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OPHANGE OF ACCOUNTING PERIOD

For Paperwork Reduction Act Notice, see the separate instructions

Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2012

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Form 990 (2012)

OMB No 1545-0047

A	For the 2012	calendar year, or tax year beginning U1/U1/13, and ending U6/30/1.	3		
В	Check if applicable	C Name of organization IDAHO ASSOCIATION FOR THE EDUCATION		O Employe	er identification number
\Box	Address change	OF YOUNG CHILDREN, INC.			
	Name change	Doing Business As		82-	0409133
믬	Name Glange	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephor	ne number
	Initial return	4355 W EMERALD STREET	250	208	-345-1090
	Terminated	City, town or post office, state, and ZIP code			
$\overline{}$	Amondad rature	BOISE ID 83706-2072		C Gross racel	pts\$ 1,327,115
닏	Amended return	F Name and address of principal officer		G Gross recei	122 1/02//120
	Application pending	11	H(a) Is this a g	roup return for a	ffiliates? Yes X No
		ELIZABETH C OPPENHEIMER	1453 4 11 -		? Yes No
		4355 W EMERALD STREET, STE 250	H(b) Are all af		السا لسا
		BOISE ID 83706-2072	If "No	o," allach a list ((see instructions)
_1	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527			
J	Website:	WWW.IDAHOAEYC.ORG	H(c) Group ex	emplion numbe	r >
<u>-</u>	Form of organization	n. X Corporation Trust Association Other ► L Yes	ar of formation. 1	984	M State of legal domicile II
- 1		ummary			
<u>ئىن</u>		describe the organization's mission or most significant activities:			
		ORGANIZATION'S MISSION IS TO IMPROVE EARLY CARE AND	EDITORME	ON FOR	VOINC
<u> </u>	THE	•	EDUCATI	ON FOR	TOONG
Activities & Governance	CHI	LDREN.			
e <u>u</u>			,		
õ	2 Check	his box 🕨 🗌 If the organization discontinued its operations or disposed of more than 25%	% of its net as	sets.	
<u>ن</u> مح	3 Numbe	r of voting members of the governing body (Part VI, line 1a)		3	11
S	4 Numbe	r of independent voting members of the governing body (Part VI, line 1b)		4	11
ij	5 Total n	umber of individuals employed in calendar year 2012 (Part V, line 2a)		5	27
Ę	6 Total n	umber of volunteers (estimate if necessary).		6	0
ĕ		•		7a	C
	,	nrelated business revenue from Part VIII, column (C), line 12			<u>c</u>
_	b Net uni	elated business taxable income from Form 990-T, line 34	Prior Ye	7b	Current Year
	0.00-4-5	whose and create (Bod VIII See 4b)		6,676	1,272,126
9	8 Contrib	utions and grants (Part VIII, line 1h)			
Revenue	9 Progra	m service revenue (Part VIII, line 2g)		6,066	36,646
<u>چ</u>	10 Investr	nent income (Part VIII, column (A), lines 3, 4, and 7d)		0	
Œ	11 Other r	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,395	9,523
	12 Total re	venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,04	1,137	1,318,295
	13 Grants	and similar amounts paid (Part IX, column (A), lines 1-3)	58	0,882	436,053
	14 Benefit	s paid to or for members (Part IX, column (A), line 4)			C
.,		s, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1.05	3,037	546,122
Sobliday	16a Profes	sional fundraising fees (Part IX, column (A), line 11e)			
5	b Total fo		· · · · · · · · · · · · · · · · · · ·		
ŭ			3/	2,480	177,883
_		expenses (Part IX, column (A), lines 11a 11d 11f 24e)			
	18 Total e	xpenses Add lines 13–17 (must equal Part IX, column (A), line 25) ue less expenses Subtract line 18 from line 21 9		6,399	1,160,058
_	19 Reven	ie less expenses Subtract line 18 from line 121 9 - 170		4,738	158,237
Š	20 Total a	City (m)	Beginning of Cu		End of Year
sset	ह्य 20 Total a	ssets (Part X, line 16)		2,485	645,647
Ž,	말 21 Total li	abilities (Part X, line 26)		8,729	103,654
ž	군 22 Net as	sets or fund balances Subtract line 21 from line 20	38	3,756	541,993
·	Part II	Signature Block			
* 3 3	Under penalties	of perjury, I declare that I have examined this return, including accompanying schedules and statemen	nts, and to the t	est of my kno	wledge and belief, it is
3	true, correct, and	complete Declaration of preparer (other than officer) is based on all information of which preparer has	as any knowled	ge	
3 —					
- 1	ign 🔽	Signature of officer		Date	
		•	CIVE DI	DECTOD	
5 m	ere		LIVE DI	RECION	
' –	- /	Type or print name and title	12.	,	D. Dru
<u>.</u>	1	ype preparer's name Preparer's signature	Date	Check	If PTIN
_		R BLUHM, CPA CLA Block C/A	05/1	5/14 self-em	
22	reparer Firm's	name > BOWEN PARKER DAY, CPAS, PLLC		Firm's EIN	46-1607815
ູ້ ປະ	se Only	PO BOX 905			
/	Firm's	address HOMEDALE, ID 83628-0905	1	Phone no	208-337-327
M		uss this return with the preparer shown above? (see instructions)			X Yes No
					

