EXTENDED TO NOVEMBER 15, 2017

Form **990**

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)

2016 Open to Public

OMB No. 1545-0047

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open

Common or organization Common or Common o	A F	or th	e 2016 calendar year, or tax year beginning	and	ending			
Doing Dustiness as TENNESSEE ASSOCIATION FOR CHILDR 23-7037075		pplicab	E TENNESSEE ASSOCIATION FOR THE EDUCA!	TIO	N	D Emp	loyer identifi	cation number
Define business as TENNESSEE ASSOCIATION FOR CHILDR 2.3-70.370.75			S OF YOUNG CHILDREN, INC.					
Number and efreet (or IV.0.b. ox if mail is not delivered to street address) Noombusite E Telephone number 615-279-0111 0.70 0.00		Name chang		R C	HILDR		23-7	037075
City or town, state or province, country, and 2/P or foreign postal code AssHVILLE, TN 37212		return □Final	PO BOX 120096		Room/suite	E Telep		
NASHVILLE, TN 37212	•	termin				G Gross		
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SARE AS C ABOVE Vest No C Tax-exempt status: X SOII (c)(3) SOII(c)(▼ (insert no.) 4947(a)(1) or 527		tion	Finame and address of principal officer. CONNEL CASTA			for	subordinates	s? Yes X No
J Website: ▶ WWW. *TAEYC. ORG Form of organization: X Corporation Trust Association Other Lyear of formation: 1954 M State of legal demicite: TN			SAME AS C ABOVE			H(b) Are	all subordinates i	ncluded? Yes No
Family Summary				(a)(1) c	or 527	7 If "	No," attach a	ı list. (see instructions)
Part Summary								
WTTH PROFESSIONAL DEVELOPMENT OPPORTUNITIES AND TO ADVOCATE FOR BEST					L Year	of formatio	on: 1954 <u>I</u>	M State of legal domicile; $\mathbf{T}\mathbf{N}$
WTTH PROFESSIONAL DEVELOPMENT OPPORTUNITIES AND TO ADVOCATE FOR BEST	_	1	Briefly describe the organization's mission or most significant activities: TA	AEY(CEXIS	STS TC	PROVI	DE MEMBERS
Total number of individuals employed in calendar year 2016 (Part V, line 2a) S	nce							
Total number of individuals employed in calendar year 2016 (Part V, line 2a) S	rna	2	Check this box if the organization discontinued its operations or d	dispos	ed of more	e than 25%	of its net as	
Total number of individuals employed in calendar year 2016 (Part V, line 2a) S	ove	3						
Solution		4						
Solution	es	5						_
Solution	ĭŧ	-						_
Revenue Sample	Act							
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising efes (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 1e) 18 Total expenses (Part IX, column (A), line 1e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 22 Net assets or fund balances. Subtract line 21 from line 20 22 Net assets or fund balances. Subtract line 21 from line 20 22 Net assets or fund balances. Subtract line 21 from line 20 22 Net assets or fund balances. Subtract line 21 from line 20 23 National Subtract line 21 from line 20 26 National Subtract line 21 from line 20 27 O, 507 . 242, 702. 28 Net assets or fund balances. Subtract line 21 from line 20 28 Net assets or fund balances. Subtract line 21 from line 20 29 Signature of officer 20 Signature of officer 20 Signature Block 20 PrintType preparer's name 20 SarA G. MOON 20 Preparer's signature 20 PrintType preparer's name 20 Preparer's signature 20 PrintType preparer's name 20 Preparer's signature 20 PrintType preparer's name 20 PrintType preparer's name 20 Preparer's signature 20 PrintType preparer's name 20 PrintType preparer'		b	Net unrelated business taxable income from Form 990-T, line 34		·····			
9 Program service revenue (Part VIII, line 2g) 1 128, 243. 113, 818. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 666. 1244. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3, 310. 3, 262. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 140, 666. 121, 017. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 23, 010. 22, 938. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 17 Other expenses (Part IX, column (D), line 25) 0. 18 Total expenses (Part IX, column (D), line 25) 0. 19 Revenue less expenses (Part IX, column (A), lines 11a-11d, 11t-24e) 1.07, 855. 1.06, 329. 19 Revenue less expenses Subtract line 18 from line 12 9, 8018, 250. 20 Total assets (Part X, line 16) 270, 507. 242, 702. 21 Total liabilities (Part X, line 26) 270, 507. 242, 702. 22 Net assets or fund balances. Subtract line 21 from line 20 226, 330. 218, 080. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a knowledge. 20 Firm's name FRASIER, DEAN & HOWARD, PLLC Firm's signature 21 Firm's name FRASIER, DEAN & HOWARD, PLLC Firm's signature 22 Firm's signature 33 10 VIII (Solumn (A), lines 13. 11d, 11d, 11e) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_	Prior		
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19 Revenue less expenses. Subtract line 18 from line 12 9 , 801.								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here CONNIE CASHA, PRESIDENT Type or print name and title Print/Type preparer's name Print/Type preparer's name SARA G. MOON Preparer Firm's name FRASIER, DEAN & HOWARD, PLLC Firm's elln 62-1073578 Use Only Firm's address 3310 WEST END AVE STE 550 NASHVILLE, TN 37203 Phone no. 615-383-6592		19					9,801.	-8,250.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here CONNIE CASHA, PRESIDENT Type or print name and title Print/Type preparer's name Print/Type preparer's name SARA G. MOON Preparer Firm's name FRASIER, DEAN & HOWARD, PLLC Firm's elln 62-1073578 Use Only Firm's address 3310 WEST END AVE STE 550 NASHVILLE, TN 37203 Phone no. 615-383-6592	or				В	eginning of	Current Year	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here CONNIE CASHA, PRESIDENT Type or print name and title Print/Type preparer's name Print/Type preparer's name SARA G. MOON Preparer Firm's name FRASIER, DEAN & HOWARD, PLLC Firm's elln 62-1073578 Use Only Firm's address 3310 WEST END AVE STE 550 NASHVILLE, TN 37203 Phone no. 615-383-6592	sets	20	Total assets (Part X, line 16)			27	70,507.	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here CONNIE CASHA, PRESIDENT Type or print name and title Print/Type preparer's name Print/Type preparer's name SARA G. MOON Preparer Firm's name FRASIER, DEAN & HOWARD, PLLC Firm's elln 62-1073578 Use Only Firm's address 3310 WEST END AVE STE 550 NASHVILLE, TN 37203 Phone no. 615-383-6592	t As	21	Total liabilities (Part X, line 26)					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here CONNIE CASHA, PRESIDENT Type or print name and title Print/Type preparer's name SARA G. MOON Preparer Firm's name FRASIER, DEAN & HOWARD, PLLC Firm's address 3310 WEST END AVE STE 550 NASHVILLE, TN 37203 Phone no. 615-383-6592		22				22	<u> 26,330.</u>	218,080.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here CONNIE CASHA, PRESIDENT Type or print name and title Print/Type preparer's name SARA G. MOON Preparer Firm's name FRASIER, DEAN & HOWARD, PLLC Firm's address 3310 WEST END AVE STE 550 NASHVILLE, TN 37203 Phone no. 615-383-6592								
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Here CONNIE CASHA, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Date Check X PTIN ### ### ### ### ### ### ### ### ### #	true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information T .	n of wh	ich preparei	r has any kn	owledge.	
Here CONNIE CASHA, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Date Check X PTIN ### ### ### ### ### ### ### ### ### #			Signature of officer				Data	
Type or print name and title Print/Type preparer's name SARA G. MOON Preparer Firm's name FRASIER, DEAN & HOWARD, PLLC Firm's address 3310 WEST END AVE STE 550 NASHVILLE, TN 37203 Phone no.615-383-6592			l' -				Date	
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Paid SARA G. MOON Interpretation of self-employed Policy of self-employed P00034774 Preparer Use Only In Saddress → 3310 WEST END AVE STE 550 NASHVILLE, TN 37203 Firm's address Phone no.615-383-6592						Date	Check [X PTIN
Preparer Use Only Firm's name FRASIER, DEAN & HOWARD, PLLC Firm's EIN ▶ 62-1073578 Use Only Firm's address 3310 WEST END AVE STE 550 ANSHVILLE, TN 37203 Phone no. 615-383-6592	Paid						if	
Use Only Firm's address 3310 WEST END AVE STE 550 NASHVILLE, TN 37203 Phone no.615-383-6592					<u> </u>			
NASHVILLE, TN 37203 Phone no. 615 – 383 – 6592	-						5 E 111	.=
		,	NASHVILLE, TN 37203				Phone no. 61	5-383-6592
	Mav	the I	· · · · · · · · · · · · · · · · · · ·					X Yes No

