Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

SCANNED JUL 2 4 2019

Do not enter social security numbers on this form as it may be made public.
 ■ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

X Yes No

Form 990 (2017)

A	For th	e 2017 calendar year, or tax year beginning $JUN 1, 2017$ and ending	MAY 31, 2018	<u> </u>
-	Check if		D Employer identif	
	applicat	VT_ASSOCIATION FOR THE EDUCATION OF		
Г	Addre	SS VOIDIG CULT DD TH		
Έ	Name		03-0	313379
늗	lchan	Company of the state of the sta		
Η	returr Final	145 DINE HAVEN CHOPEC BOAD 1137		622-1155
<u> </u>	—∣returr termi			427,087.
	ated ∏Amer	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	
Η	Ireturr Apptr	SHELBURNE, VI US402	H(a) Is this a group r	
_	ition pend	F Name and address of principal officer SONOA RATMOND	for subordinates	
_		145 PINE HAVEN SHORES ROAD, SUITE 1137 SHE		
_			- 	list (see instructions)
		te: VAEYC.ORG	H(c) Group exemption	
			ear of formation: 19/2	M State of legal domicile: VT
1	art i	Summary		
ě	1	Briefly describe the organization's mission or most significant activities: IMPROVE		
ä	1	PRACTICE OF EARLY CHILDHOOD PROFESSIONALS AN		
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net a	I
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
ত ৩	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	13
뚩	6	Total number of volunteers (estimate if necessary)	6	13
턍	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	7 <u>b</u>	0.
			Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)	444,019.	417,731.
Ĭ	9	Program service revenue (Part VIII, line 2g)	84,780.	9,356.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70\ 0.	0.
	12	lotal revenue - add lines 8 through 11 (must equal Part VIII, columbas—line-12)	528,799.	427,087.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) APR 2 2 2019	\ <i>\</i> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	78,895.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.
ý	15	Salaries, other compensation, employee benefits (Part IX, columns (A), lines 5:10)	119,096.	158,599.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
je j	Ь	Total fundraising expenses (Part IX, column (D), line 25)		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	338,288.	207,576.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	457,384.	445,070.
	19	Revenue less expenses Subtract line 18 from line 12	71,415.	-17,983.
50			Beginning of Current Year	End of Year
Net Assets or Fund Ralances	20	Total assets (Part X, line 16)	127,349.	109,366.
ASS	21	Total liabilities (Part X, line 26)	0.	0.
ĕĕ	22	Net assets or fund balances Subtract line 21 from line 20	127,349.	109,366.
	art II	Signature Block		203/2001
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	ly knowledge and belief it is
		ct, and com <u>ploto. Declaration of proparer (other than officer) is based on all information of which prop</u>		
	, 55110	The state of the s	4///	//9
Sig	_	Signature-of-officer	Date	
		BETH ROWLEY, TREASURER		
He	е	Type or print name and title		
_			Date , Check C	PTIN
D	4	Print/Type preparer's name Preparer's eignature		- }∤
Par		ERIN J. PACKIE, CPA COMPONENT OF THE PACKING OF THE	4/3/2419 "self-employ	
	parer	Firm's name MUDGETT, JENNETT & KROGH-WISNER, PC	Firm's EIN	03-0340114
use	Only	Firm's address P.O. BOX 937		001000 0100
		MONTPELIER, VT 05601-0937	Phone no. (8	02)229-9193

May the IRS discuss this return with the preparer shown above? (see instructions)

