Internal Revenue Service

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

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

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

Open to Public Inspection

A F	or th	e 2017 calendar year, or tax year beginning $$	ng J	UN 30,	2018	
В	heck if	C Name of organization		D Employer	identificat	tion number
а	pplicab	IOWA ASSOCIATION FOR THE EDUCATION OF				
	Addre	S YOUNG CHILDREN				
	Name				42-11:	35283
$\vdash$	Initial	Doom	n/suite	E Telephone		
<b>=</b>	_]return ∏Fınal	5525 MEREDITH DRIVE SILTER E	i, suite			31-8000
ـــا	return_ termır	<del></del>		G Gross receipts		2,628,599.
	ated □Amen	City or town, state or province, country, and ZIP or foreign postal code DES MOINES, IA 50310				
⊨	_ return ∏Appko			H(a) Is this a	•	Yes X No
<u> </u>	_ltion pendi	F Name and address of principal officer JILLIAN HERINK			rdinates?	
_		SAME AS C ABOVE	<del>7\$</del>	H(b) Are all subo		
		empt status X 501(c)(3)	527	, —		t (see instructions)
		te: > WWW.IOWAAEYC.ORG		H(c) Group e		
			L Year c	of formation: 1	980  M S	State of legal domicile: IA
Pa	rt I	Summary	35 0/	20 222		T TITE 1
ø	1	Briefly describe the organization's mission or most significant activities. SEE FOR	м 9	90, PAR'	<u>r 111,</u>	LINE 1.
Governance						
r.	2	Check this box   if the organization discontinued its operations or disposed of			net asset	
Š	3		<u>=CE</u>	IVED	3	30
<u>ಇ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		5	의 4	30
Se	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	) V O	6 2018	5 5	23
viti	6	Total number of volunteers (estimate if necessary)			2 6	20
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	ייורוי		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	שעכ	N, UT	7b	<u> </u>
			<u> </u>	Prior Year		Current Year
en.	8	Contributions and grants (Part VIII, line 1h)		43,	868.	33,916.
Revenue	9	Program service revenue (Part VIII, line 2g)		2,397,	584.	2,581,723.
eve	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)		7,	661.	12,960.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,449,	113.	2,628,599.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
G	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,091,	546.	1,217,957.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
рег		Total fundraising expenses (Part IX, column (D), line 25)				
Ex		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,344,	213.	1,427,325.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,435,	759.	2,645,282.
	19	Revenue less expenses Subtract line 18 from line 12			354.	-16,683.
- S		Trevende 1000 expenses - Oabstack films To North limits 12	Ben	inning of Curre	I .	End of Year
t Assets or Assets or Assets	20	Total assets (Part X, line 16)	50,	363,		393,435.
SSE	21	Total liabilities (Part X, line 16)		271,		318,542.
Net /	21	Net assets or fund balances Subtract line 21 from line 20		91,		74,893.
	र्ती।	Signature Block		<u> </u>	3,00	, 1/0/00
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and s	ctatomor	ate and to the h	ect of my kn	owledge and helief it is
		et, and copyliete. Declaration of prepared (other than officer) is based on all information of which pre				omoogo una bonoi, n is
uue,	COLLEC	I, and copplete pectalation of prepare (onler) in brases on an information of which pre	cparci i	las any knowica	<del>90.</del>   1   1	اخ ا
o:		Signature of officer		Date	-+-	
Sigr						
Her	9	Type-of print name and title				
		Type of pink name and the	In	ate T	Check	PTIN
		Print/Type preparer's name  JAY A HORN, CPA  Preparer's signature  CPA		23-18	ıt	' ]
Paid		J	100	<del></del>	self-employed	P01259887
Prep		Firm's name DENMAN & COMPANY, JLP		Firm's	EIN >	12-0794029
Use	Unly	Firm's address 1601 22ND STREET, SUITE 400			E1 F	225 0400
		WEST DES MOINES, IA 50266-1453		Phone	no. D L D -	-225-8400
May	the If	RS discuss this return with the preparer shown above? (see instructions)			<del> </del>	X Yes No
73200	1 11-2	3-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.				Form <b>990</b> (2017)

d Other program services (Describe in Schedule O)

(Expenses \$	including (	grants	O

Total program service expenses ▶ 2,213,635.

