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Form 990

Change of Accounting Period Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545 0047

2009

Department of the Treasury

Inter	nal Reven	nue Service	► The organizatio	n may have to use	a copy of this retur	n to satisfy state report	ing requireme	ents	Open	O Fublic IIIs	pecuon
	For the	2009 calendar year.	, or tax year beginn	ning $1/01$	L	, 2009, and endin	ig 6/3	30	, 2	2010	
В	Check if a	applicable	c					D Employe	er Identifica	tion Number	
	Addr	ress change Please us	∍ Nevada Ass	sociation	for the E	ducation of		88-0	44902	4	
	Nam	ne change or type.	. Itoung chili	dren				E Telephor	ne number		
	Instia	al return See	950 Glenn		50			(866	927	-3601	
	\vdash	nination Instruc-	Folsom, CA	95630			ľ		,		
	⊢ ⊢	ended return						G Gross re	cointe \$	558	415.
	\vdash		e and address of principa	al officer			H(a) Is this a	group return			X No
	□ Афрі		As C Above	ai omeei			1	affiliates inclu		Yes	No.
	T	exempt status X 50		(4947(a)(1) or 527	If 'No,'	attach a list ((see instruc	tions)	□
뉴				(insert no)	4947(a)(1) 01 327					
<u>,,</u>	-		aeyc.org				H(c) Group e				
K		of organization X Corpo	oration Trust	Association	Other >	L Year of Format	tion 1926	M St	ate of legal	domicile NV	
Pa	irt I,	Summary									
		Briefly describe the o								of the	
9	Ī	n <u>eeds, right</u> s	and_well_	<u>being of</u>	<u>all young</u>	<u>children ar</u>	<u>nd thei</u>	<u>r_fami</u>	<u>lies.</u>		
Activities & Governance	_						- -				
/817											
9		Check this box				or disposed of mor	re than 259	% of its as:	_ 1		1.4
ଷ	1	Number of voting me	_		•	VI line 1h\			4		14
ies	i .	Number of independe Fotal number of empt			ing body (Fait	עו, וווופ וטן			5		1 <u>4</u> 5
Ξ	i .	Total number of voluments		•				}	6		0
Act	i .	Total gross unrelated			column (C) lu	ne 12		<u> </u>	7a		0.
	1	Net unrelated busines				10 12		F	7b		0.
					,			rior Year		C	
	8 C	Contributions and are	note (Part VIII line	16)			F	1,12	25	Current Ye	, 910 .
en T		Contributions and gra Program service reve	•	•				764,18			, 251.
Revenue	1	nvestment income (F			and 7d)				51.	333,	$\frac{166}{1}$
Вè	1	Other revenue (Part \				a)			71.		88.
		fotal revenue – add	· · · · · · · · · · · · · · · · · · ·					766,53		558	415.
_	<u> </u>	Grants and similar an				(A), iiile 12)		,00,5	-		, 113.
					=		-				
		Benefits paid to or for		\	-	201 2	7.5	01	624		
69		Salaries, other compe), lines 5-10)	-	201,3	/5.	91,	624.		
Expenses	16a P	Professional fundraising fees (Part IX, column (A), line 11e)							ļ		
ž	b⊤	Total fundraising expe	enses (Part IX, col	lumn (D), line 2	25) 🟲			*	·*	***	
ш	17 C	Other expenses (Part	IX, column (A), lir	ne <u>s_11a-11d, 1</u>	1f-24f)		1	509,86	51.	414,	819.
	18 ⊤	otal expenses Add	lines 13-17 (must e	equal Part	column (A): Ime	25)		711,23	36.	506,	443.
	19 R	Revenue less expens	es. Subtract line 1	8 from line-12-	CEIVED	_ol		55.29			972.
ь8				4		10	Regin	ning of Ye	35	End of Ye	
Net Assets or Fund Balancos	20 T	Total assets (Part X.	line 16)	MAY	1 9 2011	O	Degin	187,79			902.
¥8		「otal liabilities (Part)	,			JS S		18,40			542.
25		•	•	10,400	ווי ערייבין						
	22 N N	Net assets or fund ba		ne ∠i πoggrupe	120214, 677			169,38	58.]	221,	360.
Га		 									
		Under penalties of perjur true, correct, and comple	y, I declare that I have e ete Declaration of prepa	examined this return rep (other than office	n, including accompa ter) is based on all ii	anying schedules and sta nformation of which prep	atements, and parer has any	I to the best o knowledge/	of my knowl	ledge and belief,	, it is
c:-		- MONO	11 111	11PA			12	11511	/		
Sig He	gn To	recios	J I W	$NU \subseteq$			<u> </u>	ווןעון	<u> </u>		
пе	i e	Signature of officer	/				Day	,			
		Peggy Pull			. <u> </u>		<u> Presi</u>	dent			
		Type or print name a	and title						- 1-		
_							Ch sel	eck if	Prepar (see in	er's identifying i istructions)	number
Pa		Preparer's						ployed -	<u> </u>		
Pre		signature St	even J. Olds	s CPA	1	5/04/1	1		P00	032941	
Da:	rer's	Firm's name (or WI	LLIAMS & OLI	DS, CPA'S							
On		yours if self- employed), > 90	O UNIVERSITY	Y AVENUE S	SUITE 100		ΞΙ	v ► 01	L-0560	1769	
V 11	,	addroce and	CRAMENTO, CA				?h			858-168	0
May	v the IR	S discuss this return				ns)				Yes	No

