Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization	, 20	OMB No. 1545-1878
Department of the Treasury Internal Revenue Service	<ul> <li>Do not send to the IRS. Keep for your records.</li> <li>Go to www.irs.gov/Form8879EO for the latest information.</li> </ul>		2015
Name of exempt organization		Employer	identification number
MAINE ASSOCIA YOUNG CHILDRE	TION FOR THE EDUCATION OF N	06-1	713614
Name and title of officer Lucas W. Caro: TREASURER	n		
Part I Type of	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, fr a, below, and the amount on that line for the return being filed with this form was blank, ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicab	then leave	line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	

1a	a Form 990 check here b Total revenue, if any (Form 990)	, Part VIII, column (A), line 12) 1b	
2a	a Form 990-EZ check here <b>X</b> b Total revenue, if any (Form	990-EZ, line 9) 2b	171839.
3a	a Form 1120-POL check here 🕨 b Total tax (Form 1120-P	OL, line 22)	
4a	a Form 990-PF check here <b>b</b> Tax based on investment i	ncome (Form 990-PF, Part VI, line 5) 4b	
5a	a Form 8868 check here 🕨 b Balance Due (Form 8868, line 3	ic)	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

X I authorize	PGM	LLC	to enter my PIN	12345
		ERO firm name		Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature	Date Date 01/24/2020
Part III Certification and Authentication	
<b>ERO's EFIN/PIN.</b> Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	01194056789 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2 confirm that I am submitting this return in accordance with the requirements of e-file Providers for Business Returns.	
ERO Must Retain This Fo Do Not Submit This Form to the IR	

LHA For Paperwork Reduction Act Notice, see instructions. 923051 10-03-19 Form 8879-EO (2019)

