Department of the Treasury 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)

OMB No 1545-0047

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

	<u>A F</u>	or the	2018 calendar year, or tax year beginning JUN 1, 2018 and er	nding <u>M</u>	<u>AY 31, 2019</u>	
	Вс	heck if	C Name of organization		D Employer identific	cation number
	а	pplicable	VT ASSOCIATION FOR THE EDUCATION OF	, ,		
		Addres:	I TOTAL CULT BE THE			
		Name change	Doing business as		03-0	313379
	F	Initial		oom/suite	E Telephone number	
	〒	Final		137	•	622-1155
		-Ireturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	<u> </u>	G Gross receipts \$	921,550.
	_	Amende				
	=	⊒return ∏Applica			H(a) Is this a group re	
	_	⊒tiòn pending		~ ~	for subordinates	
			145 PINE HAVEN SHORES ROAD, SUITE 1137		•	
			mpt status: X 501(c)(3)	527	ſ	list. (see instructions)
			e: ► VAEYC . ORG		H(c) Group exemptio	
-			organization: X Corporation Trust Association Other	L Year	of formation: 1972 N	State of legal domicile: VT
2019	Pe		Summary			
	e		Briefly describe the organization's mission or most significant activities. IMPRO			
0	Governance		PRACTICE OF EARLY CHILDHOOD PROFESSIONALS			
O.	ē		Check this box f the organization discontinued its operations or dispose	d of more	than 25% of its net as	
2	õ	3 1	Number of voting members of the governing body (Part VI, line 1a)		<u> 3</u>	12
N0 V	⊲ಕ	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	12
_	Activities	5 T	otal number of individuals employed in calendar year 2018 (Part V, line 2a)		. 5	5
Ш	Ž.	6 T	otal number of volunteers (estimate if necessary)		6	12
Z	ट्ट	7 a T	otal unrelated business revenue from Part VIII, colu ga (C) line 12		. 7a	0.
4	_	b N	Net unrelated business taxable income from Form 990-T, line 88-CEIVED		7b	0.
SCANNED					Prior Year	Current Year
S	ø	8 (Contributions and grants (Part VIII, line 1h)	RS-OSC	417,731.	836,197.
	Š		Program service revenue (Part VIII, line 2g)	Ö	9,356.	85,353.
	Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and /d)	2	0.	0.
	Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1000000000000000000000000000000000000		0.	0.
		12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line		427,087.	921,550.
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		78,895.	311,030.
			Benefits paid to or for members (Part IX, column (A), line 4)	.	0.	0.
	,		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·	158,599.	273,941.
	Se		Professional fundraising fees (Part IX, column (A), line 11e)		138,399.	
	Expenses			ຸ ⊢	0.	0.
	ă			<u>0. </u>	207 576	000 707
			Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	207,576.	228,797.
			otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	—	445,070.	813,768.
	_ <u>s</u>	19 F	Revenue less expenses. Subtract line 18 from line 12		-17,983.	107,782.
	tsoir			Be	ginning of Current Year	End of Year
	Sse Bala	20 T	otal assets (Part X, line 16)	<u> </u>	109,366.	217,148.
	Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 26)		0.	0.
	뚪	22 N	Net assets or fund balances. Subtract line 21 from line 20		109,366.	217,148.
		rt II	Signature Block			 .
			ties of perjury, I declare that I have examined this return, including accompanying schedules a			y knowledge and belief, it is
	true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of whic	h preparer	has any knowledge.	
			Solling		10/3/	19
	Sig	ו ו	Signature of difficer		Daté	
	Her	e	BETH ROWLEY, TREASURER			
			Type or print name and title			
			Print/Type preparer's name Preparer's sugnature	C	ate / Check	PTIN
	Paid	þ	ERIN J. PACKIE, CPA Maeli CAA	_	8/21/2018 If self-employe	P01442458
	Prep		Firm's name MUDGETT, JENNETT & KROGH-WISNER,	PC	Firm's EIN	03-0340114
	Use		Firm's address P.O. BOX 937			
			MONTPELIER, VT 05601-0937		Phone no / Q	02)229-9193
	May	the IP	S discuss this return with the preparer shown above? (see instructions)		Tr none no. 7 O	X Yes No
			wire revent with the preparet allower above (1566 HISHBERDIS)			IAITES INO

Form 990 (2018)