Form 990 (2017)

YOUNG CHILDREN

42-113528

Yes No\_

Part IV Checklist of Required Schedules

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Revenue Procedure 98·197 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,			٠,,
	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			٠,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			J
	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			x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </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,	11a		х
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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			7,7
	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		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
_	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		Х
^	1c and 8a? If "Yes," complete Schedule G, Part II	18		
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
	complete Schedule G. Part III		990	(2017)

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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
	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 19 If "Yes," complete Schedule I, Parts I and II	21		х
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		Х
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		Х
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
b		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	, ,	•	,
	instructions for applicable filing thresholds, conditions, and exceptions):		,	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		•
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
	Note. All Form 990 filers are required to complete Schedule O	38 Form	990	(2017)
		rorm	33U (	(2017)

Form 990 (2017)

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Pai	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V		<del></del>			
		١.	1 222	&WW.	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	322	┨		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		┨		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	еропас	ole gaming	********	333383338	<b>\$</b>
•	(gambling) winnings to prize winners?	1	ı	1c	<b>****</b> *****	****
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	000	23			
	filed for the calendar year ending with or within the year covered by this return	<u>2a</u>	2.7	2b	X	JR888888888
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returnation. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction).			20		9
2-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	5)	•	3a	9980005005	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	^		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over a	55		
44	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a	1	х
ь	If "Yes," enter the name of the foreign country.	20000.	· <del>·</del>	***	***	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	ts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a	33003	X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	nızatıon solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributi	ions or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	ш	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ured			
	to file Form 8282?	1	I	7c	5,40006600	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d_		***		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		t <sub>2</sub>	7e_	$\vdash\vdash\vdash$	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f	$\vdash$	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	$\vdash$	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	35/38/652	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9	\$22000	366580)	**************************************
_	sponsoring organization have excess business holdings at any time during the year?			8	#88##*	
9	Sponsoring organizations maintaining donor advised funds.			9a	38866°35	********
a	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	$\vdash$	
				<b>30</b>	£3388	<b>5</b>
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter.					
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
-	amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417	>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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		1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	L		<b>****</b>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	$\longmapsto$	<u> </u>
b	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b	لييا	
				Form	990	(2017)

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Form 990 (2017) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 30 b Enter the number of voting members included in line 1a, above, who are independent 16 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Νo 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, X and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a \*\*\*  $\mathcal{O}$ b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 X 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain in Schedule O) Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20 JILLIAN HERINK - 515-331-8000 DES MOINES,