Form SPUC-E2       Return of Organization Exempt From Income Tax Under section 001(e), 527, or 4947(a)(1) of the internal Revenue Code (except private foundation)       Description       Open to Public Instruction       Open to Public         Description of the Instant Revenue Revenue Revenue Revenue Structure Revenue	Short Form 990-EZ Beturn of Organization Exempt From Income Tax					OMB No. 1545-0047	
	Forn	1 33	<b>50-EZ</b>	Return of Organization Exempt Fro	om Income	lax	2010
Department of the Insumption         De to www.irs.gov/Form990EZ for instructions and the latest Information.         Department Inspection           A For the 2115 calendar year, or tar year beginning         and ending         0         Employer identification number 06 - 1713614           Market endage         MAINE ASSOCIATION FOR THE EDUCATION OF VOUNC CHILDREN         0         6 - 1713614           Number endage         Particle and Second VOUNC CHILDREN         0 - 1713614         0           Audition of PAL to the PAL to an imal is ind delivered to statet address)         Room/suite         E Tesphore unimer 0 - 1713614           Audition of PAL to the PAL to an imal is ind delivered to statet address)         Room/suite         E Group Exemption 10 - 2007 2007, 3184 or PAL to an image of PAL to an image o				Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	de (except private	foundations)	2019
Department inclusion         Isspection           A For the 210 actiendar year, or tax year beginning         and ending           A For the 210 actiendar year, or tax year beginning         and ending           Burner of action         Chains of cognitization         DEmployer identification number           Windowse drags         MAINE ASSOCIATION FOR THE EDUCATION OF         06-1713614           Instruction         Augusta         Number and struct (or PL, box if mail is not delivered to street address)         Parameter           Berner detund         Augusta         Main of the maximum         10         207-798-7106           Berner detund         Chity of twosh, statio or province, country, and 2IP or foreign postal code         F Group Exemption         Number           Intervention         Augusta         Main of station or motion, Country and 2IP or foreign postal code         F Group Exemption         Number           Intervention         Augusta         Main of the foreign postal code         F Group Station is not foreign postal code         F Group Station is not foreign postal code         F Group Station is not foreign postal code           Intervention         Augusta         Main Station         If Chick or main station is not foreign postal code         F Group Station is not foreign postal code           Intervention         Augusta         Main Station (augusta if foreign postal code         F G				Do not enter social security numbers on this form, as it	t may be made pu	blic.	Onen to Public
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Insert charge         VOUNG CHILDREN         06-1713614           Predintered Insert control of the con	<b>B</b> C	heck if				D Employer ide	entification number
Important         With and strate (or P.0. box if mail is not diversed to street address)         Boomsule         E Telephone number 207 - 798 - 7106           Importance network         Dig or forwn, state or province, country, and ZIP or forsign postal code Accounting Muntee network         Figure 207 - 798 - 7106         Figure 207 - 798 - 7106           Importance network         Accounting Muntee Network         Action of the Mark Country, and ZIP or forsign postal code Accounting Muntee Network         Figure 200 - 798 - 7106           Importance network         Accounting Muntee Network         Action of the Mark Country and ZIP or forsign postal code Accounting Muntee Network         Figure 200 - 798 - 7106           Importance Network         Accounting Muntee Network         If the organization is net required to attach Schedule D Impos receipts at 920,000 or more, or if total assets (Part II), Concert the organization used Schedule D Impos receipts at 920,000 or more, or if total assets (Part II), Concert the organization used Schedule D Impos respond to any question in this Part I         Impos responde any question in the Part I           Impost the organization used Schedule D Impost respond to any question in the spart Impost responde any question in the spart	X	Addre	ess change MA	AINE ASSOCIATION FOR THE EDUCATION O	F		
295       Water Street       10       207-798-7106         Averaged relation       City or towns, state or province, country, and ZiP or foreign postal code       F Group Exemption         Numerical August Late, ME 04330       Number >       F Group Exemption         August Late, ME 04330       Cash I S Accurate (specify) >       H Check >>       If the organization is         Watexits >>       WWM MAINTEREXY C. ORG       H Check >>       If the organization is       F Group Exemption         1       Add lines 50, cand 7b to line 900 othermine gross receipts ar 9200000 or more, or If total assets (Part II, column (8) are \$500,000 or more, life Form 990+42, or 990		_	e change YC				
Improvementation       200 × 190 < 7100			in otaini			-	
Judicate reset       Augusta, ME 04330       Number         6 Accounting Method:       Cash ( X Accual ( Other (specify)) → (method))       Number > (Method)         1 Versite:       VWW.MAILNERZYC.ORG       Hthe organization is concluded and the organizatis concluded and the organization is concluded and the		termi	nated 25		10		
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I       Website:       ▶ WWW.MAINEAEVC.ORG       not required to attach Schedule B         J       Tax-exempt status (check only one)       \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$							
J       Tax-exempt status (check only one)       X 501(c)(1)       ≤ 01(c)(1)       ≤ (insert no.)       4947(a)(1) or       527       (Form 990, 990-EZ, or 990-PF).         K       Form of organization:       X 10 comportation       Trust       Association       Other         L       Add lines 50, cong 70 to line by othermine gross credipts ar 8200.000 or more, or if total assets (Part II, columm (B)) are \$500,000 or more, time form 990-EZ       > \$       171839.         Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)       X         1       Contributions, gits, grans, and similar amounts received       1       1132222.         2       Program service revenue including operation in the state income of (oss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c         6       Gaming and fundasing events       6a       6a       6a         a forces income from fundrasing events (ad lines 6a and 6b and subtract line 6c)       6d       6d         7       Gross profit or (loss) from sales of inventory (subtract line 7a)       7c       7c         8       Other reveneu (describe in Schedule 0)       6a       6d <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td>							-
K       Form of organization:       X       Corporation       Trust       Association       Other         L       Add lines 50, 6c, and 7 to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, column (6)) instead of form 990-f2       \$       171839.         Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)       X         Check if the organization used Schedule 0 to respond to any question in this Part I       1       1132222.         2       Program service revenue including government fees and contracts       2       58502.         3       Membership dues and assessments       4       4         4       Investment income       5a       5b       5c         5       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c       5c         6       Gaining and fundraising events: (not including \$       of contributions from fundraising events; (not including \$       of contributions from fundraising events; (not including \$       6c         a       Gross also of inventory, less etums and allowances       Ta       7c       7c         a       Gross also of inventory, less etums and allowances       Ta       7c       7c         a       Gross also of inventory, less etums and allowances       Ta       7c			·		7(2)(1) or 527		