VT ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN

orm :	990 (2018) YOUNG CHILDREN	03-031	3379	Page 2
Par	t III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>		X
1	Briefly describe the organization's mission.			
	THE VERMONT ASSOCIATION FOR THE EDUCATION OF YOUNG	CHILDREN (V	/AEYC)	IS
	A NON-PROFIT ORGANIZATION DEDICATED TO IMPROVING T	THE QUALITY C	F CAR	3
	AND EDUCATION, IMPROVING THE PROFESSIONAL PRACTICE	OF EARLY CH	ILDHO	Œ
	PROFESSIONALS, AND BUILDING PUBLIC UNDERSTANDING A	ND SUPPORT F	OR HIC	H
2	Did the organization undertake any significant program services during the year which were not liste	d on the		
	pnor Form 990 or 990·EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	n services?	Yes	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 s	services, as measured by	y expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat	ions to others, the total (expenses, a	nd
	revenue, if any, for each program service reported.	···		
4a	(Code) (Expenses \$ 391,769. including grants of \$ 150,615) (Revenue \$	10,5	<u>557.</u>)
	T.E.A.C.H (TEACHER EDUCATION AND COMPENSATION F	ELPS) IS AN	EARLY	
	CHILDHOOD PROJECT THAT IS AN EVIDENCE-BASED, OUTCO		AND	
	EFFECTIVE NATIONAL STRATEGY. THIS COST-SHARING SCH	OLARSHIP MOI	EL	
	PROVIDES A COMPREHENSIVE EDUCATION AND SUPPORT NET	WORK TO STAT	ES TH	AT.
	ARE COMMITTED TO INCREASING THE AVAILABILITY OF AC	CESSIBLE, AF	FORDA	3LE
	COLLEGE EDUCATION AND WORKFORCE SUPPORTS FOR PROFE	ESSIONALS WOR	KING]	IN A
	VARIETY OF EARLY EDUCATION SETTINGS.			
				<u> </u>
		<u> </u>		
				
	(Code) (Expenses \$126,029. Including grants of \$) (Revenue \$	72,	5 84.)
	CONFERENCES - VERMONT'S LARGEST EARLY CHILDHOOD PF		- FAA	
	DEVELOPMENT EVENT, OUR ANNUAL 3-DAY FALL CONFERENCE		ER 500	
	EARLY CHILDHOOD PROFESSIONALS. WE ALTERNATE LOCATI			
	UNIVERSITY OF VERMONT'S DAVIS CENTER AND THE KILLI			. WE
	STRIVE TO BRING NATIONALLY RECOGNIZED KEYNOTE SPEA			
	FEATURED SPEAKERS AND STATE-LEVEL PRESENTERS OF THE			•
	VAEYC ALSO ACTS AS A FISCAL AGENT FOR CERTAIN VERN)F	
	EDUCATION CONFERENCES AND CHARGES AN ADMINISTRATIVE	/E FEE.		
				
		·		
4c	(Code) (Expenses \$ 198,671. including grants of \$ 160,415) (Revenue \$,
₩.	(Code (Expenses 198,671. including grants of \$ 160,415 TUITION GRANTS AND CERTIFICATE BONUSES - VAEYC ADM		TEDMO	<u>, אינור</u>
	CHILD DEVELOPMENT DIVISION PROFESSIONAL GRANTS AND			
	ACHIEVEMENT BONUSES. LEVEL CERTIFICATE BONUS AMOU			
	THE LEVEL CERTIFICATE ACHIEVED AND RANGE FROM \$100			014
	PROFESSIONAL DEVELOPMENT GRANTS INCLUDE: CDA ASSES			CHE
	COLLEGE TUITION GRANT, THE PEER REVIEW ASSESSMENT		HE GEI	
	ASSESSMENT FEE GRANT AND THE AFTERSCHOOL PROFESSION			
	GRANT. VAEYC RECEIVED A GRANT OF \$210,231 TO ADMIN			
	GIGHT - AND C MECHTARD & GIGHT OF SATA AND TO WORTH	ATDION THIN E	WOOKAT.	**
		····		
		 		
4d	Other program services (Describe in Schedule O.)	. 		
TU	(Expenses \$ 79,524 • including grants of \$) (Revenue \$)	
4e	Total program service expenses 795,993.			
<u></u> _	1901000		Form QC	20 (2018)

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Form 990 (2018) 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_1	X_	
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		_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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		i	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١.,		
	Part VI	11a		X
þ	,	۱		v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X_
C	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			, v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X_
ч	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	l	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		<u> </u>
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ļ]	}
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-	l	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	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	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	l		
	complete Schedule G, Part III	19	<u> </u>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	L	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1	1	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u></u>	X

Form 990 (2018) YOUNG CHILDREN

Part IV Checklist of Required Schedules (continued)

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			Yes	No
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			
	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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	· · · · · · · · · · · · · · · · · · ·	040		
ن.	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			3,5
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	_	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			i
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			ĺ
	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	1		Ì
	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			1
	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
	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		х
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?			 -
٥.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		-
32				- T
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7,
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	— —	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	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	ĺ		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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_		X
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	
Pa	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			···
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			1
U	(gambling) winnings to prize winners?	4-		
	Administration of bure municipal	<u>1c</u>	000	

Part V

Page 5

Statements Regarding Other IRS Filings and Tax Compliance (continued) No Yes 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X За b If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 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? **7**f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 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 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13h c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? X 15 If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? X 16 If "Yes," complete Form 4720, Schedule O.