	n 990 (2017) YOUNG CHILDREN 03-0313379	Page 2
Pai	statement of Program Service Accomplishments	(
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	\
	THE VERMONT ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (VAEYO	
	A NON-PROFIT ORGANIZATION DEDICATED TO IMPROVING THE QUALITY OF CA	
	AND EDUCATION, IMPROVING THE PROFESSIONAL PRACTICE OF EARLY CHILDHER PROFESSIONALS, AND BUILDING PUBLIC UNDERSTANDING AND SUPPORT FOR H	
- <u></u>	Did the organization undertake any significant program services during the year which were not listed on the	1611
~		s X No
	If "Yes," describe these new services on Schedule O	3 (22)110
3		s X No
-	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expensi	es
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	s, and
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$	<u>,527.</u>)
	T.E.A.C.H (TEACHER EDUCATION AND COMPENSATION HELPS) IS AN EARL'	<u>Y</u>
	CHILDHOOD PROJECT THAT IS AN EVIDENCE-BASED, OUTCOMES-DRIVEN, AND	
	EFFECTIVE NATIONAL STRATEGY. THIS COST-SHARING SCHOLARSHIP MODEL	
	PROVIDES A COMPREHENSIVE EDUCATION AND SUPPORT NETWORK TO STATES T	
	ARE COMMITTED TO INCREASING THE AVAILABILITY OF ACCESSIBLE, AFFORD	
	COLLEGE EDUCATION AND WORKFORCE SUPPORTS FOR PROFESSIONALS WORKING	IN A
	VARIETY OF EARLY EDUCATION SETTINGS.	
4b	(Code) (Expenses \$ 86,396. including grants of \$) (Revenue \$5	,419.)
	CONFERENCES - VERMONT'S LARGEST EARLY CHILDHOOD PROFESSIONAL	
	DEVELOPMENT EVENT, OUR ANNUAL 3-DAY FALL CONFERENCE SERVES OVER 50	0
	EARLY CHILDHOOD PROFESSIONALS. WE ALTERNATE LOCATIONS BETWEEN	
	UNIVERSITY OF VERMONT'S DAVIS CENTER AND THE KILLINGTON GRAND HOTE	L. WE
	STRIVE TO BRING NATIONALLY RECOGNIZED KEYNOTE SPEAKERS, REGIONAL	
	FEATURED SPEAKERS AND STATE-LEVEL PRESENTERS OF THE HIGHEST QUALIT	<u>Y.</u>
	VAEYC ALSO ACTS AS A FISCAL AGENT FOR CERTAIN VERMONT AGENCY OF	
	EDUCATION CONFERENCES AND CHARGES AN ADMINISTRATIVE FEE.	
4c	(Code) (Expenses \$36,246. including grants of \$) (Revenue \$	
		MONT
	CHILD DEVELOPMENT DIVISION PROFESSIONAL GRANTS AND LEVEL CERTIFICA	
	ACHIEVEMENT BONUSES. LEVEL CERTIFICATE BONUS AMOUNTS ARE DEPENDENT	TON
	THE LEVEL CERTIFICATE ACHIEVED AND RANGE FROM \$100 TO \$1,200. THE	
	PROFESSIONAL DEVELOPMENT GRANTS INCLUDE: CDA ASSESSMENT FEE GRANT,	THE
	COLLEGE TUITION GRANT, THE PEER REVIEW ASSESSMENT FEE GRANT, THE G	ED
	ASSESSMENT FEE GRANT AND THE AFTERSCHOOL PROFESSIONAL RECOGNITION	
	GRANT. VAEYC RECEIVED A GRANT OF \$80,474 TO ADMINISTER THIS PROGRAM	М
		
4 .	Other program of Data have Other the Other	
4d		
45	(Expenses \$ 27,983. including grants of \$) (Revenue \$) Total program service expenses ▶ 419,569.	
46		990 (2017)
	FOIII	200 (2017)

Form 990 (2017) YOUNG CHILDREN
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		'	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	_9		X_
0	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		<u>X</u>
1	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
þ	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			7.7
	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			17
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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	Х	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	v	
	Schedule D, Parts XI and XII	12a_	_X_	
Ø	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		21
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
•	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X_
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
7	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	17	1	X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

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Form 990 (2017) YOUNG CHILDREN
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	}		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	}		ļ
	Schedule K If "No", go to line 25a	24a	-	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			7,7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
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	054		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b	-	
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	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		_X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u> _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	l . I		
	Schedule N, Part II	32		<u>X</u> _
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		J	v
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-	<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	24		X
35a		34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	_	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335	_	
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		_	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		Form	990 (2017)

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Form	990 (2017) YOUNG CHILDREN 03-0313	379	F	age 5
	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1		ĺ	1 1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			!
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<u> </u>	<u> </u>	
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,] ;
	filed for the calendar year ending with or within the year covored by this return 2a 13	بيتيا	ــــــــــــــــــــــــــــــــــــــ	====1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ļ		j
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a_		X
	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	İ		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_	ļ <u> </u>	X
b	If "Yes," enter the name of the foreign country. ▶			:
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			'
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_	_	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b_		X
	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	<u> </u>		v
•-	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
О	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch.	[
7	were not tax deductible?	_6b_		
7	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 and services provided to the payor?	73		X
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- '5		
·	to file Form 8282?	7c		_x_
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 7		-	;
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		'
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		. ~
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b_		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities] j
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			الد
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	_	L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ!
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		├—
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		١.	:
	organization is licensed to issue qualified health plans			;
С	Enter the amount of reserves on hand			 '
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14 <u>a</u>		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	L
		Form	990	(2017)