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (Bt)) are \$500,000 or more, the form 900 tet. 1 (71839.) (7					7(a)(1) 01 321	(FUIII 990, 8	<u>190-EZ, 01 990-FF).</u>
column (B) are \$500,000 or more, file Form 390 instead of Form 390-EZ       \$ 171839.         Part II       \$ 171839.         Part II       \$ 171839.         Concrete X, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Concrete X, and Similar amounts received       I       I132222.       \$ 171839.         2       Program service revenue including government fees and contracts       2       58502.       3         4       Investment income       4       4       54         5       Gross amount from sale of assets other than inventory (subtract line 5b from line 5a)       56       66         6       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       56       66         6       Garing and fundraising events       6b       66       66         7       Gross income from fundraising events (not including \$			-		r if total assets (Part I	1	
Part 1       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule 0 to respond to any question in this Part 1       [X]         Check if the organization used Schedule 0 to respond to any question in this Part 1       [X]         1       Control to any question in this Part 1       [X]         1       [X]       [X]         1       [X]       [X]         [X]       [X]       [X]       [X]         [X]							171839.
The check if the organization used Schedule O to respond to any question in this Part I       I       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			Revenue	e, Expenses, and Changes in Net Assets or Fund Balan	ces (see the instri	uctions for Part I	)
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a Gross income from gaming (attach Schedule 6 if greater than \$15,000)       6a         b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b         c Less: direct expenses from gaming and fundraising events       6c         d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a Gross sales of inventory, less returns and allowances       7a         b Less: cost of goods sold       7c         e Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         a Other revenue (describe in Schedule 0)       9       1115.         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       1718339.         10       Grants and similar amounts paid (list in Schedule 0)       10       11         11       12       450000.       12       450000.         13       Professional fees and other payments to independent contractors       13       91911.         14       0.       14       1500.       11.         15       11.4.       154.       11.       12.         16       Other expenses (Add lines 10 through 16       15       11.       12.       45000. <td></td> <td>c</td> <td>Gain or (loss) f</td> <td>from sale of assets other than inventory (subtract line 5b from line 5a)</td> <td></td> <td> 5c</td> <td></td>		c	Gain or (loss) f	from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
Signal       Signal       Signal         B       Signal       Signal         B       Gross income from fundraising events (not including \$ of contributions from fundraising events exceeds \$15,000)       6b         C       Less: direct expenses from gaming and fundraising events       6c         C       Signal       6d         7a       Gross sales of inventory, less returns and allowances       7a         C       Signal       7c         B       Other revenue (describe in Schedule 0)       See         Schedule C       8       115.         B       Other revenue (describe in Schedule 0)       10         11       See       Schedule C         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       91911.         14       Occupancy, rent, utilities, and maintenance       14       15         17       Total expenses. Add lines 10 through 16       17       16         18       Other expenses (describe in Schedule 0)       15       114.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       16       95860.         19       Net assets or fund balanc		-	•	-			
from fundrasing events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)         6b         gross income and contributions exceeds \$15,000)         6b         6c         6d         7         6         6d         7          7 <td< td=""><td>anue</td><td>a</td><td></td><td></td><td></td><td></td><td></td></td<>	anue	a					
from fundrasing events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)         6b         gross income and contributions exceeds \$15,000)         6b         6c         6d         7         6         6d         7          7 <td< td=""><td>eve</td><td>b</td><td></td><td></td><td>ributions</td><td></td><td></td></td<>	eve	b			ributions		
c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a       7a         b       Less: cost of goods sold       7b       6d         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       7c         8       Other revenue (describe in Schedule 0)       8e       115.         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       171839.         10       Grants and similar amounts paid (list in Schedule 0)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12       45000.         13       Professional fees and other payments to independent contractors       13       9191.         14       Occupancy, rent, utilities, and maintenance       14       1500.         15       Printing, publications, postage, and shipping       15       114.         16       Other expenses (describe in Schedule 0)       18       20174.         17       Total expenses. Add lines 10 through 16       17       1516655.	æ		from fundraisir	ng events reported on line 1) (attach Schedule G if the sum of such			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a         b Less: cost of goods sold       7b       7c         c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       See Schedule 0       8       115.         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       171839.         10       Grants and similar amounts paid (list in Schedule 0)       10       10         11       Benefits paid to or for members       11       11         12       Salaries, other compensation, and employee benefits       12       45000.         13       Professional fees and other payments to independent contractors       13       9191.         14       Occupancy, rent, utilities, and maintenance       14       1500.         15       Printing, publications, postage, and shipping       15       114.         16       Other expenses (describe in Schedule 0)       See Schedule O       16       95860.         17       Total expenses. Add lines 10 through 16       17       17       151665.         18       Excess or (und balances at beginning of ye			gross income a	and contributions exceeds \$15,000) 6b			
7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       See         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9         10       Grants and similar amounts paid (list in Schedule 0)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12       450000.         13       Professional fees and other payments to independent contractors       13       9191.         14       Occupancy, rent, utilities, and maintenance       14       1500.         15       T114.       15       114.         16       Other expenses (describe in Schedule 0)       15       114.         16       Other expenses (describe in Schedule 0)       16       95860.         17       Total expenses. Add lines 10 through 16       17       151665.         18       Excess or (und balances at beginning of year (from line 27, column (A))       18       20174.         19       At assets or fund balances at deginning of year's return)       19							
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LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2019)