	n 990 (2009) Nevada Association for the Education of	88-0	44902	4		Page 2
Par	rt III 🗦 Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission					
	See Schedule 0					
						. – – –
2	Did the organization undertake any significant program services during the year which were not listed on	the prior				
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O.				_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	rices?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O.		· <u></u>		_	
4	Describe the exempt purpose achievements for each of the organization's three largest program services	by expenses	Section	501(:)(3)	
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.	l allocations t	o others	, the to	otal	
	expenses, and revenue, it any, for each program service reported.					
4 a	a (Code: Karaman) (Expenses \$ 469,123. including grants of \$) (Revenue	\$)
	See Schedule 0					
				- – –		
				- – – :		
						-
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	***************************************	<del>-</del> -				
4 t	b (Code) (Expenses \$ including grants of \$	) (Revenue	\$			)
		_ <b></b> _				
	***************************************					
	***************************************					
	~				<del>-</del>	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				<del>-</del>	
40	(Code) (Revenue	\$)
		-				
				-		
4	Other program services. (Describe in Schedule O)					
70	(Expenses \$ including grants of \$) (Revenue	Ġ			`	
40	Total program service expenses ► 469, 123.	<u> </u>			,	
	Total program service expenses - TOJ/120.					

	m 990 (2009) Nevada Association for the Education of 88-04 rt IV { Checklist of Required Schedules	49024		P	age 3
rai	Checklist of Required Schedules			res	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			х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidat 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? If 'Yes,' complete Schedule C, Part II		1		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	d 5	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule Part!	t to D,	5		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	,		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	3	_	Х
9	Did the organization report an amount in Part X, line 21, 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 term, permanent, or quasi-endowment Yes , Ye				Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, VIII, X as applicable	IX, or 11		х	
•	 Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Sched D, Part VI 	lule 🕍			3
•	 Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its to assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 	otal 🙃	`		^ 1
•	 Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its t assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 	otal		İ	
	 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported. Part X, line 16? If 'Yes,' complete Schedule D, Part IX 	ed in			, programme and the state of th
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X				
•	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresse the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X 	:s		\dashv	
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	:		Х
12/	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A	No X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13			X
14a	a Did the organization maintain an office, employees, or agents outside of the United States?	14	a		X
t	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14	ь		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization entity located outside the United States? If 'Yes,' complete Schedule F, Part II	ion 15			<u>x</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16			X
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	<u> </u>		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18			<u> </u>
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

20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2 ⁷ 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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		Х
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) 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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).	*	<u> </u>	- (\$
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u> </u>
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) 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
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		<u>X</u>
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		<u>X</u>
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, Parts II, III, IV, and V, line 1	34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		_X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38		Х
BAA		Form	990 (

			Yes	No			
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	L F.					
ŧ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>י</u>	3				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		X			
2 <i>a</i>	a 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	5	≴ ′\ •				
21	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		, ž	7.5			
3 <i>a</i>	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х			
t	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b					
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х			
t	olf 'Yes,' enter the name of the foreign country		;z >	ŝ			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		<u> </u>				
5a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> X</u>			
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		<u>X</u>			
c	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х			
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?							
7	Organizations that may receive deductible contributions under section 170(c).			1			
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	<u></u>	\ X			
t	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7b					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X			
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			,			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		<u>X</u>			
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g					
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.	-					
	Did the organization make any taxable distributions under section 4966?	9a					
	Did the organization make any distribution to a donor, donor advisor, or related person?	9b					
	Section 501(c)(7) organizations. Enter			Ī			
	Initiation fees and capital contributions included on Part VIII, line 12						
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1					
	Section 501(c)(12) organizations. Enter.	1					
	Gross income from other members or shareholders			İ			
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>				
Ŀ	o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b						

BAA

Form 990 (2009)

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.