YOUNG CHILDREN 03-0313379 Form 990 (2018) 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 Check if Schedule O contains a response or note to any line in this Part VI Section 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 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. 12 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 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 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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 appoint one or 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 persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X Each committee with authority to act on behalf of the governing body? 8b 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 No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a 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 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c X Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 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? X The organization's CEO, Executive Director, or top management official 15a X 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 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 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 (1024 or 1024-A 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 Another's website X Upon request ☐ Own website Other (explain in Schedule O) 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 SONJA RAYMOND - 802-578-0735 PINE HAVEN SHORES ROAD, SUITE 1137 05482 SHELBURNE 145

YOUNG CHILDREN

Page 7

Form 990 (2018) 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 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	d organization compensated any current officer, director, or trustee.								
(A)	(C)						(D)	(E)	(F)	
Name and Title	Average	(do		Pos heck		than:	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cerar	laad	recio	mus	100)	from	from related	other
	(list any	irect		1				the	organizations	compensation
	hours for related	2	<u>#</u>			sated	l	organization	(W-2/1099-MISC)	from the
	organizations	l age	置	1	 25	ngu		(W-2/1099-MISC)	,	organization and related
	below	턜	# # # # # # # # # # # # # # # # # # #	١.	[ğ 2	_			organizations
	line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Богте			Organization 5
(1) JOHANNA VACZY	2.00									
PRESIDENT		X	<u>L</u>	X				0.	0.	0.
(2) TIERNEY O'MEARA	2.00	1								
PRESIDENT ELECT		X	_	X			ļ	0.	0.	0.
(3) BETH ROWLEY	2.00									
TREASURER		X		X	ļ		ļ	0.	0.	0.
(4) INES ABDELNOUR	2.00	ļ								
SECRETARY		X	<u> </u>	X	ļ	<u></u>		0.	0.	0.
(5) NANCY STEELEY	2.00	1					1			
MEMBER AT LARGE	<u> </u>	X		<u> </u>	ļ			0.	0.	0.
(6) STEPHANIE MCDANIEL	2.00									
MEMBER AT LARGE		X				$oxed{oxed}$		0.	0.	0.
(7) SHELLY HENSON	2.00					:				
MEMBER AT LARGE		X			<u> </u>			0.	0.	0.
(8) SONJA RAYMOND	40.00								ł	
EXECUTIVE DIRECTOR		_	<u> </u>	X	L_			38,750.	0.	0.
(9) JENNIFER TUCKER	1.00							}		
MEMBER AT LARGE			L		<u> </u>			0.	0.	0.
(10) BREND METZLER	1.00									
MEMBER AT LARGE		_	_	_	<u> </u>			0.	0.	0.
(11) SHARRON HERRINGTON	1.00	ļ	}						_	_
MEMBER AT LARGE	1 00	-		├-	<u> </u>			0.	0.	0.
(12) CHRISTINE NOONAN	1.00	-								_
MEMBER AT LARGE	1 2 2 2	-	ļ					0.	0.	0.
(13) CHRISTINE NELSON	1.00	ł								_
MEMBER AT LARGE		<u> </u>	ļ	<u> </u>				0.	0.	0.
	ļ									
	<u> </u>		<u></u>	<u> </u>	<u> </u>	<u> </u>	<u>L</u> .	ļ		
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Name and title Average horus per week (last arry hours for related organizations below the organizations the organization that the organization spreader that the organization spreader that the organization organization organization that the organization organization organization that the organization organization organization organization that the organization	Part VII Section A. Officers, Directors, T		ploy	ees.			ghe	st C			—т			
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Sub-total Sub	Name and title	,		not c	heck	more	than			•	1			-
the property of the property		,							•	•				
1b Sub-total		i	ğ											
1b Sub-total		hours for	E E				2		1		C)			
1b Sub-total		1	tee o	ustee			ensat		(W-2/1099-MISC)			orga	nızat	ion
1b Sub-total		1 -	E E	ale		oyee	e com							
1b Sub-total		1	Mde	렱	8	E	Pest Boye	Ē				orga	nizati	ons
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d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address NONE Description of services (B) CC) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited t	c Total from continuation sheets to Par	t VII, Section A							0.		0.			0.
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\$100,000 of compensation from the organization												• • • • • • • • • • • • • • • • • • • •		
\$100,000 of compensation from the organization														
	·		not l	ımıte	ed to		_	ste	d above) who received n	nore than		•		
Fixin add (2017)	\$100,000 of compensation from the org	ganization 🕨					U						200	