6

732006 11-28-17

5525 MEREDITH DRIVE, SUITE F,

50310

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A)	(B)	Jiga	ıı ııza		COII C)	ipel	.sat	(D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
Hame and the	hours per		not c					compensation	compensation	amount of
	week		cer ar					from	from related	other
	(list any	sctor						the	organizations	compensation
	hours for	or di	يوا			ated		organization	(W-2/1099-MISC)	from the
	related	slee	truste		စ္က	bens		(W-2/1099-MISC)		organization
	organizations below	ual fr	tonat		ayod	2 8	] _			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) BRIAN KINGREY	1.00	-	┢		×	1==	۳			
PRESIDENT		х		x				0.	0.	0.
(2) MARY AIRY	1.00	Ë		-			$\vdash$			
PAST PRESIDENT		x		x				0.	0.	0.
(3) MARY LUKAS	1.00	<del>                                     </del>	t				$\vdash$			
VICE PRESIDENT		x		$\mathbf{x}$				0.	0.	0.
(4) LESLIE STONEHOCKER	1.00	Ť				T	Г			
VICE PRESIDENT		x		x				0.	0.	0.
(5) TOM RENDON	1.00									
TREASURER		х		x				0.	0.	0.
(6) BRANDY SMITH	1.00									
SECRETARY		х		х				0.	0.	0.
(7) NANCY MERRYMAN	1.00									
BOARD MEMBER		х						0.	0.	0.
(8) JULEE ALBERS	1.00									
BOARD MEMBER		х					_	0.	0.	0.
(9) MARY MINARD	1.00									
BOARD MEMBER		X					<u>.                                    </u>	0.	0.	0.
(10) ALLISON PATTEE	1.00									
BOARD MEMBER		X						0.	0.	0.
(11) MIRANDA NIEMI	1.00									
BOARD MEMBER		X						0.	0.	0.
(12) CHERIE KENNEDY	1.00									
BOARD MEMBER		X					L	0.	0.	0.
(13) KRISTYN MUELLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) JOY BROWN	1.00									
BOARD MEMBER		X	Ш			L_	L.	0.	_ 0.	0.
(15) DEIDRA BENSER	1.00									
BOARD MEMBER		X	$oxed{oxed}$			L.,	<u> </u>	0.	0.	
(16) DIANNA SAELENS	1.00									
BOARD MEMBER		X					<u> </u>	0.	0.	0.
(17) CRYSTAL ABBE	1.00									
BOARD MEMBER		X					L	0.	0.	0.
732007 11-28-17										Form 990 (2017)

Form **990** (2017)

Form 990 (2017) YOUNG CH	LDR <u>EN</u>								42-11	352	83 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hig	ghes	st C	compensated Employee	s (continued)		
	T								(E)		(F)
- •				Pos	ition						
Name and the	hours per							· ·	1	,	
	week							from		ļ	other
	(list any	į	ļ					the		,	compensation
	hours for	direc				- -		organization			from the
	related	ee 01	stee			usal		(W-2/1099-MISC)			organization
	organizations	trust	a F		yee	l g				1	and related
	below	Idual	1 1 2	ا تة	)d m	esto	ق ا			I	organizations
	line)	Indív	I IS	Offic	Key 6	Hgha	P				
(18) CARRIE JONES	1.00										
BOARD MEMBER		x						0.		0.	0.
(19) HEATHER ANDERSON	1.00						Ť				
BOARD MEMBER		$\mathbf{x}$						0.		0.	0.
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(23) MIKE STIEHL	1.00						İ				
BOARD MEMBER		X						0.		0.	0.
(24) KRISTY LIECHTI	1.00										
BOARD MEMBER		X						0.		0.	0.
(25) DONNA KENNEBECK	1.00								-		
BOARD MEMBER		x					ļ	0.		0.	0.
(26) CATHERINE BERGMAN	1.00	<del></del>					⇈			-	
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	, Section A										
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•	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable		•
compensation from the organization											0
										[S	
3 Did the organization list any former officer,	director, or tru	ıstee	e, ke	y em	nplo	yee,	or I	highest compensated en	nployee on	[3	
										Ļ	3 X
									ne organization	\$ \$	
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	dule	Jf	or such individual		L	4 X
5 Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om a	any	unre	elate	ed organization or individ	lual for services		
rendered to the organization? If "Yes." com-	olete Schedule	Jf	or su	ch c	ers	on					5 X
Section B. Independent Contractors								· <u>-</u> ·			
Complete this table for your five highest cor	npensated ind	epe	nder	nt co	ntra	ctor	s th	nat received more than \$	100,000 of compe	ensatio	on from
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2 Total number of independent contractors (in	cluding but no	ot lin	nited	to t	hos	e lis	ted	above) who received mo	ore than		
					0				<u></u>	\$ 180 m	
Part VII   Section A. Officers, Orectors, Trustees, Key Employees, and Highest Compensator Employees positionary (A)   Position		orm <b>990</b> (2017)									