	- Conedate O. Oce mistractions.			
Sec	tion A. Governing Body and Management			
		[7	Yes	No
	Enter the number of voting members of the governing body	14	1.	
	Enter the number of voting members that are independent 1b	14		
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	\$ W	X
2	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors or trustees, or key employees to a management company or other person? See Sch O	3	X	
4	Did the organization make any significant changes to its organizational documents	4	<u> </u>	X
_	since the prior Form 990 was filed?	_	}	,,
	Did the organization become aware during the year of a material diversion of the organization's assets?	5	 	X
	Does the organization have members or stockholders?	6	 	X
7	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
١	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.	4	٠ -	-
	The governing body?	8a	Х	
1	Each committee with authority to act on behalf of the governing body?	8b	X	•
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internation about policies and required by the Internation about policies and required by the Internation about policies and required by the Internation about policies and required by the Internation about policies are required by the Internation about policies and required by the Internation about policies are required by the Internation about policies and required by the Internation about policies are required by the Internation are required by the Internation about policies are required by th	 		
	enue Code.)			
			Yes	No
10	Does the organization have local chapters, branches, or affiliates?	10a		Х
1	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with those of the organization?	, 10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		Х
11,	Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule	0		,
12	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
ı	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in			
4.5	Schedule O how this is done See Schedule O	12c	Х	\
	Does the organization have a written whistleblower policy?	13	37	X
	Does the organization have a written document retention and destruction policy?	14	X	ļ
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		Х
ı	Other officers of key employees of the organization	15 в		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	le		Х
ı	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemp	on		
	status with respect to such arrangements?	16b	L	
	tion C. Disclosures			
	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available. Check all that apply	available	ior pul	blic
	Own website X Upon request			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest patternents available to the public. See Schedule $\ddot{0}$	olicy, and	finan	cial
	State the name, physical address, and telephone number of the person who possesses the books and records of the d			
	Association Resource Center 950 Glenn Drive, Suite 150 Folsom CA 95630	(<u>866)</u> _ 9	27-	3601

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

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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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 See instructions for definition of 'key employees'
- 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.

 \overline{X} Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours per week	tndividual trustee or director	nstitutional trustee	Officer		Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
Jennifer Kalas										-
President-Elect	4	Х		Χ			_	0.	0.	0.
Peggy Pulver	_									
President	8	Х		<u>X</u>				0.	0.	0.
Keana Sullivan	_									
Treasurer	8	Х		Х				0.	0.	0.
Lillie Englund]									
VP Public Pol	2	X						0.	0.	0.
Tina Sringmeyer]							•		
Secretary	6	Х		Х				0.	0.	0.
Bette Katz]									
VP Communic	12	Х						0.	0.	0.
Michelle Tannock]						ĺ			
VP Membership	5	Х						0.	0.	0.
Catherine Lyons]									
VP Prof Devel	5	Х						0.	0.	0.
Anna Severens]									
Member at Large	4	Х						0.	0.	0.
Sherry Waugh]									
Member at Large	5	Х						0.	0.	0.
Mardene Wright]									
Member at Large	4	Х						0.	0.	0.
Margaret Oberg										
Member at Large	4	Х						0.	0.	0.
Catherine Lyons								-		
2010 Conf_Chair	1	Х						0.	0.	0.
Whitney Leathers										
2011 Conf Chair	1	Х						0.	0.	0.

(A)	(B)	 	<u> </u>		c)		, 41	(D)	(E)	(F)
Name and Title	Average	ge Position (check all that a					pply)	Reportable compensation from		Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	amount of other compensation from the organization and related organizations
		:								
						į	_			
1 b Total							•	0.	0.	<u> </u>
2 Total number of individuals (including but not limited from the organization ► 0	to thos	e list	ted	abov	ve)	who	rece	eived more than \$	100,000 in reportab	le compensation
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of repthe organization and related organizations greater the 	i <i>dividual</i> oortable	com	pen	satı	on a	nd o	othe	r compensation from	om	3 X
individual 5 Did any person listed on line 1a receive or accrue co	ompensa	ation	fro	m aı	nv u	nrel				4 X
rendered to the organization? If 'Yes,' complete Sch Section B. Independent Contractors	edule J	for s	suct	n pei	rśor)				5 X
Complete this table for your five highest compensation from the organization	ed indep	end	ent	cont	ract	ors	that	received more that	an \$100,000 of	
(A) Name and business addres	s				(B) Description of	of Services	(C) Compensation			
			_							
			_						-	
2 Total number of independent contractors (including l	but not !		74 t-	, the	200	licto	d ab	nova) who recourse	t more than	
\$100,000 in compensation from the organization			.u ((J UIC	/3 C	ns(#	u a0	ove, who received	a more triait	

