

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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)

2010

Open to Public

OMB No 1545-0047

Department of the Treasury

Inter	nal Revenue	Service		rie organiza	ion may have to us	e a copy of this						inspection	
<u>A</u>	For the 2	010 calend	ar year, c	r tax year beg	inning 7/0	1	<u>, 2010, </u>	and endir	ig 6/	30	,	2011	
В	Check if app	olicable	<u> </u>							D Employe	er Identif	fication Number	
	X Addres	s change	Nevada	Associat	ion for t	he Educa	ation of			88-0	04490	024	
	Name o	change	Young	Children						<b>E</b> Telepho			
	Initial r	roturn	240 Š	Rock Blvd	l #143					(866	5) 92	27-3601	
	$\vdash$		Reno,	NV 89502						- <del>(00)</del>	<u> </u>	27 3001	
	Termin									۔ ا	_	1 020	020
	$\vdash$	led return				1.6	, ,		luz v c. m	G Gross re		·	
	Applica	ation pending		nd address of princ		nnifer F	Kalas		1	a group return affiliates incli		<b>⊨</b>	X No
				<u>s C Above</u>	<u> </u>					attach a list		ructions) Yes	No
<u> </u>	Tax-exem	npt status	X 501(c)(3	3) 501(c)	( ) <b>⊲</b> (ın	sert no )	4947(a)(1) or	527					
<u>J</u>	Websit	te: ► wwv	v.neva	eyc.org					H(c) Group	exemption nu	mber 🟲	·	
<u>K</u>		organization	X Corpora	tion Trust	Association	Other ►	LY	ear of Forma	tion 192	6 M s	tate of le	egal domicile NV	
Pa	ırt <sup>,</sup> l	Summan		<b></b>		_ <del>_</del>					_		
	1 Bri	efly describ	e the org	anızatıon's mi	ssion or most s	ignificant ac	ctivities Th	e Nati	onal A	ssocia	tion	for the	
•					dren is d								ng
Activities & Governance					ar focus								
Ë					en_from_b								
ove.	2 Ch	eck this box	x • [	f the organiza	tion discontinue	ed its operat	tions or dispo	sed of m	ore than 2	25% of its	net ass	sets	
Ŏ	3 Nu	mber of vot	ting mem	bers of the go	verning body (F	art VI, line	1a)				3		14
رم ح					ers of the gove			1b)			4		13
iŧ					l ın calendar ye						5		10
휹	6 Tot	tal number	of volunte	eers (estimate	ıf necessary)					İ	6		0
ď	7a Tot	tal unrelate	d busines	s revenue fro	m Part VIII, coli	umn (C), lin	e 12				. 7a		0.
	<b>b</b> Ne	t unrelated	business	taxable incon	ne from Form 9	90-T, line <u>3</u> 4	<u> </u>				7 b		0.
	ļ								F	Prior Year		Current Ye	
	<b>8</b> Co	ntributions	and grant	ts (Part VIII, li	ne 1h)					2,9			<u>,100.</u>
Revenue	<b>9</b> Pro	ogram servi	ice reveni	ue (Part VIII, I	ine 2g)					555,2		1,001	
Ş					<del>r (A), It</del> nes 3, 4					1	66.		552.
æ	11 Oth	her revenhue	Pa <b>ff√</b>	$\mathbb{H}^{(A)}$	lines 5, 6d, 8c	, 9c, 10c, ar	nd 11e)				88.	9	,221.
					∏(ஜ்ப்st equal			ne 12)		558,4	15.	1,030	<u>, 928.</u>
	<b>13</b> Gra	ants and 🖨	milar ang	unts paid (Ba	rt IX <b>Çi</b> blumn (/	A), lines 1-3	)						
	14 Be	nefits paid	efits paid to or for members (Part IX.co lumn (A), line 4)										
			her compensation, employee benefits (Part IX, column (A), lines 5-10)						91,6	24.	213	,198.	
es	162 Pro				<del>, colu</del> mn (A), I		` ','	•					
Expenses	104	_			<del>-</del>								<del></del> ,
쭚	<b>D</b> 101		• .	•	column (D), line				-	44.4			100
_	17 Oth	-			, lınes 11a-11d,					414,8			,108.
	1				st equal Part IX		N), line 25)		<u> </u>	506,4		1,015	
		venue less	expenses	Subtract line	e 18 from line 1	2				51,9			<u>,622.</u>
Nat Assets or Fund Balancos	1								Beginni	ng of Curren		End of Ye	
pod	<b>20</b> Tot	tal assets (l								500,9			<u>, 454.</u>
A P	<b>21</b> Tot	tal liabilities	s (Part X,	line 26)						279,5	42.	124	<u>,472.</u>
		t assets or	fund bala	inces Subtrac	t line 21 from li	ne 20		_		221,3	60.	236	<u>,98</u> 2.
Pa	art II	Signatur	e Block		· <del></del>								
Unc	der penalties	of perjury, I de	eclare that [ I	nave examined this	return, including ac	çompanyıng sch	edules and state	ments, and to	o the best of	my knowledge	and bel	lief, it is true, correc	t, and
con	nplete Decla	ration of prepa	irer (other th	an officer) is based	on all information of	t which prepare	r has any knowle	age	<del></del> -				
		The state	Mus	ura	las								
Sig	gn	Signatur	e of officer	,	C 1/.	1011	_		D	ate		1	
He	re	Pre	<u> 5198</u>	nt o	F Nev.	46y(		<u></u>		2-20	L-/	<u> </u>	
		Type or	print name a	ind title		-							
		Print/Type pr	eparer's nar	ne	Preparer's sign	ature		Date		Check	ıf	PTIN	
Pa	id	Steven	J. 01	ds CPA				2/16	/12	self employ	ed	P01343979	
Pr	eparer	Firm's name			OLDS, CPA	S							
								<b>►</b> 01 ·	-0560769				
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Ma	v the IRS	discuss the			rer shown abov		ructions)			1. 110.10 110		X Yes	No
_					e the separate			TE	EA0113L 1	2/21/10		Form 99	
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Forn	n 990 (2010) Nevada Association for the Education of	88-0449024	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
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 or	n the prior	
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O	٠٠٠٠ ا	
3		rvices? Yes	X No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the exempt number achievements for each of the organization's three largest program service	s by expenses. Section	501(c)(3)
•	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are	nd allocations to others,	the total
	expenses, and revenue, if any, for each program service reported		
		<u>.</u>	
4	a (Code (Code ) (Expenses \$ 969,796. including grants of \$ ) (F	Revenue \$	)
	See Schedule 0		
			<b></b>
_			
4	<b>b</b> (Code) (Expenses \$ including grants of \$) (F	Revenue \$	)
	c (Code) (Expenses \$ including grants of \$) (F	Pavanua Š	
7	The code including grants of \$\frac{1}{2} \tag{\frac{1}{2}} \tag{\frac{1}{2}}	(cveride \$	
4	d Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$		)
4	e Total program service expenses ► 969, 796.		

