Form 990 (Rev January 2020) Lepartment 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)

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

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

2019
Open to Publication

A F	or the	e 2019 calendar year, or tax year beginning $\mathrm{JUL}1,2019$	ending	JUN 30, 2020	
Вс	heck if	C Name of organization		D Employer identific	cation number
а	pplicabl	IOWA ASSOCIATION FOR THE EDUCATION OF		' '	
	Addre chang	YOUNG CHILDREN			
	Name			42-11352	83
	Initial		Room/suit		
$\vdash$	Final	5525 MEDENTAR DETVE CULTAR F	110011/3010	515-331-	
_	Ireturn termin ated			G Gross receipts \$	3,134,463.
	Amen			H(a) Is this a group re	
	Application			for subordinates	
·	pendi	SAME AS C ABOVE	1	H(b) Are all subordinates in	
1 7	ax-ex	empt status X 501(c)(3)	or Do	<b>7</b> 1	list (see instructions)
		te: NWW.IOWAAEYC.ORG	<u> </u>	H(c) Group exemption	
		organization: Corporation Trust X Association Other ▶	I Vea		State of legal domicile IA
	ırt (l.	Summary	<u>L</u> ICA	TOTTOTTIALIGN. 1300 I	State of legal dofficile 222
<u> </u>	1		FORM	990, PART III	LINE 1.
Se	•	bridge december the digunization of most significant detivities	- 0141	2207 1111(1 111	L, DINE I.
nan	2	Check this box  if the organization discontinued its operations or dispos	ed of mor	e than 25% of its net ass	ente
Governance		Number of voting members of the governing body (Part VI, line 1a)	JCG 01 11101	3	21
Go		Number of independent voting members of the governing body (Part VI, line 1b)		4	21
∘ర		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	23
Activities		Total number of volunteers (estimate if necessary)		6	0
;ti		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Ă		Net unrelated business taxable income from Form 990-T, ImRECEIVED	i i	7b	0.
	Ĩ	The small section and the section of	າວໄ ⊺	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		34,657.	32,995.
Jue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)  NOV. 1 0 2020	RS-(	2,863,680.	3,088,560.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	ଧଳ∤ ├	0.	0.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c AGDEN, UT	1	9,068.	12,908.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,907,405.	3,134,463.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
,,	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,245,263.	1,223,391.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
E	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,663,167.	1,878,949.
	•	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,908,430.	3,102,340.
		Revenue less expenses Subtract line 18 from line 12		-1,025.	32,123.
or		· <u>-</u> ·	В	eginning of Current Year	End of Year
Net Assets	20	Total assets (Part X, line 16)		337,451.	493,270.
Ass	21	Total liabilities (Part X, line 26)		263,583.	387,279.
Net	22	Net assets or fund balances Subtract line 21 from line 20		73,868.	105,991.
Pa	ı <u>rtill</u>	Signature Block		<u> </u>	
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and staten	nents, and to the best of my	knowledge and belief, it is
true,	correc	it, and complete Declaration of preparer (other than officer) is based on all information of wh	nch prepare	r has any knowledge.,	
		Aulun 2016 runc		10/26	3020
Sigr	1	Signature of officer		Date	
Here		JILLIAN HERINK, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		JAY A HORN, CPA Jan a. Jour CI	PA	10-26-20 If self-employs	P01259887
Prep		Firm's name DENMAN & COMPANY, LLP			42-0794029
Use		Firm's address 1601 22ND STREET, SUITE 400		0 2	
	•	WEST DES MOINES, IA 50266-1453		Phone no 51	5-225-8400
Mav	the IF	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No

including grants of \$

2,650,541.

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) (Revenue \$

Total program service expenses

Form	990 (2019) YOUNG CHILDREN 42-1	135283	P	age 3
Pa	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	i		
	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 e	I		,,
_	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, o			, v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	-	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, F	Part I 6	<u> </u>	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		
0	·	8		X
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	6	<del>                                     </del>	^
9	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	- 3		<del></del>
.0	or in 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 3			
• •	as applicable			
а		,		
_	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	- 112		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		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	)		١.,
	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			,,
	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			
	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,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<b>.</b> .
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			<sub>v</sub>
20-	complete Schedule G, Part III	19	<del> </del>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1	I	I

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domestic government on Part IX, column (A), line 19 If "Yes." complete Schedule I. Parts I and II

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[Partiv Checklist of Required Schedules (continued)