Pa	rt VIII Statement of Revenue			1		,
	en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	p k	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
		- 1		revenue		512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a			,	
RAN.	b Membership dues	1 b]	;		
S, G	c Fundraising events	1 c	,			
F 8	d Related organizations	1 d				,
S.G	e Government grants (contributions)	1 e	ĺ		ŕ	
SIS			,	ļ	٠, ٨	1 " ""
5g	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,910.			,	,
	similar amounts not included above		<i>'</i>	>3	* * ′/	/ /6
NO ON	g Noncash contribus included in lns 1a-1f	\$	0.010	, , , , , , , , , , , , , , , , , , ,	\$ b	,
0,	h Total. Add lines 1a-1f	 ,	2,910.			
Ş		Business Code				
	2a TEACH Early Childhood	_	425,036.	425,036.		
PROGRAM SERVICE REVENUE	b Conference		124,120.	124,120.		
Ş	c Membership Dues & Assessmen	ts	6,095.	6,095.		
É	d					
₹ 2	•					
¥	f All other program service revenue	-				
õ			EEE 251			
-	g Total. Add lines 2a-2f		555,251.		· · · · · · · · · · · · · · · · · · ·	
	3 Investment income (including divide	nds, interest and	166		i	1.00
	other similar amounts).		166.			166.
	4 Income from investment of tax-exen	npt bond proceeds				
	5 Royalties.	<u> </u>			*****	
	(i) Real	(ii) Personal	5		*	, }
	6a Gross Rents				ą.	
	b Less. rental expenses				,	
- 1	c Rental income or (loss)					
	d Net rental income or (loss)	•				
	(i) Securities	s (ii) Other				
	/a Gross amount from sales of	is (ii) Other				
	assets other than inventory					
	b Less: cost or other basis					
	and sales expenses					
	c Gain or (loss).					
	d Net gain or (loss)					
IVE	8a Gross income from fundraising even (not including \$	ts		·		
OTHER REVENU	of contributions reported on line 1c).	_				ļ
2	See Part IV, line 18	a				!
뜊	b Less direct expenses	b				
6	c Net income or (loss) from fundraisin	~				
	9a Gross income from gaming activities				_	
i	See Part IV, line 19	a				_
	b Less direct expenses	b				
	c Net income or (loss) from gaming a	ctiviti <u>es</u>				
	10a Gross sales of inventory, less return and allowances	s a				1
ļ	b Less. cost of goods sold	b b				
-	c Net income or (loss) from sales of in	iveritory				
	Miscellaneous Revenue	Business Code				
ŀ	11a Miscellaneous		88.			88.
ļ	b	_				
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	•	88.			
	12 Total revenue. See instructions		558,415.	555,251.	0.	254.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		unperiose.	4 m	All All All All All All All All All All
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			* * * * * *	\$, ,
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			in the second	
4	Benefits paid to or for members			,	r
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	79,526.	75,628.	3,898.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	4,820.	4,820.		
10	Payroll taxes	7,278.	7,278.		
11	Fees for services (non-employees)				
ā	Management	21,600.		21,600.	
	Legal				
	: Accounting				
	i Lobbying				
	Prof fundraising svcs See Part IV, In 17		· 6 4 4	,	
	Investment management fees.				
-	Other	0.073	0.072		
	Advertising and promotion	8,973.	8,973.		· · · · · · · · · · · · · · · · · · ·
13	Office expenses	554.		554.	
14	Information technology Royalties	334.		334.	
15 16	Occupancy				
17	Travel	29,911.	22,000.	7,911.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
19	Conferences, conventions, and meetings	99,195.	99,195.		
20	Interest				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization	1,049.		1,049.	
	Insurance Other expenses. Itemize expenses not	2,992.	2,992.		
24	covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)		:		
	Tuition and cost reimb	190,942.	190,942.		
	Supplies	37,162.	37,081.	81.	
	Professional Services	11,020.	11,020.		
	Printing and Publications	2,552.	2,227.	325.	
	Postage and Shipping	2,526.	2,471.	55.	
	All other expenses	6,343.	4,496.	1,847.	
25		506,443.	469,123.	37,320.	0.
26	Joint costs. Check here L If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

Part X **Balance Sheet** (B) End of year (A) Beginning of year 130,805 1 31,396. Cash - non-interest-bearing 2 Savings and temporary cash investments 2 20,779 3 Pledges and grants receivable, net 3 438,849. 5,000 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L. 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges. 9 500 10a Land, buildings, and equipment cost or other basis. 10 a 54,152 21/2 Complete Part VI of Schedule D 31,206. b Less accumulated depreciation. 10 b 23,995 10 c 30,157 11 Investments - publicly-traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 187,790. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 500,902. 17 Accounts payable and accrued expenses 18,402. 17 62,669 18 Grants payable 18 210,000. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 A B I Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties. 24 25 Other liabilities Complete Part X of Schedule D 25 6,873 26 Total liabilities. Add lines 17 through 25 18,402 279,542 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 169,388 27 Unrestricted net assets 27 221,360 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Q R Organizations that do not follow SFAS 117, check here > and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances. 169,388 221,360. 33 Total liabilities and net assets/fund balances 187,790. 34 500,902.