4d	Other program services (Describe in So	chedule O)		
	(Expenses \$	including grants of \$) (Revenue \$	
4e	Total program service expenses ▶	1,061,200		
^^				Form 990 (2012)

Pà	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
9				
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,	_	- 1	X
_	Part III	_ 5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	ł	ŀ	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			77
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	_ 8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	i i		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	:		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			_==
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	··•		
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- '' -		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	- ''		 ^
13	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
~			_	1

P	art IV Checklist of Required Schedules (continued)			- <u></u> -
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		Ì
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ł
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			ĺ
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction)
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			}
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			[
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	Ì		
	conservation contributions? If "Yes," complete Schedule M	30	├─-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		1	
	Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"]	7.7
	complete Schedule N, Part II	32	ļ.—-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			v
	or IV, and Part V, line 1	34	 	X
35a		35a	}	 ^ -
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	355		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	 - -
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1 22	1	x
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	┼^
31	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		ļ	ļ
		27		x
20	Part VI	37		 ^ -
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	ı	1	1

19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2012) IDAHO ASSOCIATION FOR THE EDUCATION 82-0409133 Statements Regarding Other IRS Filings and Tax Compliance Pårt V Check if Schedule O contains a response to any question in this Part V Yes No 46 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and X 1c reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 27 Statements, filed for the calendar year ending with or within the year covered by this return X 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) X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 X 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes." did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a X and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year 7d d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? e 7f X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a 9b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter 10 10a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 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 11b against 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 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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 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 Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Pa	Rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e instr	uctior	
	Check if Schedule O contains a response to any question in this Part VI tion A. Governing Body and Management			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 11		100	
-	If there are material differences in voting rights among members of the governing body, or	1 !		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O	1 !		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1 !		
_	any other officer, director, trustee, or key employee?	2		х
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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	x	1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
~	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	1		
ă	The governing body?	8a	x	1
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		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code ')	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	Ĺ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	<u></u>
15	Did the process for determining compensation of the following persons include a review and approval by	1		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
а	The organization's CEO, Executive Director, or top management official	15a	X	ـــــ
b	Other officers or key employees of the organization	15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
4.5	Own website X 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 interest policy,			
	and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
_	organization ▶ KATRICE WALTERS 4355 W EMERALD STREET, STE 250		F -	^~~
В	DISEID 83706-2072 20	3-34	5-1	.090

Corm 000 (2012)	TDAUO	ASSOCIATION	EOD.	ਆਪਦ	PDUCATION	82-0409133
-orm 990 (2012)	TUARU	ASSOCIATION	FUR	THE	PUUCATION	02-0403133