Form 990 (2018) YOUNG C

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII		<u> </u>	
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	c d e f	Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above	9,669. 809,088. 17,440.			,	
ξE	g	Noncash contributions included in lines 1a-1f \$		836,197.		7.	
0 10	n	Total. Add lines 1a-1f	Business Code	630,137.		<u> </u>	
Program Service Revenue	2 a b	CONFERENCE FEES T.E.A.C.H. PROGRAM SER MISCELLANEOUS	611710 611710 611710	72,584. 10,557. 2,212.	72,584. 10,557.	· · · · · · · · · · · · · · · · · · ·	2,212.
E	c d		011/10	4,414.			2,214.
Progra Re	A						
	ť	All other program service revenue					
	g	Total. Add lines 2a-2f		85,353.			
	3	Investment income (including dividends, inter- other similar amounts)					
	4	Income from investment of tax-exempt bond p	oroceeds >				
	5	Royalties	· · · · •				
	_	(i) Real	(ii) Personal	J,			
	6 a		 		,		* **
l	b	Less: rental expenses Rental income or (loss)		-			[r '
	4						r ·
	d 7 a	Gross amount from sales of (i) Securities	(ii) Other	17.1	· · · · · · · · · · · · · · · · · · ·		
	, .	assets other than inventory	(ii) Ouriei	~ ,		,	ļ, '
	b	Less: cost or other basis		*			
	1	and sales expenses				, 1,	
	С	Gain or (loss)					
	d	Net gain or (loss)	. •				
enne	8 a			_, ,		-, -	.,
ě.		contributions reported on line 1c) See				,	
Other Reve		Part IV, line 18 a				-	
9		Less: direct expenses b	L				Ì
		Net income or (loss) from fundraising events	<u> </u>			<u> </u>	
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 a					ti-
		Less: direct expenses					
		Gross sales of inventory, less returns				<u>-</u>	
		and allamana		,	l.	-	ļ
	ь	and allowances a Less: cost of goods sold b				:	
		Net income or (loss) from sales of inventory					•
		Miscellaneous Revenue	Business Code	,			1
	11 a						
	b						
	С						
	_	All other revenue	L		ļ	ļ	<u> </u>
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		921,550.	83,141.	0.	2,212.

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Form 990 (2018) YOUNG CHILDREN
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			ompiete column (A).	
- <u>-</u>	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ĺ	İ	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			į	
	individuals. See Part IV, line 22	311,030.	311,030.		
3	Grants and other assistance to foreign			į	•
	organizations, foreign governments, and foreign				
	ındıvıduals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	39,620.	34,120.	5,500.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				· · · · · · · · · · · · · · · · · · ·
7	Other salaries and wages	213,299.	213,299.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,850.	5,850.		
10	Payroll taxes	15,172.	14,608.	564.	
11	Fees for services (non-employees):	06.040	06 040		
а	Management .	26,812.	26,812.		
b	Legai	7 600	6 250	1 350	
C	Accounting	7,602.	6,250.	1,352.	
d	Lobbying		 		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		05 400	25 206	204	
_	column (A) amount, list line 11g expenses on Sch O.)	<u>25,400.</u>	25,096.	304.	
12	Advertising and promotion .	10,571.	9,870.	701.	
13	Office expenses	7 440	4 004	2 516	
14	Information technology	7,440.	4,924.	2,516.	
15	Royalties	12 760	12 510	350	
16	Occupancy	13,769.	13,519. 5,359.	250. 56.	
17	Travel	5,415.	3,339.		···
18	Payments of travel or entertainment expenses	ļ			
	for any federal, state, or local public officials	100 700	100 576	206	
19	Conferences, conventions, and meetings	109,782.	109,576.	206.	
20	Interest				
21	Payments to affiliates			 	
22	Depreciation, depletion, and amortization	5,627.	2,082.	3,545.	
23	Insurance Other expenses, Itemize expenses not covered	5,04/.	4,004.	3,343.	<u> </u>
24	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 0.)				-
а	TELEPHONE	4,109.	3,749.	360.	
b	PRINTING & COPYING	3,425.	3,425.	300	
2	MEMBERSHIPS & DUES	2,660.	1,962.	698.	
d	SUPPLIES	2,538.	2,070.	468.	
	All other expenses	3,647.	2,392.	1,255.	···
	Total functional expenses. Add lines 1 through 24e	813,768.	795,993.	17,775.	0
<u>25</u>	Joint costs Complete this line only if the organization	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21,1130	
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	Ì			
	Check here If following SOP 98-2 (ASC 958-720)				
	in following SOF BO'S (AGO SUB-720)				