			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 27 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
24 a	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		Х
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			
	any tax exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions)			
_				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #	000		Y
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		X
	·	28b	_	
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		х
20	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		$\frac{x}{x}$
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		$\frac{x}{x}$
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		٠,	
Pa	Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
(Fai	<del></del>			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	Estable make marked - Dr. 0.45, m. 1000 5 + 0.4 + 1.1 + 1.200		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 389			
	Enter the number of Forms W-2G included in line 1a Enter · 0 · if not applicable  1b 0	*		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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Fal	Statements Regarding Other INS Fillings and Tax Compliance (continued)				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1	1000 C	Yes	No
	filed for the calendar year ending with or within the year covered by this return	2a 23			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	Х	ac cares coe.
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		47.20		4.00
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	***************************************	X
	If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule C	)	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other au				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	=	4a		Х
b	If "Yes," enter the name of the foreign country	•		0.47	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	counts (FBAR)	2.254		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886 T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts		1	
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).			P	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi	ices provided to the payor?	7a		_X_
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?	1	7c	1382.492	X लस्क्रमा
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		15 Jan	
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor		7e	-	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fori		7g		
	3		7h ※≫※		1360E
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained to sponsoring organization have excess business holdings at any time during the year?	by trie	8	- 35% 48	273 res.
9	Sponsoring organizations maintaining donor advised funds.				<i>3</i> 2
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	rs 168828-38	X.00515274
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter		283	/整/编	<b>166</b>
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
а		11a		<b>88</b>	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			74	
	amounts due or received from them )	11b		<b>李婆</b>	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				樂樂
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	MARTICANA.	waterstee
	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	ı			
	· · · · ·	13b			
	Enter the amount of reserves on hand	13c			<b>3</b> 8/3/4
	Did the organization receive any payments for indoor tanning services during the tax year?	_	14a		<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera	ition or			v
	excess parachute payment(s) during the year?		15		X
16	If "Yes," see instructions and file Form 4720, Schedule N	unaama?		#"(K!	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in the "Year" complete Form 4720. Schoolule O.	income /	16	<b>55</b> , 25	27 <u>7</u>
	If "Yes," complete Form 4720, Schedule O	<del></del>	Farm	OOO	(2019)

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Part Mi 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 on Schedule O See instructions

•	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21	\$4.5		
	If there are material differences in voting rights among members of the governing body, or if the governing		* 4	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O	40		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		7.3	200
_	officer, director, trustee, or key employee?	2	AND THE PERSON NAMED IN	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	х	
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	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		
Ü	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		<b>P</b>	
а	The governing body?	8a	X	(CONTRACT)
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_00		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	, 3		
	(This Section B requests information about policies not required by the internal Revenue Code)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	X	140
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IVa		
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	of ad tradition
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ī	In Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	**	<b>***</b>	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	14124444
	Other officers or key employees of the organization	15b		Х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		<b>P W</b>	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	**		
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	* *		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3):	only)	avaılal	ble
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	al	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JILLIAN HERINK - 515-331-8000			
	5525 MEREDITH DRIVE, SUITE F, DES MOINES, IA 50310			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report able 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.

  See instructions for the order in which to list the persons above

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

(A) Name and title	(B) Average hours per	box	not c	(( Pos heck ss pe	C) ition more rson i	than	one n an	(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional Irustee	Officer	Key employee	Highest compensated complexes	Ī	from the organization (W-2/1099-MISC)	from related organizations (W 2/1099-MISC)	other compensation from the organization and related organizations
(1) MARY LUKAS	1.00									
PRESIDENT		X		X			<u></u>	0.	0.	0.
(2) MIRANDA NIEMI	1.00				İ					
PRESIDENT ELECT		X		Х		L.		0.	0.	0.
(3) DENNIS WANDERA	1.00	ļ								
VICE PRESIDENT		X	ļ	X			L	0.	0.	0.
(4) BRIAN KINGREY	1.00									
TREASURER	_	X		X		L	L	0.	0.	0.
(5) BRANDY SMITH	1.00				İ					
SECRETARY		X		Х		L_		0.	0.	0.
(6) DONNA KENNEBECK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) TRACY EHLERT	1.00	]								
BOARD MEMBER		X					_	0.	0.	0.
(8) CRYSTAL ABBE	1.00									
BOARD MEMBER	_	X						0.	0.	0.
(9) CATHERINE BERGMAN	1.00									
BOARD MEMBER	_	X						0.	0.	0.
(10) LESLIE STONEHOCKER	1.00	ļ								
BOARD MEMBER		X					<u>L</u> .	0.	0.	<u> </u>
(11) SARA SCHWERIN	1.00				,			Ì		
BOARD MEMBER	1	X						0.	0.	0.
(12) JOY BROWN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) REBECCA AUSMAN	1.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(14) DIANNE CASTO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) RACHEL WILLIAMS	1.00			ĺ						
BOARD MEMBER		Х	L.					0.	0.	0.
(16) ALLISON PATTEE	1.00									
BOARD MEMBER		X						0.	0.	0.
(17) VICKIE PARKER	1.00									
BOARD MEMBER	<u> </u>	Х						0.	0.	0. Form <b>990</b> (2019)

932007 01-20-20

Form **990** (2019)