BAA

Form **990** (2009)

Form 990 (2009) Nevada Association for the Education of 88-0449024	<u> </u>	Pa	age 12
Part XI Financial Statements and Reporting		-	
		Yes	No
1 Accounting method used to prepare the Form 990. Cash X Accrual Other	, ,	. F . 0 * 12	, },
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	4.		\$ 1
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b Were the organization's financial statements audited by an independent accountant?	2b		<u> </u>
c 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		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	· 43	٠	
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both	ž,	, ~	
Separate basis Consolidated basis Both consolidated and separate basis		Ä	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3Ь		

BAA

Form 990 (2009)

SCHEDULE A (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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Nevada Association for the Education of

Young Children

Employer identification number

88-0449024

Par	t I	Reason for Pu	blic Charity Statu	is (All organizations	s must	compl	ete thi	s part	.) See	instruc	tions		
he o	rga	nization is not a priv	ate foundation because	se it is. (For lines 1 throu	gh 11, c	heck on	ly one b	ox.)					
1		A church, convention	on of churches or asso	ociation of churches desc	ribed in	section	170(b)(1	I)(A)(i).					
2		A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	.)								
3		A hospital or coope	rative hospital service	organization described i	ın sectio	n 170(b)	(1)(A)(ii	i).					
4		A medical research	organization operated	d in conjunction with a ho	ospital di	escribed	ın secti	ion 170	(b)(1)(A)	(iii) Ente	er the hosp	ıtal's	
		name, city, and sta	te										
5		An organization open 170(b)(1)(A)(iv). (C	erated for the benefit of complete Part II)	of a college or university	owned o	or opera	ted by a	goverr	mental	unit desc	ribed in se	ction	
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)												
8	Ш	A community trust	described in section 1	70(b)(1)(A)(vi). (Complete	e Part II)							
9	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)												
10		An organization org	ganized and operated	exclusively to test for put	blic safe	ly. See :	section !	5 <mark>09(a)(</mark> 4	I).				
11		more publicly supp	orted organizations de	exclusively for the benefi escribed in section 509(a ation and complete lines)(1) or s	ection 5	09(a)(2)	tions of See s	, or carr ection 5	y out the 09(a)(3).	purposes Check the	of one box t	or hat
		a Type I	b Type II	c 🗌 Type III	I — Fund	tionally	integrate	ed		d []	Type III-	Other	
е		By checking this both than foundation ma 509(a)(2)	ox, I certify that the orginagers and other than	ganization is not controlle n one or more publicly su	ed direct ipported	ly or ind organiza	irectly by ations d	y one o escriber	r more o d in sect	disqualificion 509(ed persons a)(1) or sec	othei tion	r
f		.,.,	received a written dete	ermination from the IRS t	that is a	Type I,	Туре II с	or Type	III supp	orting or	ganization,		
g		Since August 17, 2	006, has the organizat	tion accepted any gift or	contribu	ition froi	n any of	f the fol	lowing p	ersons?			
												Yes	No
				controls, either alone or to upported organization?	ogether	with per	sons de:	scribed	ın (ıı) ar	nd (III)	11 g (i)		
		(ii) a family mem	ber of a person descr	ribed in (i) above?							11 g (ii)		
		(iii) a 35% control	lled entity of a person	described in (i) or (ii) abo	ove?						11 g (iii)		L
h		Provide the following	ng information about th	ne supported organization	ņs.								
	(ī) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat	in your	(v) Did yo the organ col (your su	ization in	organizati (i) organiz	s the ion in col zed in the S 7	(vii) Amoun	t of Sup	port
					Yes	No	Yes	No	Yes	No			
								-					
					<u> </u>								
					ļ				 				
					<u> </u>						· · · · · · · · · · · · · · · · · · ·		
otal													

or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions BAA Schedule A (Form 990 or 990-EZ) 2009

chedule A (Form 990 or 990-EZ) 200 Part III Support Schedule for			for the Edu		88-0449024	Page
(Complete only if you che	•		in Section 503	(a)(2)		
ection A. Public Support						
alendar year (or fiscal yr beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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						
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
B Public support (Subtract line	S	rage (to Agent)	· · · · · · · · · · · · · · · · · · ·	* .		
7c from line 6)	, .,	\$,	0, 5		, v . *	
ction B. Total Support	<u></u>		·		<u> </u>	
endar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Amounts from line 6	\		(-)	(-/	(0) = 0.0	(1) 10121
Da Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses' acquired after June 30, 1975						
c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
2 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiza	tion's first, secon	d, third, fourth, or	fifth tax year as a	a section 501(c)(3)	▶ [
ection C. Computation of Pu					 	
Public support percentage for 20			e 13. column (fl)		15	%
6 Public support percentage from					16	// %
ection D. Computation of In			ie			76
Investment income percentage f			_ -	2 (f))	17	