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	TAEYC EXISTS TO PROVIDE MEMBERS WITH PROFESSIONAL DEVELOPMENT	
	OPPORTUNITIES AND TO ADVOCATE FOR BEST PRACTICE IN THE CARE,	
	DEVELOPMENT, AND EDUCATION OF TENNESSEE'S YOUNG CHILDREN.	
	Did the executation undertake any elemificant averages conjuged during the year which were not listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes _A_ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	res [21] NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	
	revenue, if any, for each program service reported.	,
4a	(Code:) (Expenses \$ 83,694 • including grants of \$) (Revenue \$	113,818.)
	ANNUAL CONFERENCE - TO PROVIDE ITS MEMBERS WITH PROFESSIONAL	
	DEVELOPMENT OPPORTUNITIES AND TO ADVOCATE FOR BEST PRACTICE IN	THE
	CARE, DEVELOPMENT, AND EDUCATION OF TENNESSEE'S YOUNG CHILDREN.	THIS
	ANNUAL CONFERENCE IS A 4 DAY CONFERENCE AND WAS ATTENDED BY OVE	
	EARLY CHILDHOOD PROFESSIONALS THIS PAST YEAR. EACH PARTICIPANT	
		HOURS OF
	· · · · · · · · · · · · · · · · · · ·	CATION
	OVER THE 4 DAY SEMINAR.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	Code:) (Expenses \$ including grants of \$) (Revenue \$,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 83,694.	200
		Form 990 (2016)

23-7037075

Form 990 (2016) OF YOUNG CHILDREN, INC.

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		Х

Form 990 (2016) OF YOUNG CHILDREN,
Part IV Checklist of Required Schedules (continued)

			Yes	No
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	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			
	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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	Х	

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Form 990 (2016) OF YOUNG CHILDREN, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did to the second of the secon	portab	le gaming			
	(gambling) winnings to prize winners?			1c	Х	
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	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		_X_
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 a	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	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 A	ccount	s (FBAR).			77
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
		ction?		5b		_X_
	, , , , , , , , , , , , , , , , , , , ,			5c		
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?			6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.			- Ua		
	were not tax deductible?	0113 01	giits	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the secondary transfer and the secondary tra	vices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			
	to file Form 8282?			7c		_X_
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		:?	7e		_ <u>X</u> _
f				7f		_X_
9				7g		
h				7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	г Бу тте	;	8		
9	Sponsoring organizations maintaining donor advised funds.			Ü		
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а		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:		1			
а	Gross income from members or shareholders	11a				
b	· · · · · · · · · · · · · · · · · · ·					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			ısa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule			14b		
				Form	990	(2016)

Form 990 (2016)

OF YOUNG CHILDREN, INC.