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	and	l Hi	ghes	st C	Compensated Employee	s (continued)		
(A)	(B)			((	C)			(D)	(E)	Ī	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable		Estimated
	hours per	box	, unle	ss pei	rson ı	ıs boti	h an	compensation	compensation		amount of
	week (list any	$\vdash$	T				T .	from the	from related		other
	hours for	Individual trustee or director				l_	ŀ		organizations (W-2/1099-MISC	۱ ۱	from the
	related	o aa	stee			Highest compensated employee		(W-2/1099-MISC)	(** 2, 1000 ********	'	organization
	organizations	trust	Institutional trustee		yee	adwo		, , , , , , , , , , , , , , , , , , ,			and related
	below	vidual	tution	Ę	Key employee	lest c	ig				organizations
	line)	할	lust	Officer	Key	돌	호				
(18) GLADYS MOVALL	1.00	1							_		_
BOARD MEMBER	+	X	ļ	<u> </u>		_	╙	0.		).	0.
(19) MIKE STIEHL	1.00	┨							_		
BOARD MEMBER	<del></del>	X	<u> </u>		_	_	1	0.		).	0.
(20) ANGELA LENSCH	1.00	١							_		
BOARD MEMBER	1 00	X	<u> </u>			-	┡	0.	(	).	0.
(21) KRISTY LIECHTI	1.00	١,,							_		
BOARD MEMBER	40.00	X	ļ			_	<b>├</b>	0.		).	0.
(22) JILLIAN HERINK	40.00	-						E0 501	_		0 106
EXECUTIVE DIRECTOR		-	ļ	Х		-	┞	78,581.		).	2,196.
		4									
	+	$\vdash$		Ь—		-	┾-	<del></del>		_	
	-	┨									
	<del></del>	╁	<del>                                     </del>			$\vdash$	$\vdash$			+	
		1									
		┼─	<del>                                     </del>		$\vdash$	$\vdash$	┢			+	<u></u>
		1									
1b Subtotal	1	1	<u> </u>	<u> </u>	1	1		78,581.	-	<del>,  </del>	2,196.
c Total from continuation sheets to Part \	/II Section A							0.		).	0.
d Total (add lines 1b and 1c)	, 0001.01.71							78,581.		5.	2,196.
Total number of individuals (including but	not limited to th	ose	liste	d at	oove	e) wh	no re	•		1	
compensation from the organization						.,		occirca more man proc,	oco or reportable		0
											Yes No
3 Did the organization list any former office	r, director, trust	ee. I	kev e	lame	ove	e. or	r hic	hest compensated emp	lovee on	22	AND 18 34 34
line 1a? If "Yes," complete Schedule J for		,	•		•	•		, ,	,		3 X
4 For any individual listed on line 1a, is the s		le co	mpe	ensa	tion	and	oti	her compensation from t	he organization	<b>*</b>	32 W 3 W
and related organizations greater than \$15	-							•	J		4 X
5 Did any person listed on line 1a receive or									dual for services	2	
rendered to the organization? If "Yes," co					-		_				5 X
Section B. Independent Contractors								-		-	
1 Complete this table for your five highest c	ompensated inc	depe	nde	nt co	ontra	_ acto	rs t	hat received more than \$	3100,000 of comper	nsatio	on from
the organization Report compensation fo	the calendar ye	ear e	endır	ng w	ith c	or wi	thir	n the organization's tax y	ear		
(A)								(B)			(C)
Name and busines	s address	N	INC	3				Description of s	ervices	Co	mpensation
<del></del>									(Access)	en representation	A STATE OF THE STA
2 Total number of independent contractors		ot lır	nited	d to	_	_	ted	above) who received mo	ore than		
\$100,000 of compensation from the organ	ization				(	<u> </u>				e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	000
										F	orm <b>990</b> (2019)

YOUNG CHILDREN

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 23,519 1b b Membership dues c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 9,476. similar amounts not included above 1f 1g \$ g Noncash contributions included in lines 1a-1f 32,995. h Total. Add lines 1a-1f **Business Code** 611600 505,314.1,505,314. 2 a TEACH PROGRAM 818,252. **b** CONTRACT INCOME 611600 818,252. 672,679. c WAGES PROGRAM 611600 672,679. 611600 79,315. 79,315 d CONFERENCE INCOME 13,000. 13,000. e SPONSORSHIP INCOME 611600 f All other program service revenue 088,560. Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Perconal 6a 6 a Gross rents b Less rental expenses 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory 7a b Less cost or other basis and sales expenses 7b c Gain or (loss) 7с d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 9a b Less direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances 10b b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS 900099 12,908. d All other revenue 12,908. e Total. Add lines 11a-11d 134,463.3,101,468 Total revenue See instructions Form **990** (2019) 932009 01-20-20