	n <b>990</b> (2010) Nevada Association for the Education of 88-044902	4	F	age <b>3</b>
Pai	t IV Checklist of Required Schedules			
_			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		X
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-endowments? It is $V$ , complete Schedule $V$ , $V$	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	, 3		
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	<b>b</b> Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
(	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII	11 c		X
(	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	t —	Х
•	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e	X	ļ
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
İ	<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del> </del>	X
	<b>b</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, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u> </u>	X
	<b>b</b> If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b	,	

		1	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		<u>X</u> _
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? If 'Yes,' complete Schedule I, Parts I and III	22		<u>X</u>
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		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	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		Χ_
ŀ	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 committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	-	, - <u>‡</u>	
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u>x</u>
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32_		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		<u>x</u>
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		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
ŧ	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2  Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	 	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	X	
BAA		Form	990	(2010)

	0449024	F	age <b>5</b>
Part V Statements Regarding Other IRS Filings and Tax Compliance			_
Check if Schedule O contains a response to any question in this Part V			
		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	7		
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		ľ
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable ga (gambling) winnings to prize winners?	aming 1c	Χ	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a	10		,
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	_3b	<u> </u>	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)?	over, a 4a		Х
<b>b</b> If 'Yes,' enter the name of the foreign country ▶			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	ation6a		х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	s were 6b		
7 Organizations that may receive deductible contributions under section 170(c).			
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		- x
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	+	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?	d to file 7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		]	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		X
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Is supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess busine holdings at any time during the year?	Did the sss 8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	<u> </u>
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	91:	<u> </u>	<u> </u>
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter			1
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ).			ļ
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	<u> </u>	↓
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		1	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			-
a Is the organization licensed to issue qualified health plans in more than one state?	138	1	<del> </del>
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			