Page 7

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest Compensated	l Employees, an	ıd
	Independent Contractors						_

Check if Schedule O contains a response to any question 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

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

(A) Name and Title	· · · · · · · · · · · · · · · · · · ·		x, unle	Pos check ess pe	เรอก	than or is both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
!	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(٧٧-2/1033-4/1130)	organization and related organizations
(1) AMY HOUSE										
	1.00									
PRESIDENT ELECT	0.00	X	<u> </u>	<u> </u>	<u> </u>	1 1		0	0	0
(2) JILL BIELENBERG	1 00	İ								
200422EV#	1.00	.						0	o	0
PRESIDENT (3) ALICIA ESTEY	0.00	X	-		╁	1-1				<u> </u>
(3) ALICIA ESTEI	1.00	}			1					
TREASURER	0.00	x						0	o	0
(4) MAGGIE BELTRAMI	0.00	1	┝	\vdash	├	1-1		<u> </u>		<u>-</u>
(4)1213012 222114211	1.00	İ		Ì	ļ					
REPRESENTATIVE	0.00	X]]			O	O	0
(5) MARK EISENMAN		1			\vdash	† †				<u>_</u>
_	1.00	Ì	}							
MEMBER AT LARGE	0.00	\mathbf{x}		ĺ	1	1 1		0	(o	0
(6) COLLEEN FELLOWS		T -								
	1.00	ì	{	ļ	İ	i i				
MEMBER AT LARGE	0.00	X						0	0	0
(7) KATE LOVAN	}					1				
	1.00	ì	ł		İ					
MEMBER AT LARGE	0.00	X	L		$oxed{oxed}$			0	0	0
(8) KRIS FREELAND			1							
	1.00]		}))				
PAST PRESIDENT	0.00	X	ļ_	┞-	1_	\perp		0	0	0
(9) JENNIFER PATTERS										
	1.00	ĺ		{	ĺ				1	
REPRESENTATIVE	0.00	X	 	╀	┼	\vdash		0	0	0
(10) CHERYL ALLEN	1 00	1		1	1			1		
MEMBED AM LADCE	1.00	x			1			0	0	0
MEMBER AT LARGE (11) KATHLEEN MILLER		╀┸	╁─	┼	+	+		<u> </u>	ļ — — — — — — — — — — — — — — — — — — —	
(II) VETUTEEN MITTER	1.00	1						1		
MEMBER AT LARGE	0.00	x			1			o	l	0
DAA	1 0.00	1 4 4		Ь	Ь_			<u> </u>		Form 990 (2012)

Par	Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
Name and title		(B) Average hours per week (list any hours for	Average Position hours per (do not check more than one box, unless person is both ai officer and a director/trustee						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		1	organizati and relate organizatio	ed	
(12) E	ELIZABETH C OPPI	NHEIMER 40.00				-								_
EXE	CUTIVE DIRECTOR	0.00			x				64,917	o	ļ			0
(13)														_
(14)				_		_	-							
(15)			_	-	_		-	_			<u> </u>			
(16)														
(17)													<u>.</u>	_
(18)	<u> </u>													
(19)			i.											_
1b	Sub-total	l	I	<u> </u>	<u> </u>	Ь_	l	▶	64,917					—
С	Total from continuation she	ets to Part VII,	Sect	ion .	A			•						_
d	Total (add lines 1b and 1c) Total number of individuals (in	actuding but not	imite	ed to	thos	se lis	ted a	abov	64,917		<u> </u>			_
	reportable compensation from												V T N	
3	Did the organization list any fo	ormer officer, di	ecto	r, or	trus	tee.	key e	emp	loyee, or highest compensa	ated	-		Yes N	lo
4	employee on line 1a? If "Yes, For any individual listed on lin organization and related organization."	e 1a, is the sum	of re	eport	table	con	npen	sati			ļ	3		K
5	individual Did any person listed on line	-										4	7	K
	for services rendered to the o	rganization? If "										5		ζ_
Sect 1	ion B. Independent Contracte Complete this table for your fi		ensa	hete	ınde	nen	dent :	con	tractors that received more	than \$100,000 of		——		
	compensation from the organ	ization Report of	omp	ensa	ation	for	he c	alen	idar year ending with or with	hin the organization's tax y	ear		(0)	
	Name and	(A) d business address						╀	Descri	(B) ption of services		Com	(C) pensation	
								-						
					-			+	·····					
					<u>.</u>			_						—
2	Total number of independent								ose listed above) who					
DAA	received more than \$100,000	ot compensatio	n fro	m th	e or	ganı	zatio	n ▶		0		Form	990 (2	012)