Form 990 (2019) YOUNG CHILDREN
Part X Statement of Functional Expenses

Pa	Statement of Functional Expens	es	••	<del> </del>	
Sect	on 501(c)(3) and 501(c)(4) organizations must comp	oletė ali columns <sup>*</sup> Ali othe	er organizations must cor	mplete column (A)	·
·	Check if Schedule O contains a respon	nse or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) _ Total expenses	(B) Program service • expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1,	Grants and other assistance to domestic organizations		~ <sub>4</sub> ,	10-346-2	14
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic	•	* ,		
٠.	individuals See Part IV, line 22		*		
3	Grants and other assistance to foreign	'	, ,		
	organizations, foreign governments, and foreign	•	• • •		
- ,-	individuals See Part IV, lines 15 and 16				<u> </u>
4	Benefits paid to or for members				A STATE OF THE STA
5	Compensation of current officers, directors,	•			
	trustees, and key employees		4	*	
6.	Compensation not included above to disqualified	· .' · ·			
•	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	_	<i>;</i>	*.	•
٠		1,116,301.	. 903,792.	212,509.	
,	Other salaries and wages	, , ,	1 303,132.	212,303.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				- ,
9	Other employee benefits	28,108.	\$23,205.	4,903.	· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes	78,982.	65,758.	13,224.	•
11	Fees for services (nonemployees)	10,3021	03,730.	13,224.	
'' a	Management • •	· ,	· '		-
h	Legal	•			
. с	Accounting		, ,		· · · · · · · · · · · · · · · · · · ·
d	Lobbying		•	,	
	*Professional fundraising services. See Part IV, line 17				,
	"Investment management fees		-	- •	, , · - F
+- g	Other (If line 11g amount exceeds 10% of line 25,*			, *	
,	column (A) amount, list line 11g expenses on Sch (O.)	,	1. "		<i>f</i>
12	Advertising and promotion	•	•		r
13	Office expenses		,		
14	Information technology: *	•	•	•	
15	Royalties		•		
16	Occupancy	52,730.		52,730.	1
17	Travel	139,811.	127,076.	12,735.	
18	Payments of travel or entertainment expenses			,	
•	for any federal, state, or local public officials	•			
19	Conferences, conventions, and meetings	, 56,625.	·3,437.	53,188.	
20	Interest · · · ·	1,768.		1,768.	
21	Payments to affiliates	,	٠ ,	· _	
22	Depreciation, depletion, and amortization		•	1 440	·
23	Insurance	1,448.	TENNOM - SANSAN JAMES HANGESTONE PARA	1,448.	70 0260 00 20 0 20 0 20 0 20 0 20 0 20 0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)	7.			
	amount, list line 24e expenses on Schedule 0)	1 200 450	1 200 127	2.21	
' a	SCHOLARSHIPS	1,298,458.	1,298,127.	,331.	
, · b	PRINTING & PUBLICATIONS	90,853.	89,650.	1;203.	<u> </u>
	PROFESSIONAL FEES	71,437.	41,672. 32,932.	29,765.	
. d	MINOR EQUIPMENT	37,034. 128,785.	64,892.	4,102.	·
	All other expensesAdd lines 1 through 24s	3,102,340.	2,650,541.	63,893.	0.
25	Total functional expenses Add lines 1 through 24e	3,104,340.	4,030,341.	451,/33·	<del></del>
·26	Joint costs Complete this line only if the organization	•	· ,		, '
	reported in column (B) joint costs from a combined		. , , , ,	• •	
	educational campaign and fundraising solicitation.  Check here   If following SOP 98-2 (ASC 958-720)	•		· ·.	
	ii idilowing 307 90-2 (A3C 936-720)	l	<u> </u>	L	

Form **990** (2019)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 61,775. 50,404. Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net 264,640 430,727 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use 11,036 12,139 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b · Less accumulated depreciation 10c Investments publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 - Investments - program-related See Part IV, line 11 13 Intangible assets 14 15 Other assets See Part IV, line 11 337,451 493,270 Total assets. Add lines 1 through 15 (must equal line 33) 16 25,891. 17 17 Accounts payable and accrued expenses 18 Grants payable 237,692. 103,525 19 19 Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 245,000. Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 263,583 387,279 Organizations that follow FASB ASC 958, check here **Net Assets or Fund Balances** and complete lines 27, 28, 32, and 33. 73,868. 105,991 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 73,868. 32 105,991 Total net assets or fund balances 337,451. 33 Total liabilities and net assets/fund balances

Form **990** (2019)

	1 990 (2019) YOUNG CHILDREN	42-	<u>-1135</u> 283	Pag	e 12
<b>Pa</b>	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	3,134		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,102		
3	Revenue less expenses Subtract line 2 from line 1	3		2,12	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	73	3,86	<u> </u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	105	5,99	<del>)</del> 1.
Ra	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (	)	<b>****</b>		23.7
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	O James and Market	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				S. Car
b	Were the organization's financial statements audited by an independent accountant?		2b	X	562:
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C			No.
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Auc	Sit	1	
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	ıt		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	aan 🖊	2010)

### SÇHEDULE 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.

2019
Open to Rublic Inspection

Name of the organization IOWA AS

IOWA ASSOCIATION FOR THE EDUCATION OF

Employer identification number

			G CHILDREN					12-1135283
	建世	Reason for Public C					e instructions	
The	organı	zation is not a private found						R
1		A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1	)(A)(ı).	()
2	$\sqsubseteq$	A school described in secti	on 170(b)(1)(A)(iı). (	Attach Schedule E (Form	1 990 or 99	90-EZ))		<b>○</b> (
3	$\sqcup$	A hospital or a cooperative	hospital service orga	ınızatıon described in se	ection 170	(b)(1)(A)(ıı	1)	
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	ın sectio	n 170(b)(1)(A)(iii). Entei	the hospital's name,
		city, and state						
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describ	ed in
		section 170(b)(1)(A)(iv). (C	omplete Part II)					
6		A federal, state, or local gov	ernment or governm	ental unit described in	section 17	'O(b)(1)(A)	(v).	
7	X	An organization that normal	lly receives a substai	ntial part of its support fr	om a gove	rnmental i	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II )					
8		A community trust describe	d in section 170(b)(	1)(A)(vi). (Complete Par	t II )			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a land-grant	college
		or university or a non land-g	rant college of agrici	ulture (see instructions)	Enter the i	name, city	, and state of the colleg	e or
		university						
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	oort from o	ontributio	ns, membership fees, a	nd gross receipts from
		activities related to its exem	npt functions subjec	t to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization	after June 30, 1975
		See section 509(a)(2). (Cor	mplete Part III )					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functioi	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2)	See <b>section 509(a)(3)</b> .	Check the box in
		lines 12a through 12d that of	describes the type of	f supporting organization	and com	olete lines	12e, 12f, and 12g	
а		Type I. A supporting orga	inization operated, s	upervised, or controlled	by its supp	orted org	anızatıon(s), typıcally by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the s	upporting
		organization You must o	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anızatıon supervised	or controlled in connect	ion with it:	s supporte	d organization(s), by ha	ving
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported
		organization(s) You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	ın connect	ion with, a	and functionally integrat	ed with,
		its supported organization	n(s) (see instructions)	You must complete I	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in coi	nection w	ith its supported organ	zation(s)
		that is not functionally int	egrated The organiz	ation generally must sat	isfy a distr	bution rec	juirement and an attent	veness
		requirement (see instructi	ons) You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation		
f	Ente	r the number of supported o	organizations					
g	Prov	ride the following information						·
	(	) Name of supported	(II) EIN	(III) Type of organization (described on lines 1 10	in your govern	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>						
							<u> </u>	
							1	I