14a

14b

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

13c

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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a 14 1a Enter the number of voting members of the governing body at the end of the tax year 1b 13 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 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 Х Did the organization make any significant changes to its governing documents 4 X since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7 a governing body? 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X a The governing body? Х 8ь b Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., Yes No 10 a Х 10a Does the organization have local chapters, branches, or affiliates? b 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? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O Χ 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Х Schedule O how this is done See Schedule O 13 13 Does the organization have a written whistleblower policy? 14 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision X a The organization's CEO, Executive Director, or top management official 15 a X 15<sub>b</sub> **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b 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 16<sub>b</sub> organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Nevada AEYC 240 S Rock Blvd Reno NV 89502 (866) 927-3601

Form <b>990</b> (2010)	Nevada	Association	for	the	Education of	88-

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

0449024

Form 990 (2010)

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization	on nor any	relate	d or	gan	ızatı	on co	mpe	nsated any current of	ficer, director, or trust	ee		
(A)	(B)	(C)					i	(D)	(E)	(F)		
Name and title	Average		tion (			hat app	_	Reportable compensation from	Reportable compensation from	Estimated amount of other		
	hours per week (describe hours for related organiza tions in Schedule O)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) Jennifer Kalas												
President	4	Х		X				0.	0.	0.		
(2) Peggy Pulver								-				
Past President	8	Х		X				0.	0.	0.		
(3) Keana Sullivan	_											
Treasurer	8	X		X				0.	0.			
(4) Lillie Englund												
Council Rep	2	Х					ļ	0.	0.	0.		
(5) Nicholle Goldstein		-								_		
Secretary	2	X		Х			ļ	0.	0.	0.		
_(6) Bette Katz	_							_				
VP Communic	12	X			L		_	0.	0.	0.		
	<b>-</b>				l							
VP Membership	5	X			<u> </u>			1,500.	0.	0.		
_(8)_Jennifer_Zukowiski		١								0		
Treasurer-Elect	1	X	⊢	X	<u> </u>	ļ		0.	0.	0.		
(9) Anna Severens	╡.	١								0		
VP Edu Develop	4	X	_		_			0.	0.	0.		
(10) Kathy Banak	4 .	١.,		ļ		Ì				^		
Member at Large	1 1	X	⊢	_	<u> </u>	ļ	-	0.	0.	0.		
(11) Janis Fikes-Buntjer	4 .	١							ا	0		
Member at Large	1	X	├—	<u> </u>	⊢	ļ	-	0.	0.	0.		
(12) Mardene Wright	۱ ,	.,						0.	0.	0.		
Member at Large	1	Х	-	<del> </del>	H		┼	U.	0.	<u> </u>		
(13) Cindy Johnson	-	l v						0.	0.	0.		
Member at Large	1	X	┢	_	$\vdash$		+	U		<u> </u>		
(14) Connie Zeller	$\dashv$ 1	X						0.	0.	0.		
Member at Large (15) Whitney Leathers	<del> </del>	<del>  ^</del>	$\vdash$	-			$\vdash$	<del>                                     </del>				
Executive Direc	40			X				57,000.	0.	0.		
	1 40	+	$\vdash$	┝≏	╁		$\vdash$	37,000.				
(16)	7	1										
(17)	-											
		.—			Ц_	Ь		<u> </u>	l	F 000 (0010)		