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YOUNG CHILDREN

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 03-0313379 Page 6

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C). See i	nstructions.				
	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>			X	
<u>S</u> ec	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	12				
	If there are material differences in voting rights among members of the governing body, or if the governing			1			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	12				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
_		.p	u.,, u.,.	2		X	
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision						
3	of officers, directors, or trustees, or key employees to a management company or other person?	ie dilet	or supervision	3		X	
		000	n filed?	4		X	
4	Did the organization make any significant changes to its governing documents since the prior Form		is med t	5		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as	seis				X	
6	Did the organization have members or stockholders?			6_	_		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			7.7	
_	more members of the governing body?		• •	7a_		<u>X</u>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockn	olders, or	l		7.7	
	persons other than the governing body?			7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:				
а	The governing body?			_8a_	X		
b	Each committee with authority to act on behalf of the governing body?			8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached a	at the		1		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		 	9_		X	
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e 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 c	hapter	s, affiliates,	Ì	' (
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	re 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		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	c to con	flicts?	12b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe	ĺ	' I		
	in Schedule O how this was done			12c	Х		
13	Did the organization have a written whistleblower policy?			13_	X		
14	Did the organization have a written document retention and destruction policy?			14	X		
15	Did the process for determining compensation of the following persons include a review and approv	al by in	dependent]	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			15a	X		
	Other officers or key employees of the organization			15b	Х		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	vith a			' '	
	taxable entity during the year?			16a		χ̈́	
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its r	participation	100		 _	
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		-	<u> </u>	ĺ	ì	
	exempt status with respect to such arrangements?			16b		•	
Sec	tion C. Disclosure			100			
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	r (Sect	ion 501(c)(3)e only) (wailah	اما		
.0	for public inspection. Indicate how you made these available. Check all that apply.	י נטפטנ	ion ou richars unly) a	ivaliaU	ıc		
	Own website Another's website X Upon request Other (explain	un Cat	andula (1)				
10			•	160			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	THICT O	interest policy, and	ıınanı	ial		
^~	statements available to the public during the tax year	-l					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	a records				
	SONJA RAYMOND - 802-578-0735		05400				
_	145 PINE HAVEN SHORES ROAD, SUITE 1137, SHELBURNE,	VT	<u> </u>				

YOUNG CHILDREN

Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

	Check if Schedule	e O contains a response or not	e 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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per		, unle cer ar					compensation	compensation	amount of
	week (list any	⊢-	T				1	from the	from related organizations	other compensation
	(list any hours for	arect				_		organization	(W-2/1099-MISC)	from the
	related	io aa	stee			nsate		(W-2/1099-MISC)	(** = * * * * * * * * * * * * * * * * *	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee	Ì	,		and related
	below	le ng	totto	늅	Key employee	lest co	į			organizations
	line)	횰	as	Officer	Ş.	E E	Former			
(1) JOHANNA VACZY	2.00		1			1		1		
PRESIDENT		X		X		ļ	<u> </u>	0.	0.	0,
(2) TIERNEY O'MEARA	2.00								_	_
PRESIDENT ELECT		X		X	_	 		0.	0.	0.
(3) BETH ROWLEY	2.00	ļ				ŀ				_
TREASURER		X		X		L_		0.	0.	0.
(4) INES ABDELNOUR	2.00								_	_
SECRETARY		X	<u> </u>	X		<u> </u>	<u> </u>	0,	0.	0.
(5) NANCY STEELEY	_2.00]		İ				_	_	_
BOARD MEMBER		X	<u> </u>			ļ		0.	0.	0.
(6) STEPHANIE MCDANIEL	2.00							_	_	_
BOARD MEMBER		X	<u> </u>		_	<u> </u>		. 0.	0.	0.
(7) SHELLY HENSON	2.00								_	_
BOARD MEMBER		X	<u> </u>	_		<u> </u>		0.	0.	0.
(8) SONJA RAYMOND	40.00								_	_
EXECUTIVE DIRECTOR		<u> </u>	<u> </u>	X		<u> </u>		38,495.	0.	0.
(9) JENNIFER TUCKER	1.00	1	1		ĺ	ľ	ĺ		_	
MEMBER AT LARGE		<u> </u>			_	ļ	<u> </u>	0.	0.	<u> </u>
(10) BREND METZLER	1.00								_	
MEMBER AT LARGE		┞_	<u> </u>	_	_	ļ		0.	0.	0.
(11) SHARRON HERRINGTON	1.00	ł				ļ			_	
MEMBER AT LARGE	1 22	<u> </u>	_	_	_	ļ	<u> </u>	0.	0.	0.
(12) CHRISTINE NOONAN	1.00	ł	ŀ				}			
MEMBER AT LARGE			 		_	_	\vdash	0.	0.	0.
(13) CHIRS NELSON	1.00	ļ				ļ			,	
MEMBER AT LARGE		ļ	<u> </u>		<u> </u>	ļ	<u> </u>	0.	0.	0.
	ļ	-					ŀ			
		<u> </u>	\vdash	<u> </u>	<u> </u>		<u> </u>			
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Form 990 (2017)