18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests — 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization **b 33-1/3 support tests** — **2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form	990 or 9	990-EZ Ital In) 2009 Iforma	Neva	da A omple	ssoc:	iatio s part	n fo to pr	r th	e Ed	ucati explar	on o	f 8 s requ	88-04 ired b	19024 y Part	II, line	Page 4 10;
	Part I	II, line	17a (or 17b;	and P	art III	, line	12. Pr	ovide	any	other	addit	ional	ınform	nation.	See I	nstructi	ions.
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection Employer Identification number

Name	of the organization			Employer Identification	number
Nes	vada Association for the Educa	tion of			
	ing Children	.010 01		88-0449024	
Pai		or Advised Funds or Other Similar Fu	nds or Acc	counts Complet	e if
	the organization answered 'Yes'	to Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) F	unds and other acco	ounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)	<u>-</u>			
4	Aggregate value at end of year				
5	Did the organization inform all donors and don funds are the organization's property, subject	or advisors in writing that the assets held in dor to the organization's exclusive legal control?	nor advised	Yes	No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	s, and donor advisors in writing that grant funds he benefit of the donor or donor advisor or for a fit??	s may be any other	Yes	No
Par	t II Conservation Easements Compl	ete if the organization answered 'Yes'	to Form 9	90, Part IV, line	7.
	Purpose(s) of conservation easements held by				
	Preservation of land for public use (e.g., re	ecreation or pleasure) Preservation of	of an historica	ally important land ar	ea
	Protection of natural habitat	Preservation of	of certified his	storic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation contribution in the	he form of a	conservation easeme	ent on the
				Held at the End of	the Year
a	Total number of conservation easements.		2a		
ŧ	Total acreage restricted by conservation easer	nents	2Ь		
	: Number of conservation easements on a certif	• •	2c		
C	Number of conservation easements included in		2d		
3	Number of conservation easements modified, year ►	transferred, released, extinguished, or terminate	ed by the orga	anization during the	tax
4	Number of states where property subject to co	nservation easement is located 🟲	_		
5	Does the organization have a written policy regard enforcement of the conservation easemen	garding the periodic monitoring, inspection, hand it it holds?	dling of violat	ions, Yes	No
6	during the year ►	g, inspecting, and enforcing conservation easer			_
7	Amount of expenses incurred in monitoring, in during the year ►	specting, and enforcing conservation easements	\$_		_
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of sec	tion	Yes	☐ No
9		orts conservation easements in its revenue and the organization's financial statements that de			
Par	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other Si	milar Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statemen	SFAS 116, not to report in its revenue statements exhibition, education, or research in furtherants that describes these items.	nt and balance nce of public s	ce sheet works of art service, provide, in F	, historical Part XIV,
t		SFAS 116, to report in its revenue statement as ic exhibition, education, or research in furtherar			
	(i) Revenues included in Form 990, Part VIII,	line 1		► \$	
	(ii) Assets included in Form 990, Part X			► \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fo 116 relating to these items.	r financial ga	in, provide the follow	ving
ā	Revenues included in Form 990, Part VIII, line	1		► \$	
ŧ	Assets included in Form 990, Part X			► \$	