932171 12-11-19

	MAINE ASSOCIATION FOR THE	EDUCATION OF				
	n 990-EZ (2019) YOUNG CHILDREN			06-171	361	<b>4</b> Page <b>2</b>
Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp					<u> </u>
		`	Beginning of year		( <b>B)</b> End	d of year
22	, , ,		50122			99486.
23			0000	23		E C O O
24	· · · · · · · · · · · · · · · · · · ·		<u> </u>			<u>5603.</u> 105089.
25			10000			35903.
26			49012			69186.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) art III Statement of Program Service Accomplishmen	ts (see the instruction		• 2/	<b></b>	
F	Check if the organization used Schedule O to resp	•	•	X (Requ		enses or section
Wh	at is the organization's primary exempt purpose? See Schedule O	ond to any question	III UIIS FAIL III	<u>501(</u>	c)(3) an	nd 501(c)(4)
				orgar other		s; optional for
	cribe the organization's program service accomplishments for each of its three largest program se ner, describe the services provided, the number of persons benefited, and other relevant informat		n a clear and concise		,	
28	MaineAEYC plans and presents worksho	ps, webinars,	and			
	annual conferences for early childho	ood profession	als in			
	Maine.					
	(Grants \$) If this amount includes foreign g	rants, check here		<b>28a</b>		62576.
29	At MaineAEYC we support parents and					
	children. We advocate on behalf of c	<u>children, birt</u>	h through			
	age eight.					
	(Grants \$) If this amount includes foreign g	rants, check here	🕨	<b>29a</b>		58563.
30						
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31						
	(Grants \$ ) If this amount includes foreign g	rants, check here	🕨	31a		
32	Total program service expenses (add lines 28a through 31a)art IV List of Officers, Directors, Trustees, and Key Er			🕨 32		121139.
Pa	art IV   List of Officers, Directors, Trustees, and Key Er	Ipioyees (list each one ev	en if not compensated - s	see the instruction	ons for P	
	Check if the experimetion wood Cabedule O to yoon					
	Check if the organization used Schedule O to resp	ond to any question	in this Part IV		<u></u>	X
		( <b>b</b> ) Average hours		(d) Health ben contributions	nefits, s to	(e) Estimated
	Check if the organization used Schedule O to resp (a) Name and title	ond to any question	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health ben contributions employee ber plans, and defe	nefits, s to nefit erred	X
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BAR BC BC BC BC BC BC BC BC BC BC BC BC BC	(a) Name and title ison Britton bard Member boril Humphrey bard Member eigh Ann Fish bard Member elina Greene Warren bard Member andy Manson bard Member hitlyn Paulette bard Member hitlyn Paulette bard Member hitly Ruger bard Member hily Ruger bard Member mela Thompson bard Member ane Adams	Cond to any question           (b) Average hours per week devoted to position           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health ben contributions employee ber plans, and def compensations 	Defits,     s to     Defit     0.     0.     0.     0.     0.     0.     0.     0.     0.     0.     0.     0.     0.	X           (e) Estimated amount of other compensation           0.
BAR BC BC BC BC BC BC BC BC BC BC BC BC BC	(a) Name and title ison Britton pard Member pril Humphrey pard Member eigh Ann Fish pard Member elina Greene Warren pard Member and Member and Member ard Member	Cond to any question           (b) Average hours per week devoted to position           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health ben contributions employee ber plans, and def compensations 	Defits, s to nefit, s to nef	X           (e) Estimated amount of other compensation           0.
BC BC BC BC BC BC BC BC BC BC BC BC BC B	(a) Name and title ison Britton pard Member pril Humphrey pard Member eigh Ann Fish pard Member elina Greene Warren pard Member and Member ndy Manson pard Member hitlyn Paulette pard Member hitlyn Paulette pard Member hily Ruger pard Member mela Thompson pard Member mela Thompson pard Member mela Adams reasurer z Koucky	Cond to any question           (b) Average hours per week devoted to position           2.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health ben contributions employee ber plans, and def compensations 	nefits,   s to   nefits,   effits,   on   0.   0.   0.   0.   0.   0.   0.   0.   0.   0.   0.   0.   0.   0.	X           (e) Estimated amount of other compensation           0.
BARCE BOLL BOLL BOLL BOLL BOLL BOLL BOLL BOLL	(a) Name and title (a) Name and title (a) Name and title (a) Name and title (a) Name and title (b) Ann Fish (b) Ann Fish (c) Ann Fish	Cond to any question           (b) Average hours per week devoted to position           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00           2.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health ben contributions employee ber plans, and def compensations 	Defits,     s to     Defit     0.     0.     0.     0.     0.     0.     0.     0.     0.     0.     0.     0.     0.	X           (e) Estimated amount of other compensation           0.
BARCE BCI BCA	(a) Name and title (a) Name and title (a) Name and title (a) Name and title (a) Name and title (b) Ann Fitsh (b) Ann Fitsh (c) Ann Fit	Cond to any question           (b) Average hours per week devoted to position           2.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health ben contributions employee ber plans, and def compensations 	o   0	X           (e) Estimated amount of other compensation           0.
BARCE BCI BCA	(a) Name and title (a) Name and title (a) Name and title (a) Name and title (a) Name and title (b) Ann Fish (b) Ann Fish (c) Ann Fish	Cond to any question           (b) Average hours per week devoted to position           2.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health ben contributions employee ben plans, and def plans, and def and def compensation com	Defits,   s to   on   0.	X           (e) Estimated amount of other compensation           0.