Form 990 (2018)
Part X | Balance Sheet

Pai	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
	,		(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	109,366.	1	217,148.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3_	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			•
	i	Part II of Schedule L		5	·
	6	Loans and other receivables from other disqualified persons (as defined under			
	ļ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	-		•
	l	employers and sponsoring organizations of section 501(c)(9) voluntary			· .
y,		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ą	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	ł	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a	-		
	ь	Less accumulated depreciation 10b		10c	± 1+ f1
	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	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	109,366.	16	217,148.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	<u></u>	21	
ý	22	Loans and other payables to current and former officers, directors, trustees,	,		+ ,
Liabilities		key employees, highest compensated employees, and disqualified persons.		ļ	^ ,
ig		Complete Part II of Schedule L		22	
Ï	23	Secured mortgages and notes payable to unrelated third parties		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		1	
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
y.		complete lines 27 through 29, and lines 33 and 34.			
ဦ	27	Unrestricted net assets		27	
Fund Balances	28	Temporarily restricted net assets		28	···········
8	29	Permanently restricted net assets		29	
Ş		Organizations that do not follow SFAS 117 (ASC 958), check here			·
F	1	and complete lines 30 through 34.		1	
ş	30	Capital stock or trust principal, or current funds	0.	30	0.
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	· .
Net Assets or	32	Potained earnings, andowment, accumulated income, or other funds	109,366.	32	217,148.
Š	33	Total net assets or fund balances	109,366.	33	217,148.
	34	Total habilities and net assets/fund balances	109,366.	34	217,148.
		Total Indomino different depoter faile paralless		<u> </u>	Form 990 (2018)

₹orm	990 (2018) YOUNG CHILDREN	03-0313	379	Pag	ge 12
_	t 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	923	L,5	50.
2	Total expenses (must equal Part IX, column (A), line 25)	2	813	3,7	68.
3	Revenue less expenses. Subtract line 2 from line 1	3			82.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	109	9,3	66.
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	21'	<u>7,1</u>	<u>48.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·		Щ.
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				Ì
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a	1 1		!
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				Ì
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u>	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				ļ
	X Separate basis				1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u>X</u>	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
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 Audit			4,5
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	_		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	
			Form	990	(2018)

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.

2018

Open to Public Inspection

Name of the organization VT ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN

Employer identification number 03-0313379

Pa	rt I	Reason for Public (Charity Status (All organizations must co	mplete thi	s part.) Se	e instructions.	<u> </u>
The	organ	zation is not a private found						1 (1
1		A church, convention of chi		=	-			$\cap \mathcal{U}$
2	\Box	A school described in secti						U^{\dagger}
3	一	A hospital or a cooperative					i).	_
4	$\overline{\Box}$	A medical research organiza					•	the hospital's name.
•		city, and state:		,				,
5		An organization operated for	or the benefit of a co	llege or university owner	f or operat	ed by a no	overnmental unit describ	ed in
Ŭ		section 170(b)(1)(A)(iv). (C		mogo or annionomy ownion	o opola		ovorminoma, and accomb	
6			•	nental unit described in a	section 17	O(b)(1)(A)	(v)	
7	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	section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)							
9	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:	, and some go an agree				,,	
10	X	An organization that normal	Ilv receives: (1) more	than 33 1/3% of its sun	port from	contribute	ons, membership fees, a	nd gross receipts from
		activities related to its exem	-	·	-		•	-
		income and unrelated busin	•	• •	٠,		* *	•
		See section 509(a)(2). (Cor		(, , , , , , , , , , , , , , , , , , ,	545			until 02.10 02, 10101
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).						
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or						
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in						
		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.						
а		Type I. A supporting orga	• •			•	-	giving
		the supported organization	•	•				
		organization. You must c						•
b		Type II. A supporting orga	anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	ving
		control or management of	f the supporting org	anization vested in the s	ame perso	ns that co	ontrol or manage the sup	ported
		organization(s). You mus			•			
c		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete f	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organia	zation generally must sat	isfy a disti	nbution re	quirement and an attent	iveness
		requirement (see instructi	ions). You must co r	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ng organiz	zation.		
f	Ente	er the number of supported o	organizations					
9	Prov	vide the following information						·····
	(i) Name of supported	(ii) EIN	(fii) Type of organization (described on lines 1-10	(iv) is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
			<u> </u>	<u> </u>				
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Tota	<u>ai</u> _		L					

VT ASSOCIATION FOR THE EDUCATION OF 03-0313379 Page 2 Schedule A (Form 990 or 990-EZ) 2018 YOUNG CHILDREN 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 (c) 2016 (d) 2017 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 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 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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2017 (f) Total Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016(e) 2018 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 2018 (line 6, column (f) divided by line 11, column (f) ... 14 % 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2018. 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 - 2017. If 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 - 2018. 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 circumstances" test. The ofganization qualifies as a publicly supported organization

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

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

b 10% -facts-and-circumstances test - 2017; 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