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

800						X
Sec	tion A. Governing Body and Management					
_		Ι.	1 40		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	42			
	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.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	42			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			- ~	_	
	The governing body?	-	=	8a	Х	
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 read			OD		
9				9		Х
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		21
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10a	X	NO
				iva	21	
ь	If "Yes," did the organization have written policies and procedures governing the activities of such ch			10b	Х	
44-			o filing the form?		X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ belo	e illing the form?	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40	v	
	, 3			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			37	
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
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 approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	rith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı'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 ▶ TN					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	on 501(c)(3)s only) av	ailable	•	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	ıflict o	f interest policy, and	financ	ial	
	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 boo	ks an	d records:			
	MARILYN MANNO - 615-646-4663					
	1124 SILVERLEAF TER., NASHVILLE, TN 37221					

OF YOUNG CHILDREN, INC.

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

Check if Schedule O contains a re	sponse 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 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.

X Check this box if neither the organization no	or any related	orga	nizat	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		l than c	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		er an	a a a	recto	r/trus	iee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	eord	tee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	truste	al trus		yee	m per		(** 2/ 1000 1/1100)		and related
	below	Individual trustee or director	Institutional trustee	-i-	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key 6	High emp	Former			
(1) CHERI LINDSLEY	2.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(2) CONNIE CASHA	10.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) CANDYEE GOODE	10.00									
VICE PRES		Х		Х				0.	0.	0.
(4) CORYE NELSON	10.00							_	_	_
TREASURER		Х		Х				0.	0.	0.
(5) BEVERLY WIGINTON	5.00							_		
SECRETARY		Х		Х				0.	0.	0.
(6) LISA MADDOX-VINSON	1.00							_		_
DIRECTOR		Х						0.	0.	0.
(7) DEBBIE FERGUSON	2.00							_		_
TREASURER ELEC		Х		Х				0.	0.	0.
(8) BRENDA LANGSTON	2.00							_		_
CHAIR-EAST		Х		Х				0.	0.	0.
(9) KATHY ENNIS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ELIZABETH WILSON	2.00									
CHAIR-WEST		Х		Х				0.	0.	0.
(11) CATHY WAGGONER	2.00								•	•
SECA REP	1 00	Х		Х				0.	0.	0.
(12) JAN KING	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(13) ROSE CARVER	1.00	٠,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(14) NINA DUDLEY	1.00	٠,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(15) KATARI COLEMAN	1.00	7.7							_	•
(16) KELLY TIVEY	1 00	Х						0.	0.	0.
	1.00	х							0.	^
OIRECTOR (17) PHIL ACORD	1.00	^	\vdash	_				0.	U •	0.
DIRECTOR	1.00	х						0.	0.	^
DIRECTUR	l .	Λ						<u> </u>	J U •	0.

OF YOUNG CHILDREN, INC.

Section A. Officers, Directors, Trust		oloy	ees,			ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(C Posi	-			(D)	(E)			(F)	
Name and title	Average hours per		not c	heck r	more	than		Reportable	Reportable			timatec	
	week			ss per: ıd a di				compensation from	compensation from related	- 1	ar	nount o	ī
	(list any	ctor						the	organizations	- 1	com	pensati	on
	hours for	or dire	a.			rted		organization	(W-2/1099-MIS	C)		om the	
	related organizations	ndividual trustee or director	Institutional trustee		9	beusa		(W-2/1099-MISC)				anizatio	
	below	lual tr	tional		ploye	st com	_					d relate anizatio	
	line)	Indivic	Institu	Officer	Key employee	Highest compensated employee	Former				o g	ai iizatioi	110
(18) RHONDA LAIRD	1.00												
DIRECTOR		Х						0.		0.			0.
(19) MARTHA HOWARD	2.00												
VICE PRES ELECT		Х		Х				0.		0.			0.
(20) STEPHANIE STEPHENS	1.00												
DIRECTOR	1 00	Х						0.		0.			0.
(21) CINDY HORNSBY	1.00	.,											^
DIRECTOR	1 00	Х	_			┢		0.		0.			0.
(22) MARCUS HARRIS DIRECTOR	1.00	х						0.		0.			0.
(23) MELISSA FLECK	1.00	Λ				\vdash		0.		٠.			<u> </u>
DIRECTOR	1.00	Х						0.		0.			0.
(24) SHERRY HARPOLE	1.00	25				\vdash		1		•			•
DIRECTOR		х						0.		0.			0.
(25) JOYCE BRIDGES	1.00												
DIRECTOR		Х						0.		0.			0.
(26) LIN VENABLE	1.00												
DIRECTOR		Х						0.		0.			0.
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part VII	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,0	000 of reportable				0
compensation from the organization												Yes	No.
3 Did the organization list any former officer,	director or tru	ıcto	a ka	v om	nnlo	WAA	orl	highest compensated em	anlovee on	1		103	140
line 1a? If "Yes," complete Schedule J for si	-			•	•	•					3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	•							•	Ü		4		Х
5 Did any person listed on line 1a receive or a	•		•										
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch p	ers	on					5		Х
Section B. Independent Contractors	•												
1 Complete this table for your five highest cor	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	tion fro	om	
the organization. Report compensation for t	the calendar ye	ear e	ndir	ng wi	ith c	or wi	thin	the organization's tax ye	ear.				
(A) Name and business	addroce	NT/	\ \ TT					(B) Description of se	arvices	_)) omne) nsation	
Traine and business	<u>audi 033</u>	11/	ONE	<u> </u>				Description of st	CI VICCS		ompc	isation	
O Tabel much City in the City is a city in the City in					u.			-1	No. o				
2 Total number of independent contractors (in		ot lir	nited	to t	nos 1	se lis 1	ted	above) who received mo	ore tnan				
\$100,000 of compensation from the organiz			TT3	m = .	277	, ~		IDM C				000	