Schedule D (Form 990) 2009 Nevac						49024 Page 2
Part III Organizations Mainta	ining Collec	tions of Art, His	storica	l Treasures,	or Other Similar A	ssets (continued)
3 Using the organization's acquisiting tems (check all that apply)	on accession ar	nd other records, ch	eck any	of the following t	hat are a significant us	e of its collection
a Public exhibition		d 🗍 Loai	n or excl	hange programs		
b Scholarly research		e 🗌 Othe	er			
c Preservation for future gener	ations					
4 Provide a description of the organ Part XIV	nization's collec	tions and explain ho	w they f	urther the organi	zation's exempt purpos	se in
5 During the year, did the organizar assets to be sold to raise funds ra	tion solicit or re-	ceive donations of a	rt, histor	rical treasures, o	r other sımılar ection?	☐ Yes ☐ No
Part IV Escrow and Custodia 9, or reported an amo	l Arrangeme	ents Complete it	f organ			
1a is the organization an agent, trus included on Form 990, Part X?				ntributions or oth	er assets not	☐ Yes ☐ No
b If 'Yes,' explain the arrangement	ın Part XIV and	complete the follow	ving table	э.		
						Amount
c Beginning balance					1c	
d Additions during the year					1 d	
e Distributions during the year					1 e	
f Ending balance					1f	
2a Did the organization include an ai	mount on Form	990, Part X, line 21	7			Yes No
b If 'Yes,' explain the arrangement	ın Part XIV					
Part V Endowment Funds Co	mplete if ord	anization answ	ered 'Y	es' to Form 9	990, Part IV, line 1	0.
	(a) Current ye	ar (b) Prior ye	ear	(c) Two years bac	k (d) Three years back	(e) Four years back
1 a Beginning of year balance				3	. 🔐	
b Contributions						- 4
c Net Investment earnings, gains, and losses					* *	A: -\$
d Grants or scholarships						i , i
e Other expenditures for facilities and programs						. *
f Administrative expenses.						
g End of year balance						J
2 Provide the estimated percentage	of the year en	d balance held as	•			
a Board designated or quasi-endow	=	98				
b Permanent endowment ►	*					
c Term endowment ►	8					
3a Are there endowment funds not in organization by.	the possession	n of the organization	that are	e held and admin	istered for the	Yes No
(i) unrelated organizations						3a(i)
(ii) related organizations						3a(ii)
b If 'Yes' to 3a(ıı), are the related o	rganizations list	ed as required on S	chedule	R?		3b
4 Describe in Part XIV the intended	•	•				
Part VI Investments-Land, B					K. line 10.	- · · · · · · · · · · · · · · · · · · ·
Description of investment) Cost or other basis (investment)	s (b)	Cost or other asis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land						
b Buildings					, <u></u> -	
c Leasehold improvements						
d Equipment				45,170.	20,078.	25,092.
e Other				8,982.	3,917.	5,065.
Total. Add lines 1a through 1e (Column	(d) must equal	Form 990, Part X, o	column (B), line 10(c).)	,	30,157.

BAA

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 Nevada Association Part VII. Investments—Other Securities See Fo	for the Educa	tion of ne 12. N/A	88-0449024 Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	od of valuation of-year market value
Financial derivatives		Cost of end-t	oryear market value
Closely-held equity interests			· · · · · · · · · · · · · · · · · · ·
Other			
~			
			·
			· · · · · · · · · · · · · · · · · · ·
			
Total (Column (b) must equal Form 990 Part X, col. (B) line 12.) ►		¥ 2 "	2 2 4 1 4
Part VIII Investments—Program Related (See F	Form 990. Part X.		y 2 % 7 ''s
(a) Description of investment type	(b) Book value	<u> </u>	od of valuation
			of-year market value
			···
	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		~ * *
Part IX Other Assets (See Form 990, Part X,			
(a) Des	scription	<u></u>	(b) Book value
		···	
		 	
T-t-1 (0-1 (1)	. 15)		
Total. (Column (b) must equal Form 990, Part X, col (B), line. Part X Other Liabilities (See Form 990, Part			<u> </u>
(a) Description of Liability	(b) Amount		
Federal Income Taxes	(b) / imount		
Accrued Vacation	6,87	3.	
			Į.
	 		
Total (Column (h) must oqual Form 000 Bart V and (B) line 25)	6,87	3	- Common - C
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)			

^{2.} FIN 48 Footnote In Part XIV, 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

Sçhe	dule D (Form 990) 2009 Nevada Association for the Education of	8-044	9024	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)	Ī		-
3	Excess or (deficit) for the year. Subtract line 2 from line 1	Γ	- <u>-</u> -	
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		·	
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Return	N/A	
	Total revenue, gains, and other support per audited financial statements	1		
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	- 4		
	Net unrealized gains on investments	1 1		
	Donated services and use of facilities 2b	- *·		
	Recoveries of prior year grants.	1 1		
	Other (Describe in Part XIV)	$+$ $\langle -$		
	Add lines 2a through 2d	1-2-		
	Subtract line 2e from line 1	2e		
	t I	3		
	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
	Investments expenses not included on Form 990, Part VIII, line 7b	*		
	Other (Describe in Part XIV)			
	Add lines 4a and 4b	4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	37 / 3	
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	т	N/A	
	Total expenses and losses per audited financial statements	1		
	Amounts included on line 1 but not on Form 990, Part IX, line 25.	4.		
	Donated services and use of facilities 2a	-		
	Prior year adjustments 2b	-		
	Other losses 2c	I		
	Other (Describe in Part XIV)			
	Add lines 2a through 2d	_2e		
	Subtract line 2e from line 1	3		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	\$		
	Investments expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)	النبا		
С	Add lines 4a and 4b	4c		
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		
Par	t XIV Supplemental Information			
line 4	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, , Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this par nation	lines 1b t to prov	and 2b, Part inde any addition	V, onal
	·			