Schedule A (Form 990 or 990 EZ) 2019 YOUNG CHILDREN

42-1135283 Page 2

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

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

Sec	tion A. Public Support			<del></del>			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and					-	
	membership fees received (Do not						
	include any "unusual grants ")	1755967.	2405245.	2594683.	2872748.	3101468.	12730111.
2	Tax revenues levied for the organ						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1755967.	2405245.	2594683.	2872748.	3101468.	12730111.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		S. S. S. S. S. S. S. S. S. S. S. S. S. S				
	supported organization) included		++++				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			, and a			
	column (f)						
	Public support. Subtract line 5 from line 4						12730111.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1755967.	2405245.	2594683.	2872748.	3101468.	12730111.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	8.					8.
9	Net income from unrelated business						
	activities, whether or not the					į	
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	47,131.	43,868.	33,916.	34,657.	32,995.	192,567.
11	<b>Total support.</b> Add lines 7 through 10						12922686.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ix year as a sectior	1501(c)(3)	
<u> </u>	organization, check this box and stor						<u> </u>
	ction C. Computation of Publi			<u> </u>		- · · · · ·	00 51
	Public support percentage for 2019 (I		•	olumn (f))		14	98.51 %
	Public support percentage from 2018						98.20 %
16a	33 1/3% support test - 2019. If the o	-			14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		<del>-</del>				<b>▶</b> X
b	33 1/3% support test - 2018. If the c	•			line 15 is 33 1/3%	or more, check the	is box
	and stop here. The organization qual		•				▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			•	•	rt VI how the orgar	nization
	meets the "facts-and-circumstances"						▶∟
b	10% -facts-and-circumstances test	_					
	more, and if the organization meets the						,
	organization meets the "facts-and-circ		•	•	· · · · · ·		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b		nd see instructions	