Form 990

Form 990 OF YOUNG	CHILDRE	и,		NC	•				23-703	1015
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, ar	nd H	lighe	est	Compensated Employe	ees (continued)	
(A)	(B)			(((D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl		all t			ly)	compensation	compensation	amount of
	per							from	from related	other
	week	١.				yee		the	organizations	compensation
	(list any	rector				old me		organization	(W-2/1099-MISC)	from the
	hours for	ordir	9			ated 6		(W-2/1099-MISC)		organization
	related	ıstee	truste		e e	bens				and related
	organizations	ual tru	ional		ploye	tcom				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) TRACY HARPER	2.00	드	드	0	Ä	エ	Fe			
CHAIR-MIDDLE	2.00	Х		х				0.	0.	^
	1 00	Δ		Λ				0.	0.	0.
(28) CHERYL DILLINGHAM	1.00	.,							_	•
DIRECTOR	1 00	Х						0.	0.	0.
(29) BONNIE SPEAR	1.00									•
DIRECTOR		Х						0.	0.	0.
(30) CINDY LEA LIGON	1.00	4_								_
DIRECTOR		Х						0.	0.	0.
(31) DAPHNE COLE	1.00									
DIRECTOR		Х						0.	0.	0.
(32) MARY JANE MORAN	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(33) STEWART CLIFTON	1.00									
DIRECTOR		Х						0.	0.	0.
(34) ANNE GAMBLE	1.00									
DIRECTOR		Х						0.	0.	0.
(35) KIM WINGATE	1.00									
DIRECTOR		Х						0.	0.	0.
(36) ANN ZIMMERMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(37) DAVID LOCKETT	1.00									
DIRECTOR		Х						0.	0.	0.
(38) LAUREL STONE	1.00									
DIRECTOR		Х						0.	0.	0.
(39) ADRIENNE BUTLER	1.00									
DIRECTOR		Х						0.	0.	0.
(40) GARY SMITH	1.00							-	-	
DIRECTOR		Х						0.	0.	0.
(41) KELLY MAIER	1.00	<u> </u>							•	
DIRECTOR		х						0.	0.	0.
(42) JANELL WOOD	1.00			Н					•	•
DIRECTOR		х						0.	0.	0.
		22						0.	<u> </u>	.
		1								
			\vdash	\vdash						
		1								
			\vdash	Н						
		1								
	1		\vdash	\vdash		\vdash				
		1								
Total to Part VII, Section A, line 1c										

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (**D**)
Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 3,813. g Noncash contributions included in lines 1a-1f: \$ 3,813. h Total. Add lines 1a-1f **Business Code** 611430 86,577. 86,577. 2 a TAEYC ANNUAL CONFERENC Program Service Revenue **b MEMBERSHIP DUES & ASSE** 611430 27,241. 27,241. С f All other program service revenue 113,818. g Total. Add lines 2a-2f . Investment income (including dividends, interest, and 124. 124 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses 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 b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses **c** Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS 900099 3,262. 3,262. b d All other revenue 3,262. e Total. Add lines 11a-11d

121,017.

113,818.

Total revenue. See instructions.

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Form 990 (2016) OF YOUNG CHIL Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		•	nplete column (A).	
	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				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	21,326.	15,994.	5,332.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,612.	1,209.	403.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	800.		800.	
С	Accounting	10,138.		10,138.	
d	Lobbying	5,000.		5,000.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	550	412	125	
	column (A) amount, list line 11g expenses on Sch 0.)	550.	413.	137. 495.	
12	Advertising and promotion	495.			
13	Office expenses	1,600.		1,600.	
14	Information technology	1,110.		1,110.	
15	Royalties	2,517.		2,517.	
16	Occupancy	2,317.		4,317.	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	66,078.	66,078.		
19	Conferences, conventions, and meetings	00,070.	00,070.		
20	Interest				
21 22	Payments to affiliates				
23		2,082.		2,082.	
23 24	Other expenses. Itemize expenses not covered	2,002.		2,002.	
∠→	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	PROGRAM/EVENT EXPENSE	8,800.		8,800.	
b	BOARD MEETING EXPENSE	3,814.		3,814.	
c	PROFESSIONAL DEVELOPMEN	1,717.		1,717.	
d	MEMBERSHIP DUES	920.		920.	
	All other expenses	708.		708.	
25	Total functional expenses. Add lines 1 through 24e	129,267.	83,694.	45,573.	0.
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)				
					5 000 (2212)