Pa	rt V	Statement of Reve Check if Schedule		ains a response	to any question in	this Part VIII		
				·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Program Service Revenue Contributions, Gifts, Grants	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above	1a 1b 1c 1d 1e	1,127				· ·
200	_	Noncash contributions included in lines 1a Total. Add lines 1a–1f	-1f \$	~~ .	1,272,126			
Revenue	2a b	STRENGTHENING FAMIL	IES	Busn Code	36,646	36,646		
gram Service	c d e							
rog		All other program service reve	nue	<u> </u>	20.010]		
	3 4 5	Total. Add lines 2a–2f Investment income (including and other similar amounts) Income from investment of tax Royalties		s, interest,	36,646			
	6a b	Gross rents Less rental exps Rental inc or (loss)		(ii) Personal				
	d 7a b	Net rental income or (loss) Gross amount from sales of assets other than inventor Less cost or other		(II) Other				
	c d	basis & sales exps Gain or (loss) Net gain or (loss)		_				
Other Revenue	:	Gross income from fundraising ever (not including \$ of contributions reported on line 1c See Part IV, line 18 Less direct expenses		11,720 8,820				
ŏ		Net income or (loss) from fund	~ _		2,900			
	9a	Gross income from gaming activities See Part IV, line 19	s a					
		Less direct expenses Net income or (loss) from gam	d actu	utuos				
		Gross sales of inventory, less	ing activ	mes P				
		returns and allowances	a b					
		Less cost of goods sold Net income or (loss) from sale	~	ntory	j	j		
		Miscellaneous Revenue		Busn. Code				
	11a	MISCELLANEOUS			6,390	6,390		
	b	IN KIND DONATION		 	233	233		
	d	All other revenue						
	е	Total. Add lines 11a-11d		>	6,623			
	12	Total revenue. See instruction	าร	_	1,318,295	43,269	0	Ō

Form 990 (2012) IDAHO ASSOCIATION FOR THE EDUCATION 82-0409133

Part IX Statement of Functional Expenses

Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		CAPETISCS .	general expenses	5.461.000
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U S See Part IV, line 22	436,053	436,053		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	<u> </u>			
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	64,917	44,793	18,826	1,298
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	322,282	302,947	17,322	2,013
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	116 000	104 077	14 024	
9	Other employee benefits	116,332	104,375	11,031	926
10	Payroll taxes	42,591	38,251	3,976	364
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c C	Accounting				
	Lobbying Professional fundraising services See Part IV, line 17				
e f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	6,972	5,411	1,528	33
12	- · · · · · · · · · · · · · · · · · · ·				
13	Office expenses	15,828	6,007	9,670	151
14	Information technology	,			
15	Royalties				<u> </u>
16	Occupancy	40,063	36,137	3,606	320
17	Travel	23,820	15,962	7,443	415
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,793	4,780	1,922	91
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,402	7,579	756	67
23	Insurance	1,965	1,605	326	34
24	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) SUPPLIES	22,927	19,087	3,662	178
a	PUBLIC AWARENESS	13,165	11,206	1,866	93
b c	MISCELLANEOUS	11,309	2,985	7,487	837
d	EQUIPMENT RENT AND MAINT	9,488	8,558	854	76
e		17,151	15,464	1,596	91
25	Total functional expenses. Add lines 1 through 24e	1,160,058	1,061,200	91,871	6,987
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year 280,869 355,688 1 Cash-non-interest bearing 2 Savings and temporary cash investments 38,273 244,086 3 3 Pledges and grants receivable, net 1,913 13,252 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 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 7 Notes and loans receivable, net Inventories for sale or use 32,466 90,412 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 150,586 10a other basis Complete Part VI of Schedule D 122,219 22,806 28,367 10c b Less accumulated depreciation 10b Investments—publicly traded securities 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 645,647 462,485 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 76,250 101,175 17 17 Accounts payable and accrued expenses 18 18 Grants payable 2,479 2,479 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 78,729 103,654 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 355,509 516,140 27 27 Unrestricted net assets 28,247 25,853 28 Temporarily restricted net assets Fund 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ō complete lines 30 through 34. Net Assets 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 383,756 541,993 33 Total net assets or fund balances 462,485 645,647 Total liabilities and net assets/fund balances