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 YOUNG CHILDREN

03-0313379 Page 3

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	222,677.	218,916.	444,019.	417,731.	836,197.	2139540.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	72 050	73,386.			ï	
_	organization's tax-exempt purpose	73,858.	13,300.	84,780.	9,356.	85,353.	326,733.
3	Gross receipts from activities that are not an unrelated trade or business under section 513		,				
4	Tax revenues levied for the organ-					-	
	ızation's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	296,535.	292,302.	528,799.	427,087.	921,550.	2466273.
	Amounts included on lines 1, 2, and					,	
	3 received from disqualified persons						0.
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)						2466273.
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·	/				
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	296,535.	292,302.	528,799.	427,087.	921,550.	2466273.
10 <i>a</i>	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	46.				:	46.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	46.					AC
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	40.					46.
12	Other income. Do not include gain						
	or loss from the sale of capital	14,530.					14,530.
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12)	311,111.	292.302.	528,799.	427,087.	921,550.	2480849.
	First five years. If the Form 990 is for						
	check this box and stop here					······································	▶ □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	99.41 %
16	Public support percentage from 2017	Schedule A, Part	III, line 15	. ,.		16	98.51 %
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	18 (line 10c, colum	nn (f), divided by lii	ne 13, column (f))		17	.00 %
18	Investment income percentage from 2	2017 Schedule A, I	Part III, line 17		[18	.01 %
19a	33 1/3% support tests - 2018. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ai	nd stop here. The	organization qualif	ies as a publicly si	upported organiza	tion	$\triangleright \mathbf{X}$
0	33 1/3% support tests - 2017. If the						and . —
^~	line 18 is not more than 33 1/3%, che						▶⊨
20	Private foundation. If the organizatio	<u>n did not check a l</u>	<u>box on line 14, 19</u>	a, or 19b, check th	is box and see ins	tructions	

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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)			
Sec	tion A. All Supporting Organizations			
			Yes	No
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.	1_1_		
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)	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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			ĺ
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	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	3c		
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.	4a		
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.	4b	ļ	
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	ĺ	ł	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		l	
	purposes.	4c	<u> </u>	1
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	l	1	1
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	ì	1	
	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).	<u>5a</u>	ļ	ļ
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?	5b		ļ
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<u>5c</u>	ļ	ļ
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			1
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	,	1	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in]]	-
	Part VI.	6	-	ļ
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			! .
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			'
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	}	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	1	İ	l '
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	88	<u> </u>	-
9a				1
	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.	9a	 -	
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.	9b	 	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		1	1
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	┼	├
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		'	1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	1		1
	supporting organizations)? If "Yes," answer 10b below.	10a	 	-
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1	1

determine whether the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018 YOUNG CHILDREN 03-0313379 Page 5 Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 11b b A family member of a person described in (a) above? c 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 Section B. Type I Supporting Organizations Yes No 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 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. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations No Yes 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 organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 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 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below ь The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions), Activities Test Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. За 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.

	dule A (Form 990 or 990-EZ) 2018 YOUNG CHILDREN			3-0313379 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov 20, 1970 (explain in P	art VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Pnor 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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		- 1	C. 1. 4
	instructions for short tax year or assets held for part of year)			·
a	Average monthly value of securities	1a_		
b	Average monthly cash balances	1b		
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	Recovenes of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		•	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	d by g day	
2	Enter 85% of line 1	2	247.4	
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	24. 5 8. 32 8	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		30 00 10	
	emergency temporary reduction (see instructions)	6	1	
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

	dule A (Form 990 or 990-EZ) 2018 YOUNG CHILDRE			3-0313379 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions		·····	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
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	he organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2018			
a	From 2013			
_ <u>b</u>	From 2014		<u> </u>	
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
نــــــــــــــــــــــــــــــــــــــ	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		·	
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
<u>_</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in		-	
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3; and 4c.			
8	Breakdown of line 7:			
	Excess from 2014		· · · · · · · · · · · · · · · · · · ·	
	Excess from 2015	<u> </u>		
	Excess from 2016			
	Excess from 2017		 	
	Excess from 2018	 		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990 EZ) 2018 YOUNG	CHILDREN	03-0313379 Page 8
Part VI	Supplemental Information. Pr Part IV, Section A, lines 1, 2, 3b, 3c, 4l line 1; Part IV, Section D, lines 2 and 3	ovide the explanations required by Part II, line 10; Part D, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Sec, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, Section E, lines 2, 5, and 6. Also complete this part f	t II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section C, /, line 1; Part V, Section B, line 1e; Part V,
			
<u> </u>			
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SCHEDULE D

(Form 990) ·

Department of the Treasury internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization YOUNG CHILDREN