YOUNG CHILDREN

	t VII Section A. Officers, Directors, Trus	stees. Kev Em	olov	ees	. an	d Hi	ghe	st C	Compensated Employe		<u> </u>	<u> </u>		
(A) Name and title Name and title Average hours per (do not check more than one box, unless person is both a					one	(D) Reportable	(E) Reportable	ble Esti						
		week (list any hours for	offi	cer an		irecto	or/trus	tee)	from the organization	compensation from related organization (W-2/1099-Mi	d ns	com fi	nount other pensa rom th	ation e
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	(W-2/1099-MISC)			an	janizat d relat anizati	ed
					ļ		_	ļ	-					
						_								<u>-</u> -
			_			_						·		
												-		<u> </u>
					_									
						-	_							
	Sub-total					_			38,495.		0.			0.
С	Total from continuation sheets to Part VI	II, Section A			_			▶	0. 38,495.		0.			0.
2	Total number of individuals (including but no compensation from the organization	not limited to th	ose	liste	d al	bove	e) wh	10 re	eceived more than \$100	,000 of reportab	le ———		Yes	<u>0</u> No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		iste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on		3	165	X
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab								the organization		4		х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							elat	ed organization or indivi	dual for services		- 5_		х
<u>Sec</u> 1	tion B. Independent Contractors Complete this table for your five highest co the organization. Report compensation for		-								npens	ation 1	from	
	(A) Name and business			ONE		VILL	01 44		(B) Description of s		C	(Compe	C) nsatio	n
			_		_		_			<u>_</u>				
								-					<u> </u>	
				_				-						_
								+				-		
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lii	nite	d to		se lis	ted	above) who received m	ore than				

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<u></u>	-	Check if Schedule O conf	tains a resnonse	or note to any line	e in this Part VIII			
	•	Oncorn Conceder Const	ans a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ints	1 a	Federated campaigns	1a				· · · · · · · · · · · · · · · · · · ·	
S 5	b	Membership dues	1b	10,394.				ĺ,
Fts,		Fundraising events	1c					
اقاق		Related organizations	1d	225 605	}			}
Sir	e	Government grants (contribut		335,695.				
ig ig	т	All other contributions, gifts, gran similar amounts not included abo		71,642.]
Contributions, Gifts, Grants and Other Similar Amounts	~			/1,042.]
Sel	g	Noncash contributions included in lines Total. Add lines 1a-1f	s ia-11 \$		417,731.			'
-		10101,7100 111100 10 11		Business Code				1
ا يو	2 a	CONFERENCE FEES	3	611710	5,419.	5,419.		
اله ق	b			611710	3,527.	3,527.		
Sa	С	VII CORY I ANTRONIC		611710	410.			410.
eve	d							
Program Service Revenue	е							
ا ت	f	All other program service reve	enue	<u> </u>				
		Total. Add lines 2a-2f		▶	9,356.			
	3	Investment income (including	dividends, intere	est, and				
	_	other similar amounts)						
- 1	4	Income from investment of ta	x-exempt bona p	proceeds				
	5	Royalties	(ı) Real	(II) Personal				 ,
ł	6 a	Gross rents	(l) Heal	(ii) Fersonal				
	b			 				
	c	Rental income or (loss)						j ;
	d	Net rental income or (loss)		•				
1		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						'
	ь	Less cost or other basis						;
ļ		and sales expenses		<u> </u>				,
ĺ		Gain or (loss)		<u> </u>				
		Net gain or (loss)		<u> </u>				
9	8 a	Gross income from fundraisin	•	(
Other Revenu		including \$	of					į
ag		contributions reported on line Part IV, line 18	•	1	}	į		!
J. Her	h	Less. direct expenses	a b					!
ō		Net income or (loss) from fund		•		-		
		Gross income from gaming ac	-					!
		Part IV, line 19	а					
ł	b	Less direct expenses	b					·
	С	Net income or (loss) from gam	ning activities				 .	
	10 a	Gross sales of inventory, less	returns]				;
ŀ		and allowances	а					<u> </u>
		Less. cost of goods sold	b	L				;
-	<u>_c</u>	Net income or (loss) from sale						
}		Miscellaneous Revenu		Business Code				
ļ	11 a							
	b					·		
	q	All other revenue		 +				
ĺ	ں م	Total, Add lines 11a-11d						,
	-	Total revenue See instructions.			427.087.	8,946.	0.	410.