Form 990 (2012)

Form	990 (2012) IDAHO ASSOCIATION FOR THE EDUCATION 82-0409133			Pag	je 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,3:	L8,2	295
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,10	50,0	058
3	Revenue less expenses Subtract line 2 from line 1	3		158,23	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	75 6		
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	54	11,	993
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ľ	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis			1	
b	Were the organization's financial statements audited by an independent accountant?		2b	\mathbf{x}	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis		i i		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	х	
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		<u> </u>		
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	x	

Form **990** (2012)

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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Reason for Public Charity Status (All organizations must complete this part) See instructions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

IDAHO ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN, INC.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

Employer identification number 82-0409133

2	\Box	A school desc	cribed in secti	on 170(b)(1)(A)(ii). (Attach Schedule E)										
3	П	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).													
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,													
_	\Box	city, and state													
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)													
6			-		overnmental unit described in s										
7		An organization	on that normal	ly receives a	substantial part of its support fr	om a gove	rnmental	unit or f	rom the	genera	l public				
	_	described in s	section 170(b)(1)(A)(vi). (C	omplete Part II)										
8	X	A community	trust describe	d in section 1	I 70(b)(1)(A)(vi). (Complete Par	t II)									
9		An organizati	on that normal	lly receives (*	l) more than 33 1/3% of its sup	port from (contribution	ons, mer	nbershij	p fees, a	and gro	ss			
		receipts from	activities relat	ed to its exem	npt functions—subject to certain	n exception	ns, and (2	2) no mo	re than	33 1/3%	of its				
					nd unrelated business taxable in										
					0, 1975 See section 509(a)(2)										
10		An organizati	on organized a	and operated	exclusively to test for public safe	ety See s	ection 50	09(a)(4).							
11		An organization	on organized a	and operated	exclusively for the benefit of, to	perform th	ne functio	ns of, or	to carry	out the)				
		purposes of o	one or more pu	iblicly support	ed organizations described in s	ection 509	a)(1) or	section :	509(a)(2) See s	section	1			
		509(a)(3). Ch	eck the box th	at describes t	he type of supporting organizati	ion and co	mplete lii	nes 11e	through	11h					
		a Type	ı ь [Type II	c Type III-Function	ally integra	ated	d [Туре	e III–No	n-funct	onally i	ntegrate	ed	
е		By checking t	his box, I certi	fy that the org	janization is not controlled direc	tly or indir	ectly by c	ne or m	ore disq	ualified	person	ıs			
	س	other than for	undation mana	gers and othe	er than one or more publicly sup	ported org	ganization	ns descri	bed in s	ection 5	509(a)(1	1)			
		or section 509	9(a)(2)												
f		If the organiza	ation received	a written dete	ermination from the IRS that it is	a Type I,	Type II, o	or Type I	III suppo	orting					
		organization,	check this box	•											
g		Since August	17, 2006, has	the organiza	tion accepted any gift or contrib	ution from	any of th	ne							
		following per	sons?										_		
		(i) A persor	who directly	or indirectly co	ontrols, either alone or together	with perso	ons descr	ibed in (ıı) and					Yes	No
					supported organization?								11g(i)		
		(ii) A family	member of a	person descri	bed in (i) above?								11g(ii)		
					described in (i) or (ii) above?								11g(iii)		
h		Provide the f	following inforr	nation about t	the supported organization(s)										
(ı) Nan	ne of supported	(11)	EIN	(iii) Type of organization	(iv) is the o	organization		ou notify	(vi)		(VII)	Amount of	moneta	ary
	or	organization		(described on lines 1–9	in col (i) listed in your governing document?		the organization in col (i) of your		organization in col (i) organized in the				t		
				above or IRC section (see instructions))		governing	gocument?		oort?	US					
				(000	Yes	No	Yes	No	Yes	No					
(A)															_
(B)		·	 			 	 	 							
						ļ <u>.</u>									
(C)															
(D)															
						+			-	 					
(E)						1									
										1					
Tota	al		<u> </u>												
For	Pap	erwork Reduc	ction Act Noti	ce, see the Ir	structions for					Sched	ule A (F	Form 9	90 or 99	0-EZ	2012

