•	<del></del>	
(9)	ımn (b) must equal Form 990, Part X, col (B) line 15 )			,
				<u> </u>
Part X	Other Liabilities.  Complete if the organization answered "Yes" on Fo		e 11e or 11f Sec	e Form 990, Part X,
4	(a) Description of liability (b) Book value	( CAN DE DATE DE LA COMPANSIONE DEL COMPANSIONE DE LA COMPANSIONE	TOPO PERONAL VIOLENCE	
7.				
	ncome taxes			
(2)			100	
(3)				
(4)				
(5)	, <u>, , , , , , , , , , , , , , , , , , </u>	1		
(6)	the state of the s			
(7)	a comment of the sail			
(8)	14 A C C C C C C C C C C C C C C C C C C			
(9)	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25 ) ▶		G SHERRA	
2. Liability fo	r uncertain tax positions. In Part XIII, provide the text of the footr	note to the organization	n's financial stateme	ents that reports the
organization	's liability for uncertain tax positions under FIN 48 (ASC 740) Ch	eck here if the text of t	he footnote has bee	en provided in Part XIII , 🗌

Part	XI Reconciliation of Revenue per Audited Financial State	ements With Rev	venue per Return.	
	Complete if the organization answered "Yes" on Form 99		2a	
1	Total revenue, gains, and other support per audited financial stateme	nts .	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments .	2a	200 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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		3	
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		
C	Add lines 4a and 4b	•	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I,		5	
Part				
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 12	2a.	
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 .	2b		
С	Other losses .	. 2с		
d	Other (Describe in Part XIII.) .	. 2d		
е	Add lines 2a through 2d .		2e	
3	Subtract line 2e from line 1 .	. , ,	3	
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		
~	Cities (Besoined in Fair 70ii.)			
c	Add lines 4a and 4b		4c	
	Add lines <b>4a</b> and <b>4b</b> Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part	I, line 18 )		
c 5 Part	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part SUPPLEMENTAL INFORMATION.		5	
c 5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, line	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part SUPPLEMENTAL INFORMATION.	a and 4, Part IV, line	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, line	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, line	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, line	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, line	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, line	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, line	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, line	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, line	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, line	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, line	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid 2, Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part XII.	a and 4, Part IV, line part to provide any	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid 2, Part	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, line part to provide any	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid 2, Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part XII.	a and 4, Part IV, line part to provide any	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid 2, Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part XII.	a and 4, Part IV, line part to provide any	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid 2, Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part XII.	a and 4, Part IV, line part to provide any	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid 2, Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part XII.	a and 4, Part IV, line part to provide any	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid 2, Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part XII.	a and 4, Part IV, line part to provide any	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid 2, Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part XII.	a and 4, Part IV, line part to provide any	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid 2, Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part XII.	a and 4, Part IV, line part to provide any	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid 2, Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part XII.	a and 4, Part IV, line part to provide any	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid 2, Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part XII.	a and 4, Part IV, line part to provide any	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid 2, Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part XII.	a and 4, Part IV, line part to provide any	es 1b and 2b, Part V, line 4, Part X, li	ne
c 5 Part Provid 2, Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part XII.	a and 4, Part IV, line part to provide any	es 1b and 2b, Part V, line 4, Part X, li	ne

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or 990-EZ.
FGo to www irs.gov/Form990 for the latest information.

OMB No 1545-0047

201

Open to Public Inspection

Name of the organization	Employer identification number
COMMUNITY EARLY LEARNING CENTER OF THE FOX VALLEY, INC	47-1117143
FORM 990 REVIEW PROCESS	
FORM 990, PART VI, SECTION B, LINE 11B	
THE FORM 990 IS PREPARED BY THE TREASURER AND REVIEWED BY THE PRE	SIDENT, VICE PRESIDENT
AND SECRETARY PRIOR TO SUBMISSION TO THE IRS THE FULL BOARD IS P	ROVIDED A COPY OF THE
FORM 990 PRIOR TO FILING	
CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT	
FORM 990, PART VI, LINE 12C	
ANNUALLY ALL BOARD MEMBERS AND OFFICERS MUST DISCOLSE ANY INTERES	T THAT COULD GIVE RISE
TO CONFLICT ADDITIONALLY, THE BOARD DISCUSSED EACH PROPOSED EXPE	NDITURE TO CONFIRM THAT
A CONFLICT OF INTEREST DID NOT EXIST IF IT WAS DETERMINED THAT A	POTENTIAL CONFLICT WAS
PRESENT, IT WAS APPROVED BY THE BOARD, EXCLUDING THE POTENTIAL CO	NFLICTING MEMBER
,	
,	
	\$

Schedule O (Form 990 or 990-EZ) (2017)  Name of the organization	Employer identification number
COMMUNITY EARLY LEARNING CENTER OF THE FOX VALLEY, INC	47-1117143
COMMONTIT EARLY BEARVING CENTER OF THE FOX VALUET, THE	147 1117145
•	
,	
/	
	,
	,
-	