17-46541

IOWA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN

42-1135283

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Part VII Section A. Officers, Directors (A)	(B)			IC	C)			(D)	(E)	(F)
Name and title	Average	1			رد ition			Reportable	Reportable	Estimated
Name and the	hours	l (c	heck				Iv)	compensation	compensation	amount of
	per	H	T			L PP	·,,	from	from related	other
	week					92		the	organizations	compensation
	(list any	cto				lg (		organization	(W-2/1099-MISC)	from the
	hours for	d die				a pa		(W 2/1099 MISC)		organization
	related	e e	uste			eusa				and related
	organizations	al trus	nal tr		loyee	dwos				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Ρ̈́	lus	1110	Key	₹	For			
(27) DIANNE CASTO	1.00									
BOARD MEMBER		X						0.	0.	C
(28) VICKIE PARKER	1.00									
BOARD MEMBER		X						0.	0.	C
(29) MELISSA BURNS	1.00	<del>                                     </del>	$\vdash$							
BOARD MEMBER		x						0.	0.	C
(30) ANGELA LENSCH	1.00	†		-	Н		$\vdash$			
BOARD MEMBER	1.00	x						0.	0.	C
(31) JILLIAN HERINK	40.00	<del>  ^</del>	$\vdash$	$\vdash$	$\vdash$		-	ļ		
EXECUTIVE DIRECTOR	-0.00	1		х				42,163.	0.	(
DIRECTOR	<del></del>	╁		Δ.			<del> </del>	42,103.	0.	
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								42,163.		

Form 990

3 Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 26,888 b Membership dues 10 c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and 7,028. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a 1f Business Code 098,401.1,098,401. 2 a TEACH PROGRAM 611600 792,281. 792,281. **b** CONTRACT INCOME 611600 603,910. c WAGES PROGRAM 611600 603,910. 82,354. d CONFERENCE INCOME 82,354 611600 e SPONSORSHIP INCOME 611600 f All other program service revenue 581,723. g Total, Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (ı) Heal (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Secunties (ii) Other assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 Other b Loss direct expenses c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less, cost of goods sold Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a MISCELLANEOUS 900099 12,960. 12,960. d All other revenue 12,960. e Total. Add lines 11a-11d 2,628,599.2,594,683. Total revenue. See instructions.

Part X Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor			mplete column (A).	
	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		<u> </u>		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	4			
	individuals See Part IV, line 22.				
3	Grants and other assistance to foreign				
·	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16		•		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	• .			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	•		3	
	persons described in section 4958(c)(3)(B)	•			•
7	Other salaries and wages	1,106,182.	911,757.	194,425.	
8	Pension plan accruals and contributions (include				
Ü	section 401(k) and 403(b) employer contributions)				,
9	Other employee benefits	29,899.	24,087.	5,812.	
10	Payroll taxes	81,876.	66,683.	15,193.	
11	Fees for services (non-employees).				,
а	Management				•
ь	Legal				
С	Accounting				•
d	Lobbying		THE THE REAL PROPERTY AND THE PROPERTY A	00 Jul. 2012 2000000000 899000 10000 10000	•
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			t .	,- ,,
g	Other (If line 11g amount exceeds 10% of line 25,				ŧ
	column (A) amount, list line 11g expenses on Sch O.)		•	•	•
12	Advertising and promotion				
13	Office expenses				
14 15	Information technology Royalties			•	•
16	Occupancy	52,730.	•	52,730.	
17	Travel	119,297.	104,305.	14,992.	
18	Payments of travel or entertainment expenses	<del></del>			<del></del>
	for any federal, state, or local public officials				•
19	Conferences, conventions, and meetings	59,590.	6,849.	52,741.	
20	Interest	258.		258.	·
21	Payments to affiliates		•		1
22	Depreciation, depletion, and amortization				4
23	Insurance	4,629.	3,324.	1,305.	5/2/VAC-705/4400040-6/12/46000000000000000000000000000000000000
24 .	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				A
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	1 001 524	1,000,860.	664.	
a	SCHOLARSHIPS DROFESCIONAL FEES	1,001,524. 49,211.	32,347.	16,864.	
, b	PROFESSIONAL FEES MEETINGS	32,941.	28,793.	4,148.	· · ·
C	EQUIPMENT MAINTENANCE	27,912.	6,429.	21,483.	
d	All other expenses	79,233.	28,201.	51,032.	*
25	Total functional expenses. Add lines 1 through 24e	2,645,282.	2,213,635.	431,647.	0.
<u>23</u> 26	Joint costs. Complete this line only if the organization	,	_,,,		<u> </u>
0	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)	•			