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Form 990 (2016)
Part X Balance Sheet

rai	τλ	balance Sneet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		218,441.	1	186,407.
	2	Savings and temporary cash investments		38,754.	2	38,870.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		25.	4	14,821.
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	ited employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualit				
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
s.		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	5		1,116.	9	2,604.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		12,171.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal		270,507.	16	242,702.
	17	Accounts payable and accrued expenses	32,006.	17	9,188.	
	18	Grants payable	•	18		
	19	Deferred revenue			19	250.
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete I			21	
,	22	Loans and other payables to current and former				
<u> </u>		key employees, highest compensated employee				
Liabilities		Complete Part II of Schedule L	· · · ·		22	
ב	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines				
		Schedule D	· · · ·	12,171.	25	15.184.
	26	Total liabilities. Add lines 17 through 25		44,177.	26	15,184. 24,622.
		Organizations that follow SFAS 117 (ASC 958				
,		complete lines 27 through 29, and lines 33 an				
<u> </u>	27	Unrestricted net assets		225,264.	27	217,014.
<u>a</u>	28	Temporarily restricted net assets		1,066.	28	1,066.
<u> </u>	29	D		•	29	•
		Organizations that do not follow SFAS 117 (A				
		and complete lines 30 through 34.				
ָהָ ס	30	Capital stock or trust principal, or current funds			30	
<u> </u>	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets of Fund balances	32	Retained earnings, endowment, accumulated in			32	
ñ I		Total net assets or fund balances		226,330.	33	218,080.
žΙ	33			7.7.0 110.		

Form 990 (2016) OF YOUNG CHILDREN, INC. 23-7037075 Page 12

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,0			
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,2 8,2			
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22	6,3	30.		
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	8,0	80.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	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	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

TENNESSEE ASSOCIATION FOR THE EDUCATION **Employer identification number** Name of the organization OF YOUNG CHILDREN, 23-7037075 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 OF YOUNG CHILDREN, INC.

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

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

Sec	ction A. Public Support	71		,							
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
	Gifts, grants, contributions, and	, ,	, ,	, ,	,	, ,	,				
	membership fees received. (Do not										
	include any "unusual grants.")	114,515. 213,677. 12,319. 9,047. 3,813. 353									
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	114 515	012 688	10 210	0 045	2 012	252 254				
	Total. Add lines 1 through 3	114,515.	213,677.	12,319.	9,047.	3,813.	353,371.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
_	column (f)						252 271				
	Public support. Subtract line 5 from line 4.						353,371.				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
	Amounts from line 4	114,515.	213,677.	12,319.	9,047.	3,813.	353,371.				
	Gross income from interest,		223,077	12,3131	3 / 0 1 / 0	3,013.	33373711				
0	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources	245.	174.	122.	66.	124.	731.				
9	Net income from unrelated business		2,20				,,,,,				
·	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.)	6,243.	4,011.	3,808.	3,310.	3,262.	20,634.				
11	Total support. Add lines 7 through 10	,			•		374,736.				
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	830,991.				
13	First five years. If the Form 990 is for	the organization's				1 501(c)(3)					
	organization, check this box and stop		·····				>				
Sec	ction C. Computation of Publi	c Support Per	centage								
14	Public support percentage for 2016 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	94.30 %				
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	93.88 %				
16a	33 1/3% support test - 2016. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box					
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies										
b	33 1/3% support test - 2015. If the o										
	and stop here. The organization qual										
17a	10% -facts-and-circumstances test	-									
	and if the organization meets the "fac			-	=	~					
	meets the "facts-and-circumstances"										
b	10% -facts-and-circumstances test	-									
	more, and if the organization meets the										
	organization meets the "facts-and-circ			· ·							
<u>18</u>	Private foundation. If the organization	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

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	quality under the tests listed be ction A. Public Support	low, please comp	piete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨 📗	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						>
	ction C. Computation of Public						
	Public support percentage for 2016 (lin			column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Invest					T I	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2016. If the						
k	more than 33 1/3%, check this box and 33 1/3% support tests - 2015. If the	=	-				
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 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.)

		Yes	No
	1		
	2		
	3a		
	OI.		
	3b		
	3с		
	4a		
	4b		
	4c		
	40		
	5a		
	- Gu		
	5b		
	5с		
	_		
	6		
	7		
	8		
	3		
	9a		
	9b		
	00		
	9c		
	10a		
	10b		
- ^		V E2,	0040
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	edule A (Form 990 or 990-EZ) 2016 OF YOUNG CHILDREN, INC. 25-70	3/0/) Pa	age 5
Pa	rt IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	NO
	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		
b	A family member of a person described in (a) above?	11b		
	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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations		V	
_	Many a majority of the approximation is directors by the charge of mineral to the charge of the char		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	and the state of t		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
-	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		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Zu		
	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.			
а	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.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2016 OF YOUNG CHILDREN, INC.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	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	Recoveries 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		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ted Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 OF YOUNG CHILDREN, INC.

23-7037075 Page 7

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	ints paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	 S	
4	Amou	ints paid to acquire exempt-use assets			
5		fied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions			
		annual distributions. Add lines 1 through 6			
8		outions to attentive supported organizations to which th	ne organization is responsive		
		de details in Part VI). See instructions			
9		outable amount for 2016 from Section C, line 6			
		B amount divided by Line 9 amount			
	LITIO	amount divided by Eine 6 amount	(i)	(ii)	(iii)
			Excess Distributions	Underdistributions	Distributable
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016
1	Dietrik	outable amount for 2016 from Section C, line 6			
		rdistributions, if any, for years prior to 2016 (reason-			
2		cause required- explain in Part VI). See instructions			
3		s distributions carryover, if any, to 2016:			
	LACES	ss distributions carryover, if any, to 2010.			
<u>a</u> b					
	From	2013			
	From				
	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2016 distributable amount			
<u> </u>		over from 2011 not applied (see instructions)			
j		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2016 from Section D,			
	line 7:	·			
а	Applie	ed to underdistributions of prior years			
		ed to 2016 distributable amount			
		inder. Subtract lines 4a and 4b from 4			
5		ining underdistributions for years prior to 2016, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions			
6	Rema	ining underdistributions for 2016. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part \	/I. See instructions			
7	Exces	ss distributions carryover to 2017. Add lines 3j			
	and 4	С			
8	Break	down of line 7:			
а					
b	Exces	ss from 2013			
С	Exces	ss from 2014			
		ss from 2015			
		ss from 2016			