Form 990 or 990-EZ.

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

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

Sec	tion A. Public Support				· <u>·</u>			
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,652,271	1,777,759	2,992,774	2,722,927	3,238,8	102	12,384,533
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							·
4	Total. Add lines 1 through 3	1,652,271	1,777,759	2,992,774	2,722,927	3,238,8	02	12,384,533
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							12,384,533
$\overline{}$	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012		(f) Total
7	Amounts from line 4	1,652,271	1,777,759	2,992,774	2,722,927	3,238,8	02	12,384,533
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	690	44					734
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 IV)	1,694	792	684	129			3,299
11	Total support. Add lines 7 through 10				_ :			12,388,566
12	Gross receipts from related activities, etc	,					2	54,989
13	First five years. If the Form 990 is for the	organization's first	, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)		_
	organization, check this box and stop her							<u> </u>
Sec	tion C. Computation of Public St	upport Percen	tage					
14	Public support percentage for 2012 (line 6	* *	=	n (f))		<u> </u>	4	99.97%
15	Public support percentage from 2011 Scho						5	
16a	33 1/3% support test—2012. If the organ				33 1/3% or more, o	check this		
	box and stop here. The organization quali		• • •					► X
D	33 1/3% support test—2011. If the organ				5 is 33 1/3% or m	ore,		. (**)
47-	check this box and stop here. The organization	•		•	400	44		▶ 📋
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization meet				- ·			
	Part IV how the organization meets the "fa organization		_	·	, , ,			▶ []
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization Explain in Part IV how the organization me	meets the "facts-a	nd-circumstances	test, check this b	ox and stop here.			
	supported organization	eta the Tacta-and-	circumstances te	at the organization	m quannes as a pt	ibilCiy		▶ □
18	Private foundation. If the organization did instructions	d not check a box o	on line 13, 16a, 16i	b, 17a, or 17b, che	eck this box and se	ee		> []

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality drider t	rie tests listed	below, please	complete r are			
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Tota	——— al
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge	-						
6	Total. Add lines 1 through 5						<u> </u>	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
¢	Add lines 7a and 7b							
8	Public support (Subtract line 7c from	1		‡				
Sac	tion B. Total Support			<u> </u>	<u> </u>	I	!	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Tota	
9	Amounts from line 6	(4) 2000	(B) 2000	(0) 2010	(4) 2011	(0) 2012	(1) 1000	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in 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 IV)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for the	•	t, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)		
	organization, check this box and stop her							
	tion C. Computation of Public S						 	
15	Public support percentage for 2012 (line 8	• • •	•	nn (f))		15		
16 Soc	Public support percentage from 2011 School D. Computation of Investment						<u> </u>	%_
				3 column (f)		17	,	%
17 18	Investment income percentage for 2012 (investment income percentage from 2011)			5, column (1 <i>))</i>		18		%
19a	33 1/3% support tests—2012. If the orga			e 14, and line 15 is	s more than 33 1/3	<u> </u>	<u>' </u>	
	17 is not more than 33 1/3%, check this b							▶ □
b	33 1/3% support tests—2011. If the orga	•	•					لسسا
	line 18 is not more than 33 1/3%, check th							▶ □
20	Private foundation. If the organization die	d not check a box	on line 14, 19a, oi	19b, check this bo	ox and see instruc	tions		