Schedule A (Form 990 or 990-EZ) 2019

### [Partill] 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 b	elow, please comp	nete Part II )				
	on A. Public Support	г —			1	т — —	
Calenda	ir year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gi	fts, grants, contributions, and						/
	embership fees received (Do not						
ind	clude any "unusual grants ")						
me	ross receipts from admissions, erchandise sold or services per- rmed, or facilities furnished in						
	ny activity that is related to the ganization's tax exempt purpose						
3 Gr	ross receipts from activities that						
	e not an unrelated trade or bus-						
ine	ess under section 513						
<b>4</b> Ta	ix revenues levied for the organ-						
	ation's benefit and either paid to						
	expended on its behalf					ļ <i>[</i>	
	ne value of services or facilities						
	rnished by a governmental unit to						
	e organization without charge				ļ	/	
	otal. Add lines 1 through 5				ļ	<u>'</u>	
	mounts included on lines 1, 2, and received from disqualified persons						
<b>b</b> Am	nounts included on lines 2 and 3 received						
exc	m other than disqualified persons that ceed the greater of \$5 000 or 1% of the lount on line 13 for the year						
c Ac	dd lines 7a and 7b						
8 Pt	ublic support. (Subtract line 7c from line 6.)						
Section	on B. Total Support						
	ir year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	mounts from line 6						
dı se	ross income from interest, vidends, payments received on						
	curities loans, rents, royalties, and income from similar sources						
an							
an <b>b</b> Un	nd income from similar sources	<del>-</del>					
an <b>b</b> Un (le	nd income from similar sources irelated business taxable income						
an <b>b</b> Un (le ac	nd income from similar sources arelated business taxable income ass section 511 taxes) from businesses						
an b Un (le ac c Ac 11 Ne ac wh	nd income from similar sources arelated business taxable income ass section 511 taxes) from businesses quired after June 30, 1975						
an b Un (le ac c Ac 11 Ne ac wh ree 12 Ot	and income from similar sources are lated business taxable income as section 511 taxes) from businesses quired after June 30, 1975 and lines 10a and 10b at income from unrelated business strivities not included in line 10b, another or not the business is gularly carried on their income. Do not include gain loss from the sale of capital.						
an b Un (le ac c Ac 11 Ne ac wh ree 12 Ot or as	and income from similar sources in related business taxable income as section 511 taxes) from businesses quired after June 30, 1975 and lines 10a and 10b art income from unrelated business strivities not included in line 10b, neither or not the business is gularly carried on their income.						
b Unit (le accident a	and income from similar sources are lated business taxable income ass section 511 taxes) from businesses quired after June 30, 1975.  Income from unrelated business attivities not included in line 10b, nether or not the business is gularly carried on the income. Do not include gain loss from the sale of capital assets (Explain in Part VI.)	the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a section	501(c)(3) organiza	ation,
b Unit (le accionate de la constant	and income from similar sources are lated business taxable income as section 511 taxes) from businesses quired after June 30, 1975 and lines 10a and 10b at income from unrelated business stivities not included in line 10b, mether or not the business is gularly carried on the income Do not include gain loss from the sale of capital asets (Explain in Part VI)	r the organization's	s first, second, thire	d, fourth, or fifth ta	ax year as a section	501(c)(3) organiza	ation,
b Unit (le accident a	and income from similar sources are lated business taxable income as section 511 taxes) from businesses quired after June 30, 1975 and lines 10a and 10b at income from unrelated business strivities not included in line 10b, mether or not the business is gularly carried on their income Do not include gain loss from the sale of capital issets (Explain in Part VI) at al support (Add lines 9, 10c, 11, and 12) rest five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
b Unit (le laction of the laction of	and income from similar sources are lated business taxable income as section 511 taxes) from businesses quired after June 30, 1975 and lines 10a and 10b at income from unrelated business stivities not included in line 10b, mether or not the business is guilarly carried on their income Do not include gain loss from the sale of capital issets (Explain in Part VI) at al support (Add lines 9, 10c, 11, and 12) aret five years. If the Form 990 is for each this box and stop here	c Support Per	centage		ax year as a section	501(c)(3) organiza	ation,
and b Unit (le accident accide	and income from similar sources in related business taxable income ass section 511 taxes) from businesses quired after June 30, 1975 and lines 10a and 10b art income from unrelated business strivities not included in line 10b, mether or not the business is gularly carried on the rincome Do not include gain loss from the sale of capital issets (Explain in Part VI) atal support (Add lines 9, 10c, 11, and 12) rest five years. If the Form 990 is for each this box and stop here	<b>c Support Per</b> ine 8, column (f), d	centage livided by line 13, c		ax year as a section		<b></b>
and b Unit (le accident accide	and income from similar sources are lated business taxable income ass section 511 taxes) from businesses quired after June 30, 1975. The lates of the lates of lates o	c Support Per ine 8, column (f), d Schedule A, Part	centage livided by line 13, o		ax year as a section	15	<b>▶</b> □
b Unit (le accident le le le le le le le le le le le le le	and income from similar sources are lated business taxable income ass section 511 taxes) from businesses quired after June 30, 1975. The lates of th	c Support Per ine 8, column (f), d Schedule A, Part tment Income	centage livided by line 13, o III, line 15 Percentage	column (f))	ax year as a section	15	<b>▶</b> □
b Uni (le acci c Acci 11 Ne acci re 12 Ottor as 13 To 14 Fil ch 15 Pc 16 Pc Sectio 17 Inv	and income from similar sources are lated business taxable income as section 511 taxes) from businesses quired after June 30, 1975 and lines 10a and 10b at income from unrelated business stivities not included in line 10b, neither or not the business is gularly carried on their income Do not include gain loss from the sale of capital issets (Explain in Part VI) tal support (Add lines 9, 10c, 11, and 12) are five years. If the Form 990 is for inceck this box and stop here in C. Computation of Public support percentage for 2019 (Lublic support percentage from 2018 on D. Computation of Investored	c Support Per ine 8, column (f), d Schedule A, Part tment Income 19 (line 10c, colu	centage livided by line 13, of lill, fine 15 Percentage	column (f))	ax year as a section	15	% %