	<u>1 990-EZ (2019) YOUNG CHILDREN 06-171</u>			Page <b>3</b>
Pa	<b>Other Information</b> (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Sch. O to respond to any question in thi			X
		Jian		No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	<u>A</u>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			v
07.	complete applicable parts of Schedule N	36		X
		• 37b		x
	Did the organization file <b>Form 1120-POL</b> for this year?	370		
00 a	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved $38b$ N/A	000		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 .			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disgualified persons during the year under sections 4912, 4955, and 4958			
Ч	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 $0$ . Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
u				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
-	transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed <b>&gt;</b> None			
42 a	The organization's books are in care of $\blacktriangleright$ The Organization Telephone no. $\blacktriangleright$ 207-7	98-7	106	
	Located at ► 295 Water Street, No. 10, Augusta, ME ZIP+4 ►	0433	0	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		x
U	If "Yes," enter the name of the foreign country	420		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		►	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	444		
45 •	in Schedule 0 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		x
	Did the organization raceive any payment from or engage in any transaction with a controlled entity within the meaning of section	чJa		
5	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
		Form <b>9</b>	90-EZ	(2019)

932173 12-11-19

3 2019.02020 MAINE ASSOCIATION FOR THE 10009\_\_1

MAINE ASSOCIATION	FOR	$\mathbf{THE}$	EDUCATION	OF
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Forn	1 990-EZ (2019) YOUNG CHILDREN		0 (	6-17136	514	F	Page <b>4</b>
						Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activitie	es on behalf of or in oppositior	to candidates for public	c office?			
_	If "Yes," complete Schedule C, Part I				46		Х
Pa	rt VI Section 501(c)(3) Organizations Only						
	All section 501(c)(3) organizations must answer questions 47-	49b and 52, and complete	the tables for lines 50	) and 51.			
	Check if the organization used Schedule O to respond to any	question in this Part VI					
						Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) elec	ction in effect during the tax yea	ar? If "Yes," complete Sc	ch. C, Part II	47		Х
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				48		Х
49 a Did the organization make any transfers to an exempt non-charitable related organization?					49a		Х
b	If "Yes," was the related organization a section 527 organization?				49b		
50	Complete this table for the organization's five highest compensated employees	(other than officers, directors	, trustees, and key empl	oyees) who ea	ch rec	eived n	nore
	than \$100,000 of compensation from the organization. If there is none, enter "I	None."					
	(a) Name and title of each employee	(b) Average hours per week devoted to	(C) Reportable (d compensation (Forms	) Health benefits, contributions to	(e am	) Estim ount of	

NONE	per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred compensation	amount of other compensation

f Total number of other employees paid over \$100,000

Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the 51 NONE organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
	1	

d Total number of other independent contractors each receiving over \$100,000

Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a 52 completed Schedule A

Х	Vee	Νo

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	Signature of officer			Date		
Here	Lucas W. Caron, T	REASURER				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
Paid		self- employed				
Prepare	r				P01200943	
Use Only	L Firm's name b DOM TTO	Firm's EIN ► 8	2-4812448			
	Firm's address ► 265 Main	Firm's address ▶ 265 Main Street				
	Biddeford					
May the IRS	discuss this return with the preparer shown	above? See instructions			🕨 🗶 Yes 📃 No	
					Earm 000-E7 (2010)	

Form **990-EZ** (2019)