Schedule A (Form 990 or 990-EZ) 2012 IDAHO ASSOCIATION FOR THE EDUCATION 82-0409133

Page 4

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

UNCATEGORIZED INCOME

Ŝ

3,299

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization IDAHO ASSOCIATION FOR THE EDUCATION 82-0409133 OF YOUNG CHILDREN, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule Ď (Form 990) 2012 IDAHO ASS	OCIATION F	OR T	HE EDU	CATION 8	2-0409	133	Page 2	
	et III Organizations Maintaining							(continued)	
3	Using the organization's acquisition, accessic collection items (check all that apply)								
а	Public exhibition	a∏L	oan or e	exchange pro	orams				
b	Scholarly research		Other	indirange pre-	3				
c	Preservation for future generations	٠ ـ ـ ٠							
Δ	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part								
•	XIII								
5									
•	assets to be sold to raise funds rather than to							Yes No	
Da	ert IV Escrow and Custodial Arr	angements Cor	nnlete	of the orga	nization ansv	vered "Ye	s" to Form 99		
ra	line 9, or reported an amour				11124101141134	vereu re	3 (0 1 0)111 00	o, raitiv,	
12	Is the organization an agent, trustee, custodia				or other assets no				
ıa	included on Form 990, Part X?	an or other intermedia	ary ioi c	Onthibutions C	o Other assets in	Ji.		☐ Yes ☐ No	
_		and complete the fell	ouena te	ablo					
D	If "Yes," explain the arrangement in Part XIII	and complete the lon	owing ta	able			Γ———	Amount	
_	December halasse						10	Amount	
	Beginning balance						1c		
đ	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance	m15 1					1f		
	Did the organization include an amount on Fo							Yes No	
	If "Yes," explain the arrangement in Part XIII						 		
Pa	rt V Endowment Funds. Comp	lete if the organiz	ation	answered '	"Yes" to Form				
	<u> </u>	(a) Current year	(b) Prior year	(c) Two years ba	ack (d)	Three years back	(e) Four years back	
1a	Beginning of year balance								
b	Contributions							<u> </u>	
С	Net investment earnings, gains, and]			
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and	I			ĺ	1		ĺ	
	programs								
f	Administrative expenses				_				
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g	, column (a))	held as				
а	Board designated or quasi-endowment ▶	%							
þ	Permanent endowment ▶ %	•							
	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%							
3a	Are there endowment funds not in the posses		tion that	are held and	administered for	r the			
	organization by	-						Yes No	
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations	s listed as required or	n Sched	lule R?				3b	
4	Describe in Part XIII the intended uses of the	•							
P:	art VI Land, Buildings, and Equi				e 10				
	Description of property	(a) Cost or other ba		(b) Cost or		(c) Accumu	lated	(d) Book value	
	posseription of property	(investment)		(oth		deprecia		1-1 5000 1400	
1a	Land								
	Buildings		-						
	Leasehold improvements								
	Equipment			1	50,586	12	2,219	28,367	