Schedule A (Form 990 or 990-EZ) 2016

23-703<u>7075 Page 8</u> Schedule A (Form 990 or 990-EZ) 2016 OF YOUNG CHILDREN, INC. 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. Part VI (See instructions.)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

,	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III			
		EE ASSOCIATION FOR	R THE EDUCAT	TION Emp	loyer identification number
	OF YOUN	G CHILDREN, INC.			23-7037075
Pa	rt I-A Complete if the org	anization is exempt under	section 501(c) o	r is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		> \$	
Pa	rt I-B Complete if the org	anization is exempt under	section 501(c)(3)).	
1	Enter the amount of any excise tax	•			
	Enter the amount of any excise tax				
	If the organization incurred a section				
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				\(\alpha\)
Pa	rt I-C Complete if the org	anization is exempt under	section 501(c), e	except section 501(c	9(3).
3	Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and emmade payments. For each organization contributions received that were propolitical action committee (PAC). If	. Add lines 1 and 2. Enter here and 1120-POL for this year? Inployer identification number (EIN) tion listed, enter the amount paid fromptly and directly delivered to a second control of the secon	of all section 527 politrom the filing organiza	ical organizations to which tion's funds. Also enter the ization, such as a separat	Yes No n the filing organization e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990 or 990-EZ) 2016 (Part II-A Complete if the org	OF YOUNG CH	ILDREN, INC	• • 501/a\/2\ and file	23-7	037075 Page 2
Part II-A Complete if the organization 501(h)).	anization is exen	npt under section	i 50 i (c)(s) and me	a Form 5766 (ele	ction under
A Check if the filing organizate expenses, and share	e of excess lobbying e	•	Part IV each affiliated	group member's nam	e, address, EIN,
Limit	s on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influ	ence a legislative boo	ly (direct lobbying)			
c Total lobbying expenditures (add lin	nes 1a and 1b)				
d Other exempt purpose expenditure					
e Total exempt purpose expenditures	•				
f Lobbying nontaxable amount. Ente		-			
If the amount on line 1e, column (a) or	· '	bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e.	A		
Over \$500,000 but not over \$1,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50		00 plus 10% of the exc	. , , ,		
Over \$1,500,000 but not over \$17,0		00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a. If zero					
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zer					
reporting section 4911 tax for this	•			[Yes No
(Some organizations th	4-Year Ave at made a section 5 See the separ	eraging Period Under 01(h) election do not l ate instructions for lir	section 501(h) have to complete all c nes 2a through 2f.)		elow.
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 OF YOUNG CHILDREN, INC. 23-7037075 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description fthe lobbying activity.		a)	(b)
the lobbying activity.	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or			
local legislation, including any attempt to influence public opinion on a legislative matter			
or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?	X		5,00
j Total. Add lines 1c through 1i			5,00
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	ion 501(c)(5	5), or sec	tion
301(0)(0).			Yes No
Were substantially all (90% or more) dues received nondeductible by members?		1	
		····	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior year?	? 3	
Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	the prior year? ion 501(c)(5	3 5), or sec	
Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior year? ion 501(c)(5	3 5), or sec	
Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	the prior year? ion 501(c)(5 d "No," OR	3 5), or sec (b) Part	
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Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	the prior year/ion 501(c)(tion 501(c)(tion 501(c)(tion 501(c))); ti "No," OR	35), or sec (b) Part	
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Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues lf notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Divide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground structions); and Part II-B, line 1. Also, complete this part for any additional information.	the prior year' ion 501 (c) (s id "No," OR itical ccess political	2 3 5), or sec (b) Part 2a 2b 2c 3 4 5	III-A, line 3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues lif notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Divide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grout tructions); and Part II-B, line 1. Also, complete this part for any additional information. ART II-B, LINE 1, LOBBYING ACTIVITIES:	the prior year' ion 501 (c) (s i "No," OR itical ccess political up list); Part II-	2 3 5), or sec (b) Part 2a 2b 2c 3 3 4 5 5 A, lines 1 a	III-A, line 3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poliexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grout tructions); and Part II-B, line 1. Also, complete this part for any additional information. ART II-B, LINE 1, LOBBYING ACTIVITIES: E ORGANIZATION PAYS AN ADVOCATE \$5,000 TO WORK ON EXAMPLES CHILDREN, KEEPING THE ORGANIZATION INFORMATION IN	the prior year' ion 501 (c) (s d "No," OR tical ccess political BEHALF C	2 3 3 5), or sec (b) Part 2 a 2b 2c 3 4 5 5 A, lines 1 a	III-A, line 3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of Inotices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information Divide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grout tructions); and Part II-B, line 1. Also, complete this part for any additional information. ART II-B, LINE 1, LOBBYING ACTIVITIES: HE ORGANIZATION PAYS AN ADVOCATE \$5,000 TO WORK ON Expenditures (see instructions).	the prior year' ion 501 (c) (s d "No," OR tical ccess political BEHALF C	2 3 3 5), or sec (b) Part 2 a 2b 2c 3 4 5 5 A, lines 1 a	III-A, line 3, is

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

16 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

TENNESSEE ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN, INC.