12 Otto or as 13 To ch Section 15 Pu Section 17 Inv 18 Inv	and income from similar sources are lated business taxable income as section 511 taxes) from businesses quired after June 30, 1975 and lines 10a and 10b at income from unrelated business strivities not included in line 10b, mether or not the business is guilarly carried on their income Do not include gain loss from the sale of capital issets (Explain in Part VI) at support (Add lines 9, 10c, 11, and 12) are five years. If the Form 990 is for inceck this box and stop here in C. Computation of Public support percentage for 2019 (Liblic support percentage from 2018 on D. Computation of Investigation in the sale of capital support percentage from 2018 on D. Computation of Investigation in the sale of capital support percentage from 2018 on D. Computation of Investigation in the sale of capital support percentage from 2018 on D. Computation of Investigation in the sale of capital support percentage from 2018 on D. Computation of Investigation in the sale of capital support percentage from 2018 on D. Computation of Investigation in the sale of capital support percentage from 2018 on D. Computation of Investigation in the sale of capital support percentage from 2018 on D. Computation of Investigation in the sale of capital support percentage from 2018 on D. Computation of Investigation in the sale of capital support percentage from 2018 on D. Computation of Investigation in the sale of capital support percentage from 2018 on D. Computation of Investigation in the sale of capital support percentage from 2018 on D. Computation of Investigation in the sale of capital support percentage from 2018 on D. Computation of Investigation in the sale of capital support percentage from 2018 on D. Computation of Investigation in the sale of capital support percentage from 2018 on D. Computation of Investigation in the sale of capital support percentage from 2018 on D. Computation of Investigation in the sale of capital support percentage from 2018 on D. Computation of Investigation in the sale of capital support percentage for 2019	c Support Per ine 8, column (f), d Schedule A, Part stment Income 2019 (line 10c, coluf 2018 Schedule A,	centage livided by line 13, of the line 15 Percentage nn (f), divided by lite Part III, line 17	ne 13, column (f))		15 16 17 18	% % %
12 Oto or as 13 To ch Section 15 Pu 16 Pu 18 Inv 19a 33	and income from similar sources are lated business taxable income as section 511 taxes) from businesses quired after June 30, 1975 and lines 10a and 10b at income from unrelated business strivities not included in line 10b, mether or not the business is gularly carried on their income Do not include gain loss from the sale of capital issets (Explain in Part VI) atal support (Add lines 9, 10c, 11, and 12) are five years. If the Form 990 is for each this box and stop here for C. Computation of Public support percentage for 2019 (Jublic support percentage from 2018 for D. Computation of Investigation in come percentage for 2000 vestment income percentage from 2000 vestment income percentage from 2000 vestment income percentage from 2000 and 100 vestment income percentage from 2000 vestment vestment income percentage from 2000 vestment ve	c Support Per ine 8, column (f), d Schedule A, Part stment Income 19 (line 10c, column 2018 Schedule A, organization old n	rcentage Illyline 15 Percentage mn (f), divided by lii Part III, line 17 not check the box of	column (f)) ne 13, column (f)) on line 14, and line	e 15 is more than 3	15 16 17 18 3 1/3%, and line 17	% % %
11 Ne acc why for as 13 To ch Section 15 Pu 16 Pu 18 Inv. 19a 33	and income from similar sources are lated business taxable income as section 511 taxes) from businesses quired after June 30, 1975 and lines 10a and 10b are income from unrelated business strivities not included in line 10b, neither or not the business is gularly carried on the income Do not include gain loss from the sale of capital issets (Explain in Part VI) atal support (Add lines 9, 10c, 11, and 12) are five years. If the Form 990 is for each this box and stop here on C. Computation of Public support percentage for 2019 (Liblic support percentage from 2018 on D. Computation of Investigation of Investment income percentage from 20 support tests - 2019. If the	c Support Per ine 8, column (f), d Schedule A, Part stment Income 19 (line 10c, column 2018 Schedule A, organization old read and stop here. The	rcentage livided by line 13, of lill, line 15 Percentage Inn (f), divided by lill Part III, line 17 Int check the box of organization qualification.	ne 13, column (f)) on line 14, and line fies as a publicly s	e 15 is more than 3 supported organiza	15 16 17 18 3 1/3%, and line 17	% % % 7 is not
11 Ne acc where received and acc where received acc acc acc acc acc acc acc acc acc ac	and income from similar sources are lated business taxable income as section 511 taxes) from businesses quired after June 30, 1975. The lates of the lates of the lates of the lates of the lates of the lates of the lates of the lates of the lates of the lates of the lates of lates o	c Support Per ine 8, column (f), description (f), descrip	rcentage livided by line 13, of the liling line 15 Percentage nn (f), divided by line 17 not check the box of the liling line 17 not check a box on the liling line 17	ne 13, column (f)) on line 14, and line fies as a publicly s line 14 or line 19a	e 15 is more than 3 supported organiza a, and line 16 is mo	15 16 17 18 3 1/3%, and line 13 tion ore than 33 1/3%, a	% % % 7 is not
11 No according to the control of th	and income from similar sources are lated business taxable income as section 511 taxes) from businesses quired after June 30, 1975. The lates of the lates of the lates of the lates of the lates of the lates of the lates of the lates of the lates of lates	c Support Per ine 8, column (f), described A, Part treet Income 19 (line 10c, column 19 (line	rcentage livided by line 13, of lill, line 15 ePercentage nn (f), divided by line 17 not check the box of organization qualition check a box on top here. The organization grants or the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization that the organiz	column (f))  ne 13, column (f))  on line 14, and line fies as a publicly s line 14 or line 19a nization qualifies a	e 15 is more than 3 supported organiza a, and line 16 is mo as a publicly suppo	15 16 17 18 3 1/3%, and line 13 tion ore than 33 1/3%, a orted organization	% % % 7 is not