YOUNG CHILDREN 42-1135283 Page 11 Form 990 (2017) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 17,374. 109,796. Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 339,548 272,265 4. Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 6,520. 11,374 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10<u>a</u> 10b 10c b Less accumulated depreciation 11 Investments - publicly traded securties Investments - other securities See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets See Part IV. line 11 15 15 363,442. 393,435. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 27,386 33,989. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 237,877. 291.156. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 271,866. 318,542 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 74.893. 91,576. 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund

> 393,435. Form 990 (2017)

74,893.

32

33

91,576.

363,442.

32

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

Both consolidated and separate basis

Both consolidated and separate basis

Form 990 (2017)

За

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both X Separate basis

Act and OMB Circular A-133?

Consolidated basis

Consolidated basis

review, or compilation of its financial statements and selection of an independent accountant?

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

b Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

# SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization IOWA ASSOCIATION FOR THE EDUCATION OF 42-1135283 YOUNG CHILDREN 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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)(ıv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 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 12 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 II, Type III, 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 (iii) Type of organization (v) Amount of monetary (vi) Amount of other (ı) Name of supported (ii) EIN (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

Total

42-1135283 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.)

Se	ction A. Public Support		·			······································	
_	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and		• •			• •	
•	membership fees received (Do not						
	include any "unusual grants ")	1321079.	1605610.	1755967.	2405245.	2594683.	9682584.
2	<u>.</u> *						
	_						
	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	1321079.	1605610.	1755967.	2405245.	2594683.	9682584.
	_						
	-						
	-						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						9682584.
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1321079.	1605610.	1755967.	2405245.	2594683.	9682584.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	8.	5.	8.			21.
9	Net income from unrelated business					1	
	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)	43,888.	45,946.	47,131.	43,868.	33,916.	
11	Total support. Add lines 7 through 10						9897354.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
50			centage				
	· · · · · · · · · · · · · · · · · · ·			.1 (0)		44	97 93 %
				oiumn (t))			25.5
	., .			. lung 10 and lun - 4	14 10 22 1/20/ 65		
168				inne is, and line	14 IS 33 1/3% Of M	ore, crieck this box	
Include any "unusual grants")  Tax revenues levide for the organization of benefit and ether paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subsective's from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Gross receipts from related activities, etc. (see instructions)  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							
C					mie 10 15 33 1/3%	or more, check thi	<b>▶</b> [
47.	•		• •		13 16a or 16b a	nd line 14 is 10% (	or more
17 a							
	-					t villow the organ	<u>▶</u>
						7a and line 15 is 1	لسبا 🕶 ا0% or
10							
	-						▶□
10	<del>-</del>						
ΙÖ	rrivate foundation. If the organization	n did not check a f	DON OF HIRE TO, 102	a, 100, 17a, 01 170			
					Scrie	Arie v froim 220	U 330-LL   2011