Employer identification number 23-7037075

Part	t I Organizations Maintainin	g Donor Advised	Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on F	Form 990, Part IV, line 6		T
		_	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year			
	Aggregate value of contributions to (during			
	Aggregate value of grants from (during ye			
	Aggregate value at end of year			
	Did the organization inform all donors an		_	
	are the organization's property, subject t			
	Did the organization inform all grantees,			
	for charitable purposes and not for the b			
Part	impermissible private benefit?		nization answered "Yes" on Form 990	
				J, Part IV, line 7.
1	Purpose(s) of conservation easements he	, ,	`	intorically important land area
	Preservation of land for public use Protection of natural habitat	(e.g., recreation or edu	· —	istorically important land area ertified historic structure
	Preservation of open space		Freservation of a C	ertified historic structure
2	Complete lines 2a through 2d if the orga	nization hold a qualified	d consequation contribution in the for	m of a conservation easement on the last
	day of the tax year.	riization neid a quaiillet	d conservation contribution in the fon	Held at the End of the Tax Yea
	Total number of conservation easements			
	Total acreage restricted by conservation			ا م
	Number of conservation easements on a		ture included in (a)	
	Number of conservation easements inclu			
	listed in the National Register	` ' '	•	
	Number of conservation easements mod			
	year ►	inica, transferrea, refea	soa, oxungaishoa, or torrimated by t	The organization daring the tax
	Number of states where property subject	t to conservation easer	nent is located	
	Does the organization have a written poli		· · · · · · · · · · · · · · · · · · ·	 vf
	violations, and enforcement of the conse	, , , , , ,		
	Staff and volunteer hours devoted to mo			
	>	0, 1 0,	,	ζ ,
7	Amount of expenses incurred in monitori	ing, inspecting, handlin	g of violations, and enforcing conser	vation easements during the year
	▶ \$,
8	Does each conservation easement repor	ted on line 2(d) above s	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 organizatio			
	include, if applicable, the text of the foot	note to the organization	n's financial statements that describe	s the organization's accounting for
	conservation easements.			
Part	t III Organizations Maintainin	g Collections of A	rt, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answ	vered "Yes" on Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted	under SFAS 116 (ASC	958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar asset	ts held for public exhib	ition, education, or research in furthe	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial sta	atements that describe	s these items.	
b	If the organization elected, as permitted	under SFAS 116 (ASC	958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for	public exhibition, educ	cation, or research in furtherance of p	public service, provide the following amounts
	relating to these items:			
((i) Revenue included on Form 990, Part	t VIII, line 1		
	(ii) Assets included in Form 990, Part ${\sf X}$			·
2	If the organization received or held works	s of art, historical treas	ures, or other similar assets for financ	cial gain, provide
	the following amounts required to be rep			
а	Revenue included on Form 990, Part VIII	, line 1		
b.	Assets included in Form 990, Part X			\$

TENNESSEE ASSOCIATION FOR THE EDUCATION 23-7037075 Page 2 OF YOUNG CHILDREN, INC. Schedule D (Form 990) 2016 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs Scholarly research Other b Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or Part IV reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No Yes If "Yes," explain the arrangement in Part XIII and complete the following table: 1c c Beginning balance 1d Additions during the year Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year (e) Four years back 1a Beginning of year balance 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 curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organizat	ion that are held an	d administered for t	he organization				
	by:						Yes	No	
	(i) unrelated organizations					3a(i)			
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schedule R?			. 3b			
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.						
Pa	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or other basis (investment)		' '	Accumulated epreciation	(d) Boo	k value	e	
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other								
<u>Tot</u> a	l. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part X	. column (B). line 10	Oc.)	>			0.	
		•		,	Schedul	e D (Forr	n 990)	2016	

23-7037075 Page **3**

(a) Descrip	Complete if the organization answered "Yes" of tion of security or category (including name of security)	on Form 990, Part IV, lir (b) Book value		ine 12. : Cost or end-of-year market value
		(b) Book value	(c) Method of Valuation	. Oost of cha of year market value
	al derivatives held equity interests			
(3) Other	neid equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	o) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.		•	
	Complete if the organization answered "Yes"		ne 11c. See Form 990, Part X, I	ine 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	o) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	on Form 990 Part IV lin	ne 11d. See Form 990. Part X. I	ine 15
	Other Assets. Complete if the organization answered "Yes" of		ne 11d. See Form 990, Part X, I	ine 15. (b) Book value
Part IX	Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, lir Description	ne 11d. See Form 990, Part X, I	
Part IX	Other Assets. Complete if the organization answered "Yes" of		ne 11d. See Form 990, Part X, I	
(1) (2)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, I	
(1) (2) (3)	Other Assets. Complete if the organization answered "Yes" of		ne 11d. See Form 990, Part X, I	
(1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" of		ne 11d. See Form 990, Part X, I	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" of		ne 11d. See Form 990, Part X, I	
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" of		ne 11d. See Form 990, Part X, I	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" of		ne 11d. See Form 990, Part X, I	
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" of		ne 11d. See Form 990, Part X, I	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbia)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line	Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu) Part X	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu) Part X	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	ne 11e or 11f. See Form 990, P	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu) Part X 1. (1) Fed	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	Description 15.) Description	ne 11e or 11f. See Form 990, P	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columna American Columna American Ameri	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 15.) Description	ne 11e or 11f. See Form 990, P	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes OUNTS HELD FOR THE BENER	Description 15.) Description	ne 11e or 11f. See Form 990, P	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation (Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes OUNTS HELD FOR THE BENER	Description 15.) Description	ne 11e or 11f. See Form 990, P	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu) Part X 1. (1) Fed (2) AM (3) CH (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes OUNTS HELD FOR THE BENER	Description 15.) Description	ne 11e or 11f. See Form 990, P	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu) Part X 1. (1) Fed (2) AM (3) CH (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes OUNTS HELD FOR THE BENER	Description 15.) Description	ne 11e or 11f. See Form 990, P	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columna of the columna of the column	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes OUNTS HELD FOR THE BENER	Description 15.) Description	ne 11e or 11f. See Form 990, P	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Fed (2) AM (3) CH (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes OUNTS HELD FOR THE BENER	Description 15.) Description	ne 11e or 11f. See Form 990, P	(b) Book value