Schedule D	(Form 990) 2009	Nevada	Association tion (continued)	for the	Education	of	88-0449024	Page 5
Fall AIV	Supplementa	ai iniornia	ilon (commueu)				-	
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Name of the organization Nevada Association for the Education of Young Children	Employer identification number 88-0449024
Form 990, Part III, Line 1 - Organization Mission	
The purpose of NevAEYC is to serve and act on behalf of the ne	eeds, rights, and well
being of all young children, and their families, with special	emphasis on
developmental and educational services and resources for a div	verse population; and
to foster the growth and development of the membership in their	ir work with, and on
behalf_of_young_children	
Form 990, Part III, Line 4a - Program Service Accomplishments	
Provides training and leadership workshops and conferences for	_professionals in the
early childhood and elementary education fields and affiliation	on workshops for
chapters. There were over 500 attendees at the State Conference	e
T.E.A.C.H. (Teacher Education and Compensation Helps) Early Chi	ldhood Project program
gives_scholarships_to_child_care_workers_to_complete_course_wo	ork in early childhood
education and to increase their compensation. There were appro	oximately 70 individuals
on T.E.A.C.H. scholarships during the fiscal year.	
Membership to the National Association for the Education of Yo	oung Children promotes
the standards and goals of the organization. Donations are rec	ceived_to_support
student sections at the state teaching institutions.	
Form 990, Part VI, Line 3 - Description of Delegated Duties to Management Co	ompany
Delegated accounting and finance duties.	
Form 990, Part VI, Line 11 - Form 990 Review Process	
No review was or will be conducted.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of C	onflicts
Each board member reads and signs the conflict of interest pol	icy at the first board
meeting of each year. Conflicts, if any, are disclosed, discus	ssed and resolved at

Schedule O (Form 990) 2009	Page 2
Name of the organization Nevada Association for the Education of Young Children	Employer identification number 88-0449024
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Cont	flicts (continued)
that board meeting.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Availab	ole
Available through the business office.	
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Schedule 0 (Form 990) 2009	Page 2
Name of the organization Nevada Association for the Education of Young Children	Employer identification number 88-0449024
	~- ~

6/30/10

2009 Federal Book Summary Depreciation Schedule

Nevada Association for the Education of Young Children

88-0449024

Page 1

5/04/11 02.41PM Prior Cur 179/ 179/ SDA/ Date Date Cost/ Bus Current Description Method Life <u>Acquired</u> Depr. Form 990/990-PF Furniture and Fixtures Atwood 5 Shelf Bookcase 3/25/05 59 30 S/L 7 8 7 30" 4 Drwr Lateral File 3/25/05 398 214 S/L 57 Medium Duty AutoFolder 10/10/05 1,971 7 916 S/L 282 7 Showboard 3 Panel Display 10/10/05 268 124 S/L 38 Office module 6/01/06 2,022 504 S/L 7 289 Office furnishings 7 6/16/06 1,558 363 S/L 223 Window Blinds 8/07/06 1,877 336 S/L 7 268 17 Module for TEACH 8/07/06 7 829 147 S/L 118 0 Total Furniture and Fixtures 8,982 2,634 1,283 Machinery and Equipment ICD 360 Digital Copier 3/25/05 644 484 S/L 5 97 OKI Color Laser Printer 3/25/05 644 484 S/L 5 97 HP Pavilion zd8000 Comptr 4/01/05 2,541 1,905 S/L 5 381 5 Multimedia Dig Projector 4/01/05 2,003 2,671 S/L 401 Hard drive 3/13/06 215 102 S/L 5 43 5 Digital Camera 3/13/06 364 174 S/L 73 Travel Laptop 3/29/06 1,863 837 S/L 5 373 Software 3/29/06 264 S/L 12 351 3 0 15 Xerox copier 6/28/06 13,992 4,197 S/L 5 2,798 18 Computer-TEACH 10/10/06 1,339 201 S/L 5 268 Dell Computer-TEACH 6/30/08 1,515 101 S/L 5 303 Poweredge EnergySmart Hdw 2/01/08 5,014 919 5 1,003 S/L Website 8/01/09 14,017 S/L 2,570 0 Total Machinery and Equipment 45,170 11,671 8,407 Total Depreciation 54,152 0 14,305 9,690 **Grand Total Depreciation** 54,152 0 14,305 9,690

009	Schedule	e A, Part Nevada Ass	IV - sociat	Supple ion for the	me Edi	ntal Info	orm	ation	t	Q	Page ! 8-044902
04/11	<u> </u>		104	ing Chinare							02 40P
Part II, Line 10 - Other Income											
Nature and Source	<u>ce</u>	2009		2008		2007		2006		200)5
Miscellaneous	Total 🛐	871. 871.	\$	675. 675.	\$	0.	\$		0.	\$	0.

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