VT ASSOCIATION FOR THE EDUCATION OF

Employer identification number 03-0313379

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, IIr	ne 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 advi	used funds
Ū	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?	or defici advisor, or for any other purpose	Yes No
Pai		ganization answered "Ves" on Form 990	
1	Purpose(s) of conservation easements held by the organizat		Tarry, mor.
'	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space	Preservation of a cer	rulled historic structure
_	• •	E-d	
2	Complete lines 2a through 2d if the organization held a quali	tied conservation contribution in the form	F
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		. <u>2a</u>
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	· · ·	2c
d	(-,	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing coi	nservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	••••	Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or (Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	and a second of the second of p	ability control, provide the remaining amounts
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X	• ••	. \$
•		onguran or other similar access for five access	. \$
2	If the organization received or held works of art, historical tre		iai gain, provide
_	the following amounts required to be reported under SFAS 1	r 10 (ASC 958) relating to these items.	. .
a	Revenue included on Form 990, Part VIII, line 1	•••	. \$
b	Assets included in Form 990, Part X		. \$

	dule D (Form 990) 2018 YOUNG C			 -	····			<u>03-03</u>			<u>e 2</u>
Pai	t III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following that a	are a sig	nificant	use of its	collection	items	
	(check all that apply):										
а	Public exhibition	C	الِيا ا	_oan or exc	hange program	ns					
b	Scholarly research	•	\Box	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how th	ey further t	he organization	's exen	npt purp	ose in Parl	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or other	sımilar	assets		_		
	to be sold to raise funds rather than to be ma						<u> </u>		Yes		No
<u>Paı</u>	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered "Y	es" on I	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21									
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other asse	ets not i	ncluded		_		
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	oilowing t	able:							
									Amount		
C	Beginning balance					•••	1c				
d	Additions during the year						1d	L			
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or c	ustodial accour	nt liabilit	ty?		Yes		No
	If "Yes," explain the arrangement in Part XIII.							11. 4.			
Pai	t V Endowment Funds. Complete						0.				
		(a) Current year		rior year	(c) Two years			years back	(e) Four	years b	ack
1a	Beginning of year balance										
b	Contributions										
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										_
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	a. column (a	a)) held as:						
a	Board designated or quasi-endowment		%	5 ,	-,,						
b	Permanent endowment	%									
	Temporarily restricted endowment	^ %									
Ŭ	The percentages on lines 2a, 2b, and 2c sho										
22	Are there endowment funds not in the posse		ation the	t are held a	and administere	d for th	e organi	zation			
Ja	by:	ssion of the organiz	anon me	it are riold a	and agrilling istere		c organi	zation	Г	Yes	No
	(i) unrelated organizations								3a(i)	163	140
	**		•			••					
٩	(ii) related organizations	· · · · · · · · · · · · · · · · · · ·	rad on C	obodulo PO	•			••	3a(ii) 3b	-+	
_	Describe in Part XIII the intended uses of the	•			•			•	30		
4 Pai	t VI Land, Buildings, and Equipm		O WILLIGHT	unus.							
	Complete if the organization answere		n Part N	/ line 11a 9	See Form 990 I	Part Y	ine 10				
	Description of property	(a) Cost or o			t or other		cumulate	he	(d) Book	value	—
	bescription of property	basis (investi		,	(other)		reciation		(u) Door	, value	
1-	Land	2235 (,				20.200				
	Land	•									
	Buildings										—
C 	Leasehold improvements										
ď	Equipment	———	 								
<u>е</u>	Other			(D) to	1001						_

	O (Form 990) 2018 YOUNG CHILDI	REN		03-0313379 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" of			
	ption of security or category (including name of security)	(b) Book value	(c) Method of valua	tion: Cost or end-of-year market value
(1) Financ	ial derivatives L		<u> </u>	
(2) Closely	y-held equity interests			
(3) Other				_
(A) _			<u> </u>	
(B)				
(C)				
(D)				
(E)			†	
(F)				
(G)				
(H)			 	
	(b) must equal Form 990, Part X, col. (B) line 12.)			7
	II Investments - Program Related.	······································		
	Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11c. See Form 000. Dart	Y line 13
	(a) Description of investment	(b) Book value		tion: Cost or end-of-year market value
(1)	(4)	(4)	(0)	
(2)				
(3)				
(4)			 	
(5)				
(6)		<u> </u>		
(7)	· · · · · · · · · · · · · · · · · · ·			
(8)	· · · · · · · · · · · · · · · · · · ·		 	
(9)			 	
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX				· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes"	on Form 990, Part IV. line	e 11d. See Form 990. Part	t X. line 15.
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. (B) line	15.)		D
Part X				<u></u>
	Complete if the organization answered "Yes"	on Form 990, Part IV. line	9 11e or 11f. See Form 99	0. Part X. line 25
1.	(a) Description of liability	<u> </u>	(b) Book value	4 1 1 1 1 1 1 1 1
	ederal income taxes			
(2)				1 Towns of
(3)				_ · · · · · · · · · · · · · · · · · · ·
(4)				· · · · · · · · · · · · · · · · · · ·
(5)			· · · · · · · · · · · · · · · · · · ·	
(6)			·	المرابع أأثر والشيارة والمالية
(7)				