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

OF YOUNG CHILDREN, INC. 23-7037075 Page 4

Pa	rt XI Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemen	ts	1	121,017.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е			2e	0.
3	Subtract line 2e from line 1		3	121,017.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5		ne 12.)	5	121,017.
Pa	art XII Reconciliation of Expenses per Audited Financia	•	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	t IV, line 12a.		
1			1	129,267.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses			
d	,			•
е	e Add lines 2a through 2d			0.
3	Subtract line 2e from line 1	3	129,267.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а				
	Other (Describe in Part XIII.)	4b		•
	Add lines 4a and 4b		0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.	line 18.)	5	129,267.
	art XIII Supplemental Information.			
2001	uide the descriptions required for Port II, lines 2, 5, and 0: Port III, lines 1s	and 1. Dort IV lines 1h and 9h. Do	rt V line 1. Dort V lin	an Dort VI

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:

THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS

OF INTERNAL REVENUE CODE SECTION 501(C)(3). ACCORDINGLY, NO PROVISION FOR

INCOME TAXES IS INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE

ASSOCIATION FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING

STANDARDS CODIFICATION ("FASB ASC") GUIDANCE THAT CLARIFIES THE ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL

STATEMENTS. THIS GUIDANCE PRESCRIBES A MINIMUM PROBABILITY THRESHOLD THAT

A TAX POSITION MUST MEET BEFORE A FINANCIAL STATEMENT BENEFIT IS

RECOGNIZED. THE MINIMUM THRESHOLD IS DEFINED AS A TAX POSITION THAT IS

MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE

TAXING AUTHORITY, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

TENNESSEE ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN, INC.

Employer identification number 23-7037075

FORM 990, PART I, DOING BUSINESS AS:					
TENNESSEE ASSOCIATION FOR CHILDREN'S					
EARLY EDUCATION					
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:					
PRACTICE IN THE CARE, DEVELOPMENT, AND EDUCATION OF TENNESSEE'S YOUNG					
CHILDREN.					
FORM 990, PART VI, SECTION A, LINE 6:					
LINE 6 EXPLANATION - THE ORGANIZATION HAS MEMBERS THAT PAY MEMBERSHIP DUES					
AND HAVE THE ABILITY TO VOTE ON GOVERNANCE ISSUES OF THE ORGANIZATION.					
FORM 990, PART VI, SECTION A, LINE 7A:					
LINE 7A EXPLANATION - THE MEMBERSHIP VOTES FOR ALL EXECUTIVE BOARD					
OFFICERS: PRESIDENT, VICE PRESIDENT, VICE PRESIDENT-ELECT, SECRETARY,					
TREASURER, SECA REP, NAEYC REP, AND NOMINATING CHAIRS FOR EAST, MIDDLE, AND					
WEST TN.					
FORM 990, PART VI, SECTION A, LINE 7B:					
LINE 7B EXPLANATION - CHANGES TO BY-LAWS AND ELECTING OFFICERS ARE SUBJECT					
TO THE APPROVAL OF THE MEMBERSHIP. MEMBERSHIP MUST BE CURRENT BEFORE					
VOTING IS PERMITTED.					
FORM 990, PART VI, SECTION B, LINE 11B:					
LINE 11A EXPLANATION - THE 990 IS FORMALLY REVIEWED BY THE FINANCE AND					

THE 990 IS SENT TO THE ENTIRE BOARD FOR APPROVAL PRIOR

Schedule O (Form 990 or 990-EZ) (2016)

EXECUTIVE COMMITTEE.

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

Name of the organization TENNESSEE ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN, INC.	Employer identification number 23-7037075
TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD MEMBERS ARE REQUIRED TO SIGN THE CONFLICT OF INT	TEREST POLICY AT
THE BEGINNING OF THEIR TWO YEAR TERM. IF A SITUATION IS II	DENTIFIED, WE WILL
ADDRESS THIS ISSUE WITH THE EXECUTIVE BOARD.	
FORM 990, PART VI, SECTION B, LINE 15:	
NOT APPLICABLE TO TN ASSOCIATION FOR THE EDUCATION OF YOUR	NG CHILDREN, INC.
THE ORGANIZATION HAS ONE EMPLOYEE DESCRIBED BELOW.	
THE ORGANIZATION EMPLOYS AN OFFICE MANAGER TO HANDLE THE I	DAILY OPERATIONS.
THERE IS A PERSONNEL COMMITTEE THAT REVIEWS THE PERFORMANCE	CE OF THE OFFICE
MANAGER AND THEY MAKE RECOMMENDATIONS TO THE EXECUTIVE BOX	ARD AND THEN THE
FULL BOARD.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AND MADE AVAILABLE	AILABLE TO ALL
BOARD MEMBERS.	
990 PART VI-B LINE 15A - COMPENSATION	
THE ORGANIZATION DOES NOT EMPLOY A CEO/EXECUTIVE DIRECTOR.	. HOWEVER,
THERE IS A PERSONNEL COMMITTEE THAT REVIEWS THE PERFORMANCE	CE OF THE
OFFICE MANAGER AND THEY MAKE RECOMMENDATIONS TO THE EXECUT	TIVE BOARD AND
THEN THE FULL BOARD.	