Form 990 (2017) YOUNG CHILDREN
Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	70 005	70 005		
_	individuals See Part IV, line 22	78,895.	78,895.		
3	Grants and other assistance to foreign	{			
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	Ì			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
J	trustees, and key employees	29,201.	17,521.	8,760.	2,920.
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			i"	
7	Other salaries and wages	72,852.	72,852.		
8	Pension plan accruals and contributions (include	•			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	45,785.	45,785.		
10	Payroll taxes	10,761.	9,896.	865.	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	<u> </u>	33,713.	3,650.	
d	Lobbying				
е	· · · · · · · · · · · · · · · · · · ·				
f	Investment management fees				
g		10.006	10 465	250	
	column (A) amount, list line 11g expenses on Sch O.)	19,826.	19,467.	359.	
12	Advertising and promotion	6,227.	4,706.	1,521.	
13	Office expenses	F 601	4 E26	1,085.	
14	Information technology	5,621.	4,536.	1,005.	
15	Royalties	7,300.	7,300.		_
16 17	Occupancy Travel	14,575.	14,546.	29.	
18	Payments of travel or entertainment expenses	14,5/5,	14,540.	23.	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	75,373.	75,373.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,203.	1,306.	2,897.	
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.)				
а	TUITION	23,805.	23,805.		
b	BOOKS & SUBSCRIPTIONS	4,305.	4,235.	70.	
c	TELEPHONE	2,315.	2,045.	270.	
d	MEMBERSHIPS & DUES	1,646.	1,023.	_ 623.	_
	All other expenses	5,017.	2,565.	2,452.	
25_	Total functional expenses Add lines 1 through 24e	445,070.	419,569.	22,581.	2,920.
26	Joint costs Complete this line only if the organization			,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		1		
	Check here If following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 109,366. 127,349. 1 Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 10<u>a</u> basis Complete Part VI of Schedule D b Less accumulated depreciation 10c 10b 11 investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments · program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 127,349 109,366 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 0. Capital stock or trust principal, or current funds 30 0. 0. Paid-in or capital surplus, or land, building, or equipment fund 31 127,349. 109,366. 32 Retained earnings, endowment, accumulated income, or other funds 127,349. 109,366. 33 Total net assets or fund balances 33 127,349. 109,366. Total liabilities and net assets/fund balances

Form **990** (2017)

	990 (2017) YOUNG CHILDREN	<u>03-</u>	<u>0313379 </u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	427	7,0	87.
2	Total expenses (must equal Part IX, column (A), line 25)	2	445	5,0	70.
3	Revenue less expenses. Subtract line 2 from line 1	3	-17	7,9	83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	127	7,3	49.
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	109	, 3	66.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	: O.			ا مدعید
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			1
	separate basis, consolidated basis, or both				;
	Separate basis Consolidated basis Both consolidated and separate basis	•			;
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u> _	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,	1 1		}
	consolidated basis, or both				1
	X Separate basis Consolidated basis Both consolidated and separate basis		1		'
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	[]		إ
	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 Sch	edule O			'
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi	t		ر ا
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audi	t		

Form **990** (2017)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number VT ASSOCIATION FOR THE EDUCATION OF 03-0313379 YOUNG CHILDREN Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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.) 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) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university 10 X An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 YOUNG CHILDREN 03-0313379 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (e) 2017 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 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 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line Section B. Total Support (c) 2015 Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (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 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public, Support Percentage 14 Public support percentage for 2017 (Infe 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016, ∮f the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-cifcumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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

Schedule A (Form 990 or 990-EZ) 2017 YOUNG CHILDREN

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 146,857. 222,677. 218,916. 444,019. 417,731. 1450200. 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 287,561. 46,181. 73,858. 73,386. 84,780. 9,356. 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 292,302, 528,799. 296,535. 427.087. 1737761. 193,038. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 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 0. amount on line 13 for the year 0 c Add lines 7a and 7b 1737761. 8 Public support. (Subtract line 7c from line 6) Section B. Total Support (c) 2015 Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (d) 2016 (e) 2017 (f) Total 296,535 292,302. 528,799 427,087. 1737761. 193,038 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 186 46 232. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 46 232. 186 c 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 11,481 14,530 26,011. assets (Explain in Part VI.) 204,705. 311,111. 292,302. 528,799. 1764004. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.51 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) % 15 97.23 % 16 Public support percentage from 2016 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage .01 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f) 17 % .01 18 Investment income percentage from 2016 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not $\triangleright X$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2017 YOUNG CHILDREN

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
- 5a 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 7? 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)