932174 12-11-19

►

SCHEDULE A	П	ublic Cha	rity Status an	d Duk	lia Cu	innart		OMB No. 1545-0047
(Form 990 or 990-EZ)			rity Status an					2010
	Com	• •	47(a)(1) nonexempt cha			or a section		2019
Department of the Treasury			Attach to Form 990 or F	orm 990-	EZ.			Open to Public
Internal Revenue Service			/Form990 for instructio					Inspection
Name of the organizati			ION FOR THE P	EDUCAI	CION C	)F		identification number
Dort L Doccon		CHILDREN	A 11 · · · ·				0	6-1713614
			All organizations must co			e instructions	i.	
			For lines 1 through 12, cl					
		-	n of churches described			I)(A)(i).		
			Attach Schedule E (Form			•\		
	•		anization described in se			•	(:::) Entar	the beenitel's name
	-	on operated in cor	njunction with a hospital	described	III sectio	A)(1)(d)011 n	(III). Enter	the hospital's hame,
city, and stat 5 An organizati	-	the benefit of a col	lege or university owned	or operat	ed by a go	vernmental u	nit describe	ad in
	(b)(1)(A)(iv). (Cor		lege of university owned	or operation	eu by a go			
			nental unit described in	section 17	70(b)(1)(A)	(v)		
		-	ntial part of its support fr				e general r	oublic described in
	b)(1)(A)(vi). (Com			om a gove			io gonorar r	
		-	(1)(A)(vi). (Complete Part	: 11.)				
			in section 170(b)(1)(A)(i		ed in coniu	inction with a	land-orant	college
9	•		ulture (see instructions).				°,	•
university:	U	0 0	,		, <b>,</b>	,	U	
10 X An organizati	on that normally	receives: (1) more	than 33 1/3% of its supp	port from c	contributio	ns, membersł	nip fees, an	d gross receipts from
activities rela	ted to its exempt	functions - subject	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	rom gross investment
income and u	inrelated busines	s taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.
See section	<b>509(a)(2).</b> (Comp	olete Part III.)						
11 An organizat	on organized and	d operated exclusi	vely to test for public saf	ety. See	section 50	)9(a)(4).		
12 An organizat	on organized and	d operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
more publicly	supported orga	nizations describe	d in <b>section 509(a)(1)</b> o	r <b>section</b> \$	509(a)(2).	See section !	509(a)(3). (	Check the box in
lines 12a thro	ough 12d that de	scribes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
a 🔄 Type I. A s	upporting organi	zation operated, s	upervised, or controlled I	by its supp	ported org	anization(s), ty	pically by	giving
	-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
		nplete Part IV, Se						
		-	or controlled in connect			-		-
	-		anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
<u> </u>	()	• •	Sections A and C.					
			g organization operated				ly integrate	d with,
	0 (	, (	). You must complete F	,			tod organi-	ration(a)
	-	• •	orting organization operation				°,	.,
	, ,	•	ation generally must sati nplete Part IV, Sections			•	anallenin	reness
	,	,	written determination from	,				
	0		nally integrated supportir			турст, турс	n, rype m	
g Provide the follow								
(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of	monetary	(vi) Amount of other
organizatior	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Total	duction Act Not	ica saa tha Inatri	uctions for Form 990 or	990.57	022001 02	10 <b>Sobo</b>		m 990 or 990 EZ) 2019

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 5

Schedule A	(Form 990 o	r 990-F7	2019	YOUNG	CHILDREN
Ochculic A		1 330 LZ	2015	100110	OHEDDIGH

06-1713614 Page 2

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

(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						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4.						
	••	(-) 0015	(1-) 0010	(-) 0017	(4) 0010	(-) 0010	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
٥	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	,	,			· · ·	
	organization, check this box and <b>stop</b>	U U					
Sec	ction C. Computation of Publi		centage				
14	Public support percentage for 2019 (li	ine 6, column (f) d	vided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2019. If the c					ore, check this bo	k and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	ı <u></u>			
b	33 1/3% support test - 2018. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly :	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop</b>	<b>here.</b> Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	n in Part VI how the	e
	organization meets the "facts-and-circ		-				▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-F7) 2019

Schedule A (Form 990 or 990-EZ) 2015

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

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

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(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.)