### Part V Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	f. <del>v.</del>	Yes	No
	1		
	2		
	3a		
	3b		
	3c	•	
	4a	(VANDER)	₹%£%£
		1	
	4b		
	4c		
	5a	Z-S-S-S-	2848
	,5c		<del></del>
•	50		
	6	+	
	7		
	8		
	9a		
	**************************************		
í	10a 10b	7 × 7	
_			

Parent of Supported Organizations Answer (a) and (b) below.

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.

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.

Schedule A (Form 990 or 990-EZ) 2019

42-1135283 Page 6 Schedule A (Form 990 or 990 EZ) 2019 YOUNG CHILDREN Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year \* Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non exempt use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 14 e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d . . 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, \* see instructions) 4 Net value of non-exempt use assets (subtract line 4 from line 3) 5 Multiply line 5 by 035 6 6 Recoveries of prior-year distributions 7 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 YOUNG CHILDREN 42-113<u>5283 Page 7</u> Part Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (ı) (II) (111) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reason able cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 dinagramme (many transfer of the company of the com d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount Carryover from 2014 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2019 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2020. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

# IOWA ASSOCIATION FOR THE EDUCATION OF 42-1135283 Page 8 Schedule A (Form 990 or 990 EZ) 2019 YOUNG CHILDREN Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

IOWA ASSOCIATION FOR THE EDUCATION OF

YOUNG CHILDREN

Employer identification number 42-1135283

Pai	Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accour	nts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin						
		(a) Donor advised funds	(b) Fur	nds 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 v	writing that the assets held in donor advis	ed funds				
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only				
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
	impermissible private benefit?			Yes No			
Par	Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)					
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	f a historically	ımportant land area			
	Protection of natural habitat	Preservation of	f a certified hi	storic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conserva	tion easement on the last			
	day of the tax year			Held at the End of the Tax Year			
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic stru	2c					
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ıre				
	listed in the National Register		_2d				
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization	during the tax			
	year ▶	_					
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it			Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation ease	ements during the year			
_	<u> </u>						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easemen	its during the year			
_	<b>S</b>						
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(	n)(4)(B)(I)				
•	and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization reports conservation	•					
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
íPar	organization's accounting for conservation easements [Partill] Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.						
I TON	<u>[Partill]</u> Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8						
12			and halance c	hoot works			
Id	a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works						
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public						
h	service, provide in Part XIII the text of the footnote to its financial statements that describes these items						
D	of the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,						
	provide the following amounts relating to these items						
	(i) Revenue included on Form 990, Part VIII, line 1			<b>a</b>			
_	(ii) Assets included in Form 990, Part X	and the second of the second o		\$			
2							
_	the following amounts required to be reported under FASB A	SO 958 relating to these items		Φ.			
a	Revenue included on Form 990, Part VIII, line 1			\$			
D	Assets included in Form 990. Part X			.D			

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Schedule D (Form 990) 2019

	dule D (Form 990) 2019 YOUNG C							113528		age 2
Par	tilli Organizations Maintaining C	ollections of Ar	t, Histe	orical Tre	asures, or Othe	er Sin	nilar Ass	sets <sub>(con:</sub>	tinued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing that make	signific	ant use of	its		
	collection items (check all that apply)									
а	Public exhibition	(	t	Loan or exc	hange program					
b	Scholarly research									
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ev further th	ie organization's exe	empt o	urpose in l	Part XIII		
5	During the year, did the organization solicit o	•		•	•		•			
•	to be sold to raise funds rather than to be ma							Yes		No
Par	tilV4 Escrow and Custodial Arran					n Form	990 Par		)r	
	reported an amount on Form 990, Pa			, g			. 000, . u	, , .	,,	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for o	contributions	s or other assets no	t includ	led	<u> </u>		
	on Form 990, Part X?		,					Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowina t	able						
	, . p	, , , , , , , , , , , , , , , , , , , ,	. 3					Amou	nt	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fe	orm 990 Part X line	21 for 6	escrow or cu	istodial account liah	ulity?		Yes		No
	If "Yes," explain the arrangement in Part XIII					-				j '''
	Endowment Funds. Complete									
	-	(a) Current year		rior year	(c) Two years back		ree vears t	ack (e) Fo	ur years	back
1a	Beginning of year balance		1			T				
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities			•	-					
•	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1c	r column (a)	) held as	1		1		
	Board designated or quasi-endowment	on your one balance	% %	,, σοια (α)	, 11010 00					
	Permanent endowment ▶	%								
	• • • • • • • • • • • • • • • • • • • •	<u></u>								
•	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	•	ation tha	t are held an	nd administered for t	he ora	anization			
	by					3			Yes	No
	(i) Unrelated organizations							3a(ı)		
	(ii) Related organizations							3a(II		
b	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?						3b	1		
4	Describe in Part XIII the intended uses of the	·						<u> </u>		
Par	tiVI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	/, line 11a S	ee Form 990, Part X	(, line 1	0			
	Description of property	(a) Cost or o		i .		Accum		(d) Bo	ok valu	<u>—</u>
		basis (investi	ment)	basis	(other) d	eprecia	ition	` '		
1a	Land									
b	Buildings	·								
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X. colum	n (B), line 10	Oc.)					0.

Schedule D (Form 990) 2019

932053 10-02-19

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019

### SCHEDULE O

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(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990 or 990-EZ.

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

IOWA ASSOCIATION FOR THE EDUCATION OF Employer identification number

Inspection 🤏

OMB No 1545-0047

YOUNG CHILDREN 42-1135283 FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION HAS MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS ELECT THE GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 7B: THE DECISIONS OF GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS. FORM 990, PART VI, SECTION B, LINE 11B: THE GOVERNING BOARD AND/OR GOVERNING BOARD EXECUTIVE COMMITTEE REVIEWS FORM 990 TAX RETURN BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: WRITTEN CONFLICT OF INTEREST POLICIES ARE UPDATED AND REVIEWED ANNUALLY FOR EACH BOARD MEMBER. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S COMPENSATION IS EVALUATED AND REVIEWED BY EXECUTIVE COMMITTEE ANNUALLY. FORM 990, PART VI, SECTION C, LINE 19: BOARD MEETING MINUTES, FINANCIAL RECORDS AND OTHER OFFICIAL DOCUMENTS ARE AVAILABLE TO PUBLIC ON WEBSITE. FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, CONFIDENTIALITY STATEMENTS AND AGENCY POLICIES ARE AVAILABLE ON

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

REQUEST .

Schedule O (Form 990 or 990 EZ) (2019)	Page 2
Name of the organization IOWA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN	Employer identification number 42-1135283
FORM 990,-PART XII, LINE 2C:	
	•
THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT C	F THE AUDIT
OF FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT A	UDIT FIRM.
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