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

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

(Complete only if you checked qualify under the tests listed be			organization failed	to qualify under F	art II If the organiz	ation fails to
Section A. Public Support	low, please comp	nete Part II)				
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not	\					
ınclude any "unusual grants ")				,	/	
Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose		\				
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf  The value of services or facilities					<del>                                     </del>	
5 The value of services or facilities furnished by a governmental unit to		\				
the organization without charge		7				
6 Total. Add lines 1 through 5			X			
7a Amounts included on lines 1, 2, and			/\		1	
3 received from disqualified persons			\	1		
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b				f ,		
8 Public support. (Subtract line 7c from line 6)     ection B. Total Support	, ş		,	\	ļ,' ;	
alendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
Da Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
	/	· · ·		<u> </u>	<u> </u>	
c Add lines 10a and 10b  Net income from unrelated business						
activities not included in line 10b, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part //I )						
3 Total support (Add lines 9, 10c, 11, and 12)						
First five years. If the Form 990 is for	the organization's	first, second, third	I, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here					\	<u> </u>
ection C. Computation of Public	Support Per	centage				<u> </u>
5 Public support percentage for 2017 (lin	ne 8, column (f) di	vided by line 13, co	olumn (f))		15	\
Public support percentage from 2016				1114113 44-45	16	
ection D. Computation of Invest	tment Income	Percentage			<del></del>	
7 Investment income percentage for 20	17 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	
Investment income percentage from 2					18	/
a 33 1/3% support tests - 2017. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 3	33 1/3%, and line 1	7 is not 🔪 _
more than 33 1/3%, check this box and	•					Ì₹□
b 33 1/3% support tests - 2016. If the						nd 🚶
line 18 is not more than 33 1/3%, chec	k this box and st	op here. The organ	nization qualifies a	is a publicly suppo	orted organization	ightharpoonup  angle
O Private foundation. If the organization						شمم

### 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly of 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		

Sche	edule A (Form 990 or 990-EZ) 2017 YOUNG CHILDREN		4	2-1135283 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in Pa	art VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		•
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		-
	uon B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		7	
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c	•	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5_		
_6_	Multiply line 5 by 035	6		
_7_	Recoveries of prior-year distributions	7	<u> </u>	
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	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		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 YOUNG CHILDREN 42-1135283 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the 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 (i) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2017 a | | | | | **b** From 2013 c From 2014 d From 2015 e 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) Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D. a Applied to underdistributions of prior years b Applied to 2017 distributable amount c 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 3 and 4c 8 Breakdown of line 7 a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

( ' ( ) ' )

Schedule A	(Form 990 or 990-EZ) 2017 YOUNG CHILDREN	42-1135283 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10, Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines II, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	r 17b, Part III, line 12, 1 and 2, Part IV, Section C, V, Section B, line 1e, Part V,
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# **SCHEDULE D**

(Form 990)

1 (1)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

IOWA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN

**Employer identification number** 42-1135283

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, Iin	e 6			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose con	iferring		
	ımpermissible private benefit?		Yes No		
Pa			t IV, line 7		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)			
	Preservation of land for public use (e g , recreation or e	ducation) Preservation of a historic	cally important land area		
	Protection of natural habitat	Preservation of a certifie	d historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a			
	day of the tax year		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic stru		2c		
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure			
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	ganization during the tax		
	year >				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		Yes No		
_	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,				
6	Start and volunteer riours devoted to monitoring, inspecting,	manding of violations, and emorcing conserv	ation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year		
•	\$ \$	ming of violations, and emoreing conservation	reasements during the year		
Ω	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4	A/B)(i)		
Ū	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	<del>_</del>		
•	include, if applicable, the text of the footnote to the organizat				
	conservation easements				
Par		Art, Historical Treasures, or Othe	r Similar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8			
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement	t and balance sheet works of art,		
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherance	of public service, provide, in Part XIII,		
	the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	d balance sheet works of art, historical		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of public	service, provide the following amounts		
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$		
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$		
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial ga	in, provide		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items			
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$		
<u> </u>	Assets included in Form 990, Part X		\$		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2017		