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10b		

	edule A (Form 990 or 990-EZ) 2017 YOUNG CHILDREN	03-031337	9 P	<u>age 5</u>
Pa	rt IV Supporting Organizations (continued)		, -	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ĺ
	below, the governing body of a supported organization?	11a	<u> </u>	ļ
b	A family member of a person described in (a) above?	11b		<u> </u>
	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	L.,	<u> </u>
Sec	tion B. Type I Supporting Organizations		_	
			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	-		1
	controlled the organization's activities. If 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_		
2	Did the organization operate for the benefit of any supported organization other than the supported]	j
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	- -	-	
	supervised, or controlled the supporting organization.	2	L	L
Sec	tion C. Type II Supporting Organizations		, <u>.</u>	_
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed		}	ł
	the supported organization(s)	1_	l	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	`		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-	-	ĺ
_	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		1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		_	
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2_		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ĺ
<u></u>	supported organizations played in this regard tion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee in	etructions)		
' a	The organization satisfied the Activities Test. Complete line 2 below	stractions _j .		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity.	tity (see instructions	2)	
2	Activities Test Answer (a) and (b) below.	ary (500 mondonom	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	110
u	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,		1	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	-	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
IJ	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	Ì		
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		-	• -
•	· · · · · · · · · · · · · · · · · · ·	_2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	}		ł
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			l
L	trustees of each of the supported organizations? <i>Provide details in</i> Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
	on the supportion organizations in the constitution of the first played by the organization in this regald			

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	na Orac		03-03133/9 Page 6
<u> </u>	Type in their farioticitany integration declarate and the province			D-11/() O 1 1 1 1 1 1
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		Part VI) See instructions. All
 Sect	other Type III non-functionally integrated supporting organizations must clion A - Adjusted Net Income	complete S	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_ <u>-</u>	Recoveries of prior-year distributions	2		
_ _	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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
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		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

	t V Type III Non-Functionally Integrated 509			13-03133 <u>/</u> 9 Page 7
	ion D - Distributions	(a)(o) oupporting org	anizations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		<u> </u>
2	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
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			
7	Total annual distributions, Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ho organization is responsive	—	
	(provide details in Part VI) See instructions	,		
9	Distributable amount for 2017 from Section C, line 6	·		
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			,
_	able cause required- explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2017		· · · · · · · · · · · · · · · · · · ·	
a				, .
	From 2013			
С	From 2014			
	From 2015			
	From 2016			,
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7· \$		<u> </u>	<u></u>
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
Ç	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c	***************************************		
8_	Breakdown of line 7:			
	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017		L	

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017	7 YOUNG CHII	LDREN		03-0313379 Page
	Supplemental Infor Part IV, Section A, lines 1 line 1, Part IV, Section D, Section D, lines 5, 6, and	mation. Provide th , 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3, Part IV,	e explanations required , 6, 9a, 9b, 9c, 11a, 11b , Section E, lines 1c, 2a,	o, and 11c, Part IV, Section I	ne 17a or 17b, Part III, line 12, B, lines 1 and 2, Part IV, Section C, 1, Part V, Section B, line 1e, Part V,
	(See instructions)				
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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

VT ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN

Employer identification number 03-0313379

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, Iir								
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds						
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No						
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only						
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring						
	impermissible private benefit?		Yes No						
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, I	Part IV, line 7						
1	1 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 a hist	orically important land area						
	Protection of natural habitat	Preservation of a cert	ified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a quali	fied 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						
а	Total number of conservation easements								
b	Total acreage restricted by conservation easements		_2b						
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c						
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ure						
	listed in the National Register		2d						
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax						
	year ►	_							
4	Number of states where property subject to conservation ea								
5	Does the organization have a written policy regarding the pe	· · · · · · · · · · · · · · · · · · ·							
	violations, and enforcement of the conservation easements		└ Yes						
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing con-	servation easements during the year						
_			1						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year						
_	Data and appropriate against reported on the 2/d) about	us actually the vacuumoments of control 170	(h)(4)(D)(i)						
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	((1)(4)(D)(I) Yes No						
_	and section 170(h)(4)(B)(ii)?	and avance							
9	In Part XIII, describe how the organization reports conservat								
	include, if applicable, the text of the footnote to the organiza conservation easements	tion's imancial statements that describes	the organization's accounting for						
Pa	rt III Organizations Maintaining Collections o	f Art. Historical Treasures, or O	ther Similar Assets.						
	Complete if the organization answered "Yes" on Form	•							
	If the organization elected, as permitted under SFAS 116 (AS		nent 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								
ь	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical						
_	treasures, or other similar assets held for public exhibition, e	•							
	relating to these items:		and corrido, provide the renoving amounts						
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$						
	(ii) Assets included in Form 990, Part X		\$						
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia							
_	the following amounts required to be reported under SFAS 1		9, 1						
а	Revenue included on Form 990, Part VIII, line 1	, , 	▶ \$						
	Assets included in Form 990, Part X		\$						