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

(8) (9)

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

03-0313379 Page 4 YOUNG CHILDREN Schedule D (Form 990) 2018 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. Total revenue, gains, and other support per audited financial statements 921,550. Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a **b** Donated services and use of facilities 2b c Recovenes of pnor year grants 2c Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 921,550. Subtract line 2e from line 1 3 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 4b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 550. 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. 813,768. Total expenses and losses per audited financial statements 1 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 .. , 2c Other (Describe in Part XIII.) **2**d e Add lines 2a through 2d 2e 813,768. 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 b Other (Describe in Part XIII) 4h c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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, 2019. THE TAX YEARS ENDING MAY 31, 2018, 2017, AND 2016 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.

•	•		\mathbf{v}	ASS	OCIATION	FOR	THE	EDUCA	MOIT	OF		
Schedule D	(Form 990) 2	2018 ental Infor n	YOU	NG	CHILDREN						03-0313379	Page 5
- art XIII	Supplem	ientai iniori	natio	(COI	ntinuea)							
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Open to Public Schedule I (Form 990) (2018) **2** Employer identification number · Inspection: , 03-0313379 OMB No 1545-0047 2018 (h) Purpose of grant or assistance X Yes 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 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 (g) Description of noncash assistance : (f) Method of valuation (book, Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. FMV, appraisal, other) Governments, and Individuals in the United States Grants and Other Assistance to Organizations, : ► Go to www.irs.gov/Form990 for the latest information. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table FOR THE EDUCATION OF (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (**p**) EIN VT ASSOCIATION YOUNG CHILDREN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part N

Page 2

03-0313379

YOUNG CHILDREN

Schedule I (Form 990) (2018) 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

Part III Grants and Other Assistance to Domestic Individuals.

(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
TEACH RECIPIENT PAYOUTS ON BEHALF OF INDIVIDUALS TO ORGANIZATIONS FOR SCHOLARSHIPS, THIS INCLUDES BOOKS, TUITION, BONUSES AND TRAVEL,	91	150,615.	0		
S FOR CHII	287	160,415.	0		
					;
Part IV. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	uired in Part I, lin	e 2, Part III, column	(b); and any other a	ddittonal information.	
PART I, LINE 2:					
TEACH GRANTS ARE SCHOLARSHIPS PAID	DIRECTLY	Y TO EDUCATIONAL		INSTITUTIONS ON	
DIVIDUAL RECIPIENTS.	EC	rs' Eligibility	IS	DETERMINED	
AKING THE ON-BEHALF PAYM		FOR TUITION.	,		
CERTIFICATE BONUS AND TUITION GRANTS	i i	AID DIRECT	LY TO INST	ARE PAID DIRECTLY TO INSTITUTIONS ON	

BEHALF OF INDIVIDUAL RECIPIENTS. RECIPIENTS' ELIGIBILITY IS DETERMINED

PRIOR TO MAKING THE ON-BEHALF PAYMENTS FOR THESE GRANTS.

Schedule I (Form 990) (2018)

SCHEDULE O (Form 990 or 990-EZ)

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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.

Open to Public i Inspection

Department of the Treasury Internal Revenue Service Name of the organization

VT ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN

Employer identification number 03-0313379

Schedule O (Form 990 or 990-EZ) (2018)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND SUPPORT FOR CHILDHOOD PROGRAMS.
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.
PROFESSIONALIZING THE WORKFORCE - THIS PROGRAM FOCUSES ON ENGAGING THE
EARLY CHILDHOOD WORKFORCE IN CONVERSATIONS AND ACTIVITIES THAT FOCUS ON
THE 8 ELEMENTS REQUIRED TO CREATE A PROFESSION. THIS PROJECT GAUGED THE
WILL OF THE WORKFORCE TO PROFESSIONALIZE AND IS FACILITATING THE
PROCESS OF PROFESSIONALIZING IN COLLABORATION WITH THE NATIONAL
ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN AND THEIR POWER TO THE
PROFESSION ACTIVITIES.
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

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

832211 10-10-18

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

SALARIES ARE DETERMINED IN ACCORDANCE WITH THE SCOPE OF WORK

RESPONSIBILITIES OUTLINED ON JOB DESCRIPTIONS BY THE BOARD AFTER MARKET

ANALYSIS AND BASED ON BUDGET GUIDELINES. SALARIES ARE SET AT DATE OF HIRE

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization VT ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN	Employer identification number 03-0313379
AND RAISES ARE REVIEWED ANNUALLY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THEODMANTON IC DROWTHED UPON DEGUEOR	
INFORMATION IS INOVIDED OF ON REQUEST	
	