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

Schedule D (Form 990) 2017

		THE EDUCATION		1125202 -
Schedule D (Form 990) 2017 YOUNG CHILD	REN		42	-1135283 Page
Part VII Investments - Other Securities.	•	•		
Complete if the organization answered "Yes"				<u> </u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation Cost or end	I-of-year market value
(1) Financial derivatives '				
(2) Closely-held equity interests				
(3) Other				
_ (A)				
(B)				
(C)				
(D)			•	
(E)				
·(F)				·
(G)				· - · · · · · · · · · · · · · · · · · ·
(H) , , , , , , , , , , , , , , , , , , ,			•	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		****		
Rart VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990 Part IV	/ line 11c See Form 990	Part X line 13	-
(a) Description of investment	(b) Book value		valuation Cost or end	l-of-year market value
	(4,		· · · · · · · · · · · · · · · · · · ·	<del>-</del>
(1)	<del> </del>	·-···		
(2)	<del>                                     </del>	····		
(3)	<del></del>			1
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(9)	ļ	1: 244.000.0000000000000000000000000000000	Ones previous constructions and a construction of the construction	VXX.COMPGG-00000000000000000000000000000000000
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13 )	<u> </u>			
Part IX Other Assets.		•		•
Complete if the organization answered "Yes"		, line 11d See Form 990	Part X, line 15	
(a)	Description			(b) Book value
(1) '				
(2)			-	
(3)	+	•		
(4)		,		
(5)	1			
(6)	·			
(7)				
(8)				
(9)			•	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15 )		<b></b>	
Part X Other Liabilities.	*	/ has 44s as 446 Cas Fam	000 Part V Ivan 05	
Complete if the organization answered "Yes"	on Form 990, Part IV	(b) Book value	m 990, Part X, line 25	
1. (a) Description of liability		(a) BOOK Value	4	
(1) Federal income taxes			4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
(2)				

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		<u> </u>
(4)		
(5)		
(6)		
(8)		
Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.)	<b>&gt;</b>	

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

Schedule D (Form 990) 2017

#### 1 "4" 1

## **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information. IOWA ASSOCIATION FOR THE EDUCATION OF

Open to Public Inspection 🚟

OMB No 1545-0047

Employer identification number

Name of the organization	IOWA ASSOCIATION FOR THE EDUCATION O YOUNG CHILDREN	F Employer identification number 42-1135283
FORM 990, PART V	VI, SECTION A, LINE 6:	
ASSOCIATION HAS	MEMBERS.	<u> </u>
FORM 990, PART V	VI, SECTION A, LINE 7A:	
MEMBERS ELECT TH	HE GOVERNING BODY.	
FORM 990, PART V	VI, SECTION A, LINE 7B:	·,
DECISIONS OF GOV	VERNING BODY ARE SUBJECT TO APPROVAL I	BY MEMBERS.
FORM 990, PART V	VI, SECTION B, LINE 11B:	
THE GOVERNING BO	DARD AND/OR GOVERNING BOARD EXECUTIVE	COMMITTEE REVIEWS FORM
990 BEFORE FILIN	NG.	
FORM 990 DART 1	VI, SECTION B, LINE 12C:	
	r OF INTEREST POLICIES ARE UPDATED AND	D REVIEWED ANNUALLY FOR
EACH BOARD MEMBI		
	,	
FORM 990, PART V	/I, SECTION B, LINE 15A:	
EXECUTIVE DIRECT	TOR'S COMPENSATION IS EVALUATED AND RE	EVIEWED BY EXECUTIVE
COMMITTEE ANNUAL	LLY.	
FORM 990, PART V	/I, SECTION C, LINE 19:	
BOARD MEETING MI	INUTES, FINANCIAL RECORDS AND OTHER OF	FFICIAL DOCUMENTS ARE
AVAILABLE TO PUR	BLIC ON WEBSITE. FINANCIAL STATEMENTS	, CONFLICT OF INTEREST
POLICY, CONFIDEN	TIALITY STATEMENTS AND AGENCY POLICIE	ES ARE AVAILABLE ON
REQUEST.		

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

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

Schedule O (Form 990 or 990 EZ) (2017)	Page 2
Name of the organization IOWA ASSOCIATION FOR THE EDUCATION OF	Employer identification number
YOUNG CHILDREN	42-1135283
HODW OOD DADW WIT I THE 2C.	
FORM 990, PART XII, LINE 2C:	
THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT (	OF AUDIT OF
THE ROUTE COMMITTEE ADDOMED REDICARDIDITIES FOR CVERTICAL C	<u> </u>
FINANCIAL STATEMENTS AND SELECTION OF INDEPENDENT ACCOUNTS	ANT. THIS
PROCEDURE HAS NOT CHANGED FROM PRIOR YEAR.	
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