	dule D (Form 990) 2017 YOUNG CHI						13379	
Pai	rt III · Organizations Maintaining Col	lections of Art, Hi	storical Ti	reasures, or Oth	<u>er Sim</u>	<u>ilar Asse</u>	ts(continu	ed)
3	Using the organization's acquisition, accession,	, and other records, che	ck any of the	following that are a	significan	it use of its	collection i	items
	(check all that apply)		_					
а	Public exhibition	d	Loan or exc	change programs				
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's colle	ctions and explain how	they further t	the organization's ex	empt pur	pose in Par	t XIII	
5	During the year, did the organization solicit or re	eceive donations of art,	historical trea	asures, or other simila	ar assets		_	
	to be sold to raise funds rather than to be maint						Yes	No_
Pai	t IV Escrow and Custodial Arrange		ne organizatio	on answered "Yes" o	n Form 9	90, Part IV,	line 9, or	
	reported an amount on Form 990, Part X			·				
1a	Is the organization an agent, trustee, custodian	or other intermediary for	or contribution	ns or other assets no	t include	d _	7	
	on Form 990, Part X?					L	」Yes	L No
b	If "Yes," explain the arrangement in Part XIII and	d complete the following	g table.					
						 	Amount	_ _
С	Beginning balance				1c	 		
d	Additions during the year				_1d	 		
е	Distributions during the year				_1e	ļ. <u> </u>		
f	Ending balance				1f	<u> </u>		
	Did the organization include an amount on Form						Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII Ch							<u></u>
Pai								
		a) Current year (b)	Prior year	(c) Two years back	(d) Ihree	years back	(e) Four ye	ears 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 programs			 				
f	Administrative expenses					 .		
g	End of year balance				l		L	
2	Provide the estimated percentage of the current		1g, column (a)) held as.				
a	Board designated or quasi-endowment	%						
b	Permanent endowment	%						
С	Temporarily restricted endowment	%						
_	The percentages on lines 2a, 2b, and 2c should	-						
За	Are there endowment funds not in the possessi	on of the organization to	nat are neig a	and administered for	tne orgar	lization	Γ ν	N-
	by							es No
	(i) unrelated organizations						3a(i)	-
_	(ii) related organizations		Cabadula D2	•			3a(II)	
	If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the organization						_3b	
Par	t VI Land, Buildings, and Equipmen		t iunus			·		
	Complete if the organization answered "		IV line 11a 9	See Form 000 Part V	line 10			
	Description of property	(a) Cost or other			Accumula	ted	(d) Book v	/alue
	bescription of property	basis (investment)	, , ,	',	epreciatio	II	(a) Book v	aiut
10	Land	240.5 (111054110111)	34313	(
ia b	Buildings	<u> </u>	+ -			 -	·	
C	Leasehold improvements		 					
d	Equipment		 					
	Other		 			-		

Schedule D (Form 990) 2017

0.

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

	TON FOR THE EL		2 0212270 - 4
Schedule D (Form 990) 2017 YOUNG CHILD Part VIII Investments - Other Securities.	REN		3-0313379 Page
L	an Form 000 Port IV line 1	1h See Form 000 Dest V line 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or e	nd-of-vear market value
	(b) Book value	(c) Method of Valuation Cost of e	Tid-Oi-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other	-		
(A)			
(B)			·
(C)	-		
(D)			
<u>(E)</u>			
<u>(F)</u>			
(G) (H)			
	 	·	
Total (Col. (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related.	<u> </u>		
Complete if the organization answered "Yes"	on Form 000 Port IV line 1	10 Son Form 990 Bart V June 13	
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or e	nd-of-year market value
	(b) book tales	(0)	
(<u>)</u>			
(4)			
(5)			
(7)			
(9)	-		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	<u> </u>		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1d See Form 990. Part X, line 15	
	Description		(b) Book value
	-		
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)	<u> </u>	•
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f See Form 990, Part X, line 2	25
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

(7) (8)

03-0313379 Page 4 Schedule D (Form 990) 2017 YOUNG CHILDREN Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 427,087. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Net unrealized gains (losses) on investments 2a 2b b Donated services and use of facilities c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII) e Add lines 2a through 2d 2e 427,087. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4c c Add lines 4a and 4b 427 087. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 445,070. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 20 d Other (Describe in Part XIII) 2d 2e Add lines 2a through 2d 445,070. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4h b Other (Describe in Part XIII) c Add lines 4a and 4b 4c 070. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: VAEYC IS EXEMPT FROM FEDERAL INCOME TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THOUGH IT WOULD BE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSES (UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE). VAEYC HAD NO LIABILITY FOR UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED MAY 31, 2018. THE TAX YEARS ENDING MAY 31, 2017, 2016, AND 2015 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. CONTRIBUTIONS TO VAEYC ARE TAX DEDUCTIBLE TO DONORS UNDER SECTION 170 OF THE INTERNAL REVENUE CODE. VAEYC IS NOT CLASSIFIED AS A PRIVATE FOUNDATION.