28,367 Schedule D (Form 990) 2012

d Equipment e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

	Form 990) 2012 IDAHO ASSOCIATION E	FOR THE EDUCATION	82-0409133	Page 3
Part VII	Investments—Other Securities. See Form	1 990, Part X, line 12	(c) Method of	waluation
	(a) Description of security or category (including name of security)	(b) Book value	Cost or end-of-year	
1) Financial	derivatives			
	eld equity interests			
(3) Other	• •			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
	nn (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related. See Form	m 990, Part X, line 13		
	(a) Description of investment type	(b) Book value	(c) Method of	
(4)			Cost or end-of-yea	market value
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		<u> </u>
Part IX	Other Assets. See Form 990, Part X, line 1	15		
	(a) Description	n		(b) Book value
(1)				
(2)				
(3)			·	
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, col (B) line 15)		•	
Part X	Other Liabilities. See Form 990, Part X, Irr	ne 25		_
1.	(a) Description of liability	(b) Book value		
(1) Federa	I income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		,		
(8)				

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Schedule D'(Form 990) 2012 IDAHO ASSOCIATION FOR THE EDUCATION 82-0409133 Page 4								
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return								
1	Total revenue, gains, and other support per audited financial statements		1	1,318,295				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12							
а	Net unrealized gains 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		3_	1,318,295				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII)	4b						
С	Add lines 4a and 4b		4c					
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,318,295				
Pa	art XII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses per	Retu	rn				
1	Total expenses and losses per audited financial statements		1	1,160,058				
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	1 1					
С	Other losses	2c						
d	Other (Describe in Part XIII)	2d	1 1					
е	Add lines 2a through 2d		2e					
3	Subtract line 2e from line 1		3	1,160,058				
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						
þ	Other (Describe in Part XIII)	4b 0	1 1					
С	Add lines 4a and 4b		4c					
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,160,058				

Part XIII Supplemental Information

Complete this part to 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 ınformation

Part XIII Supplemental Information (continued)

05/15/2014

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

2012. OMB No 1545-0047

Open to Public Inspection

2 X Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance Employer identification number Yes 82-0409133 (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance ▶ Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table IDAHO ASSOCIATION FOR THE EDUCATION (c) IRC section if applicable General Information on Grants and Assistance (b) EIN OF YOUNG CHILDREN, (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization Part Part 6 <u>4</u> 9 9 3 8 Ξ 3 ල

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

Schedule I (Form 990) (2012)

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

Page 2

PART IV - ADDITIONAL INFORMATION

MINIMUM OF 30 HOURS PER WEEK AND HAVE BEEN EMPLOYED FOR AT LEAST ONE YEAR ACADEMIC SCHOLARSHIP RECIPIENTS COMPLETE AN APPLICATION AND ARE AWARDED SCHOLARSHIPS BASED ON FINANCIAL NEED AND COMMITMENT TO REMAINING IN THE THEY ALSO MUST BE WORKING IN EARLY CARE/EDUCATION PROGRAMS A AT THEIR CURRENT SITE. FIELD.

PROFESSIONAL DEVELOPMENT RECIPIENTS COMPLETE AN APPLICATION AND ARE AWARDED SCHOLARSHIPS BASED ON FINANCIAL NEED AND COMMITMENT TO REMAINING IN THE THEY ALSO MUST BE WORKING IN AN EARLY CARE/EDUCATION PROGRAM. FIELD. Schedule I (Form 990) (2012)

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.

2012 Open to Public Inspection

OMB No 1545-0047

Name of the organization

IDAHO ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN, INC.

Employer identification number 82-0409133

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS
STOCKHOLDERS

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
YES

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, FISCAL MANAGER AND BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THIS IS ACCOMPLISHED BY KEEPING MANAGEMENT AND EMPLOYEES INFORMED AND

EDUCATED ON POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE ORGANIZATION USES THE UNIVERSITY OF IDAHO'S CLASSIFIED PAY SCALE TO

DETERMINE PAY RATES FOR ALL POSITIONS.

THE ORGANIZATION USES THE UNIVERSITY OF IDAHO'S CLASSIFIED PAY SCALE TO DETERMINE PAY RATES FOR ALL POSITIONS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.