Sec	ction A. Public Support			<u>.</u>		·	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9968.	18631.	61619.	75616.	104480.	270314.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3082.	5135.	6431.	20557.	67244.	102449.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	13050.	23766.	68050.	96173.	171724.	372763.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year						0.
	Public support. (Subtract line 7c from line 6.)						372763.
Sec	ction B. Total Support						5727051
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	<b>(f)</b> Total
	Amounts from line 6	13050.	23766.	68050.	96173.	171724.	372763.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					115.	115.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					115	115
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					115.	115.
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	13050.	23766.	68050.	96173.	171839.	372878.
	First five years. If the Form 990 is for		first, second, third			I	
		0					
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (li	ine 8, column (f), di	vided by line 13, c	olumn (f))		15	<u>99.97 %</u>
16	Public support percentage from 2018					16	100.00 %
	ction D. Computation of Inves						
17	Investment income percentage for 20			ne 13, column (f))		17	.03 %
18	Investment income percentage from 2						%
19a	<b>33 1/3% support tests - 2019.</b> If the	-					
J-	more than 33 1/3%, check this box ar						►X
Ø	<b>33 1/3% support tests - 2018.</b> If the	•					
20	line 18 is not more than 33 1/3%, che <b>Private foundation.</b> If the organizatio						
	23 09-25-19	I GIG HOL OHEOR & L	55X 61 III 6 14, 13d			edule A (Form 990	or 990-EZ) 2019
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2019.02020 MAINE ASSOCIATION FOR THE 10009\_\_1

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

Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

8

932024 09-25-19

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2		
3a		
00		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c	 	
6		
7		
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9a		
c:		
9b		
9c		
10a		

Schedule A (Form 990 or 990-EZ) 2019

10b

09080124 152130 10009

2019.02020 MAINE ASSOCIATION FOR THE 10009\_\_1

Yes No

Sche	dule A (Form 990 or 990-EZ) 2019 YOUNG CHILDREN	06-171363	L <b>4</b> P	age <b>5</b>
	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
<u>c</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		-	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000			Vaa	Na
4	Were a majority of the arganization's directors or tructops during the tax year also a majority of the directors		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)? <i>If "No," describe in Part VI how control</i>			
	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	I		L
			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 in	structions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ity (see instruction	s) <u>.                                    </u>	
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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	<u>2b</u>		
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? <i>Provide details in</i> <b>Part VI.</b>	<u>3a</u>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2019

06-1713614 Page 6	5-1'	7136	14	Page 6
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Schedule A (Form 990 or 990-EZ) 2019 YOUNG CHILDREN Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. 2 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Sche	dule A (Form 990 or 990-EZ) 2019 YOUNG CHILDRE			)6-1713614 <sub>Ра</sub>	age <b>7</b>
Par	t V   Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continued)		
Sect	on D - Distributions			Current Year	
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in <b>Part VI</b> ). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in <b>Part VI</b> ). See instructions.	C I			
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
		(i)	(ii)	(iii)	
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019	9
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019 (reason-				
	able cause required- explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2019				
а	From 2014				
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
i	Carryover from 2014 not applied (see instructions)				
<u></u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from Section D.				
-	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
 	Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if				
3	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
	· · ·				
6	Remaining underdistributions for 2019. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
e	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

			ASSOCIATION	I FOR	THE	EDUCATION	OF	
Schedule A	(Form 990 or 990-EZ) 2019	YOUNG	CHILDREN					06-1713614 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li Section D, lines 5, 6, and 8	2, 3b, 3c, 4 ines 2 and 3	b, 4c, 5a, 6, 9a, 9b, 9c, ; Part IV, Section E, lin	, 11a, 11b, es 1c, 2a, 2	and 11 2b, 3a,	l c; Part IV, Section E and 3b; Part V, line	3, lines 1 1; Part \	and 2; Part IV, Section C, /, Section B, line 1e; Part V,
	(See instructions.)		, 0001011 E, 11103 E, 0,				additio	
932028 09-25-	19					;	Schedu	le A (Form 990 or 990-EZ) 201
				12				

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

Name of the	ne orgar	nization
-------------	----------	----------

Organization type (check one)

MAINE	ASSOCIATION	FOR	THE	EDUCATION	OF
VOUNG	CHILDREN				

06-1713614

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., burpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless to the set of the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the year for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to the parts unless the **General Rule** applie

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

# MAINE ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN

Employer identification number

06-1713614

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a)	(b) Name address and ZID + 4	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 Bingham Foundation 1375 E. 9th Street, Suite 900 Cleaveland, OH 44114	Total contributions         \$         10000.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Betterment Fund       Po Box 7910       Portland, ME 04112	\$10000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Maine Community foundation 245 Mian Street Ellsworth, ME 04605	\$10000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>	NAEYC       1313 L st. NW, suite 500       Washington, DC 20005	\$25000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Maine Children's Alliance 331 State Street Augusta, ME 04330	\$ <u>12000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	United Way of Greater Portland One Canal Plaza, Suite 300 Portland, ME 04112	\$19892.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019.02020 MAINE ASSOCIATION FOR THE 10009\_1