	VT	ASS	OCIATION	FOR	THE	EDUCAT	NOI	OF	02 0212250	
Schedule D (Form 990) 2017 Part XIII Supplemental Inforr	<u>YOU</u> matio	NG n (cor	CHILDREN						03-0313379	Page 5
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.	on VT ASSOCIATION FOR THE EDUCATION OF
Internal Revenue Service	Name of the organization

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Inspection

OMB No 1545-0047

Open to Public

Internal Rev	nternal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of	Vame of the organization VT	VT ASSOCIATION FOR THE EDUCATION OF	Employer identification number
	VO	YOUNG CHILDREN	03-0313379
Parti	General Information	Part I General Information on Grants and Assistance	
1 Do	s the organization mail	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	
crit	criteria used to award the grants or assistance?	grants or assistance?	X Yes

:	
2 Des	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
Part II	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any
	recinient that received more than \$5,000. Dort II can be dunlicated if additional snace is needed

recipient th	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000 Part II can	be duplicated if additic	onal space is need	led			
1 (a) Name and ado	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
								,
					1		-	
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table				A

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

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

Schedule I (Form 990) (2017)

Page 2 03-0313379

Schedule I (Form 990) (2017) YOUNG CHILDREN

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS PAID ON BEHALF OF INDIVIDUALS TO EDUCATIONAL INSTITUTIONS	36	78,895,	0		
			`		
,					
Part IV Supplemental Information. Provide the information required in		e 2, Part III, column	(b), and any other a	Part I, line 2, Part III, column (b), and any other additional information	
PART I, LINE 2:					:
THESE GRANTS ARE SCHOLARSHIPS PAID DI	DIRECTL	Y TO EDUCA	TIONAL INS	RECTLY TO EDUCATIONAL INSTITUTIONS ON	
BEHALF OF INDIVIDUAL RECIPIENTS.	RECIPIENTS'	TS' ELIGIBILITY	IS	DETERMINED	
PRIOR TO MAKING THE ON-BEHALF PAYMENTS		FOR TUITION.			

Schedule I (Form 990) (2017)

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.

A part of the form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

VT ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN

Employer identification number 03-0313379

Schedule O (Form 990 or 990-EZ) (2017)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND SUPPORT FOR CHILDHOOD PROGRAMS.
TORK OOD DATE TO THE A DESCRIPTION OF ORGANIZATION MISSION
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
QUALITY EARLY CHILDHOOD PROGRAMS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
QUALITY IMPROVEMENT - THIS PROGRAM PROVIDES DIRECT TECHNICAL ASSISTANCE
TO CENTER-BASED, REGULATED PROGRAMS ADVANCING THROUGH VERMONT'S STEP
AHEAD RECOGNITION SYSTEM (STARS) AND/OR NATIONAL ACCREDITATION THROUGH
MENTORS WHOM VAEYC HAS TRAINED THROUGH THE STATE OF VERMONT.
STRENGTHENING FAMILIES - THE VERMONT AGENCY OF HUMAN SERVICES'
DEPARTMENT FOR CHILDREN AND FAMILIES HAS ESTABLISHED A GOAL TO PROVIDE
COMPREHENSIVE STRENGTHENING FAMILIES TRAINING TO EARLY EDUCATION STAFF
FROM STATE LICENSED CHILD CARE PROGRAMS. VAEYC, THROUGH A CONTRACT WITH
THE AGENCY OF HUMAN SERVICES, IS RESPONSIBLE FOR CONTACTING ALL
STRENGTHENING FAMILIES CHILD CARE GRANTEES (SFCC) PROGRAMS. VAEYC IS
THEN RESPONSIBLE FOR IDENTIFYING SPECIFIC NEEDS OF THE SFCC AND TO
PROVIDE TRAINING SESSIONS FOR THE SFCC.
MEMBERSHIP - VAEYC IS THE STATE AFFILIATE OF THE NATIONAL ASSOCIATION
FOR THE EDUCATION OF YOUNG CHILDREN (NAEYC), THE NATION'S LARGEST
MEMBERSHIP ORGANIZATION OF EARLY CHILDHOOD PROFESSIONALS. VAEYC'S
MEMBERSHIP IS OVER 520, WHO ARE ENROLLED THROUGH THE NAEYC, AN INCLUDES
ANYONE WHO CARES ABOUT THE EDUCATION AND WELL-BEING OF YOUNG CHILDREN.

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732211 09-07-17