			Employer identification number
	ASSOCIATION FOR THE EDUCATION OF CHILDREN		06-1713614
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
923453 11-00		\$Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)

Page 3

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

<sup>15</sup> 2019.02020 MAINE ASSOCIATION FOR THE 10009\_\_1

Name of or					Employer identification number		
	ASSOCIATION FOR THE EI	DUCATION OF			0.6 1.81.0.61.4		
Part III	CHILDREN Exclusively religious, charitable, etc., contrib	utions to organizations descri	hed in section 50	11(c)(7) (8) or (10) th	$\frac{06-1713614}{1000}$		
	from any one contributor. Complete columns completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	(a) through (e) and the followin s, charitable, etc., contributions of \$	a line entry For o	rganizations			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ift	(d) Desc	scription of how gift is held		
-		(e) Transfe	er of gift				
-	Transferee's name, address,	and ZIP + 4	R	elationship of trai	nsferor to transferee		
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gi	ift	(d) Desc	ription of how gift is held		
		(e) Transfe	er of gift				
-	Transferee's name, address,	and ZIP + 4	R	elationship of trai	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held		
	Transferee's name, address,	(e) Transfe	-	elationshin of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	jift (d) De		Description of how gift is held		
-		(e) Transfe	er of gift				
-	Transferee's name, address,	and ZIP + 4	R	elationship of trai	nsferor to transferee		
923454 11-06-	-19			Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)		

16 2019.02020 MAINE ASSOCIATION FOR THE 10009\_\_1

Form 990 or 990-EZ) Complete to provide information for responses to sp Form 990 or 990-EZ or to provide any additiona			2019
epartment of the Treasury ternal Revenue Service Attach to Form 990 or 990-EZ.			Open to Public Inspection
ame of the organization MAINE ASSOCIATION FOR THE EDUCA YOUNG CHILDREN	ATION OF		identification numbe
orm 990-EZ, Part I, Line 8, Other Revenue:			
Description of Other Revenue:			Amount:
NTEREST INCOME			115.
orm 990-EZ, Part I, Line 16, Other Expenses:			
escription of Other Expenses:			Amount:
Conferences			62576.
Supplies			2239.
leeting expenses			3633.
nsurance			1173.
ther expenses			2104.
Payroll taxes			4077.
ank charges and fees			1438.
ravel			6502.
Professional learning			9958.
accounting			2160.
Cotal to Form 990-EZ, line 16			95860.
orm 990-EZ, Part II, Line 24, Other Assets:			
Description	Beg. of Ye	ar 1	End of Year
REPAID EXPENSES	63	4.	5603.
ACCOUNTS RECIEVABLE	825	6.	0.
otal to Form 990-EZ, line 24	889	0.	5603.
orm 990-EZ, Part II, Line 26, Other Liabilitie	s:		
Description	Beg. of Ye	ar 1	End of Year

Schedule O (Form 990 or 990 I	EZ) (2019)							Page 2	
Name of the organization		ASSOCIATION CHILDREN	FOR	THE	EDUCATION	OF	Employer identification number 06-1713614		
DEFERRED REVENUE	3					100	00.	35000.	
ACCOUNTS PAYABLE	Ξ						0.	903.	
Total to Form 99	90-EZ,	line 26				100	00.	35903.	

Form 990-EZ, Part III, Primary Exempt Purpose - MaineAEYC promotes

high-quality early learning for all children, birth through age 8, by

connecting practice, policy, and research. We advance a diverse,

dynamic early childhood profession and support all who care for,

educate, and work on behalf of young children and families.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly,

or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly,

or indirectly, on a personal benefit contract.

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

932212 09-06-19

Schedule O (Form 990 or 990-E	Z)								Page <b>2</b>
Name of the organization MAINE ASSOCIATION FOR THE EDUCATION OF Employer identification num YOUNG CHILDREN 06-1713614								14	
Part IV List of Officers	s, Directo	rs, Truste	es, and Ke	y Employ	/ees. List each one	even if not compensati	ated. (	see the instructions for	r Part IV.)
(8	ı) Name and ti			(1	<ul> <li>Average hours</li> <li>r week devoted to position</li> </ul>	(C) Reportab compensation (F W-2/1099-MIS (If not paid, enter	le orms SC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	
Elizabeth Richar	rds						•		
President					2.00		0.	0.	0.
Heather Marden					2 00		^	0	
<u>Vice President</u> Sara Perrigo					2.00		0.	0.	0.
Secretary					2.00		0.	0.	0.
					2.00				
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