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Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)										
(A)	(B)			(0				(D)	<b>(E)</b>	(F)
Name and title	Average hours per week (describe hours for related organi- zations in Sch O)			check Officer	_	Highest compensated	-	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
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)						_				
(25)	_									
(26)										
(27)										
	-									
(29)								50 500		
1 b Sub-total							<b>&gt;</b>	58,500. 0.	0.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	A						<b>•</b>	57,000.	0.	0.
2 Total number of individuals (including but not limite from the organization > 0	d to tho	se li	stec	ab	ove	) wh	o re			
										Yes No
3 Did the organization list any <b>former</b> officer, director on line 1a? <i>If 'Yes,' complete Schedule J for such</i>	ndıvıdu	a/								3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater such individual	eportable than \$15	e co 50,00	mpe 00?	nsa If '\	tion ′es′	and com	i oth iplet	ner compensation te Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	compens complet	satio e So	n fre chea	om Iule	any <i>J fo</i>	unre r su	elate ch p	ed organization or person	ındıvıdual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensa	tod indo		doni		otro	otoro	the	at recoved more	than \$100,000 of	
compensation from the organization.	teu iiiue	pen			illia	ctors	5 (116	at received more	111a11 \$100,000 01	<u> </u>
(A) Name and business address								Description	of services	(C) Compensation
- <u></u>										
	_									
	<del></del>							_		
2 Total number of independent contractors (including		lım	ited	to t	hos	e list	ted a	Labove) who receive	ved more than	
\$100,000 in compensation from the organization >	Ų									

rai	t viii   Statement of Revenue				(D)
		(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above  1 a 1 b 1 b 1 c 1 d 1 c 1 d 2 0,100.				
S S	g Noncash contributions included in lns 1a-1f \$	20,100.			
	Business Code	20,100.			
PROGRAM SERVICE REVENUE	2a TEACH Early Childhood 611430	768,143.	768,143.		· · ·- · - · · ·
Æ	b Conference 611430	121,444.	121,444.		
JC.	c 2+2 Program 611430	103,668.	103,668.	•	
SER	d Membership Dues & Assessments 900099	7,800.	7,800.		
Σ	e	·			
8	f All other program service revenue				
<u> </u>	g Total. Add lines 2a-2f	1,001,055.			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> </ul>	552.			552.
	5 Royalties				<del> </del>
	6a Gross Rents b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				,
	b Less cost or other basis and sales expenses				
	c Gain or (loss) d Net gain or (loss)				
UE	8a Gross income from fundraising events (not including \$				
OTHER REVENI	of contributions reported on line 1c).  See Part IV, line 18				
HER	<b>b</b> Less direct expenses <b>b</b>				
5	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				
	<b>b</b> Less direct expenses <b>b</b>			-	
	c Net income or (loss) from gaming activities				-
	10a Gross sales of inventory, less returns and allowances				
	<b>b</b> Less cost of goods sold <b>b</b>				
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code				<del> </del>
	11a Miscellaneous 900099	9,221.			9,221.
	b	5,221.	-		7,221.
	c	_			1
	d All other revenue				
	e Total. Add lines 11a-11d	9,221.			
	12 Total revenue. See instructions	1,030,928.	1,001,055.	0.	9,773.

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) (D) (A) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Management and general expenses Program service Fundraising Total expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV. Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 57,000 57,000. 0 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0. O 0 0 129,441 129,441 Other salaries and wages. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 10,185. 10,185. Other employee benefits 16,572. 16,572. 10 Payroll taxes 11 Fees for services (non-employees) a Management **b** Legal c Accounting **d** Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 7,119. 33,731 40,850 15,640 15,640. 12 Advertising and promotion 9,628 9,628. 13 Office expenses 1,347. 14 Information technology 1,347 Royalties 15 16 Occupancy 52,189 52,189. 17 43,194 43,194 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 79,334 79,334 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 11.779 11,779 Depreciation, depletion, and amortization 3,120 23 3,120 Other expenses Itemize expenses not 24 covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule () 522,088 522,088 a Tuition and cost reimb b Postage and Shipping 7,557. 7,557. c Staff Training 6,426. 6,426. d Printing and Publications 4,527. 4,527. e Repairs and Maintenance 2,297 2,297

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f All other expenses

25 Total functional expenses. Add lines 1 through 24f

SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Joint costs. Check here ►

0.

2,132

1,015,306

2,132.

45,510.

969,796.

	rt X	Balance Sheet	hudcation_oi		01100	24 rage r
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		31,396.	1	122,109.
	2	Savings and temporary cash investments			2	33,570.
	3	Pledges and grants receivable, net		438,849.	3	180,195
	4	Accounts receivable, net			4	6,962
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	rs, trustees, key employees, Il of Schedule L		5	
	6	Receivables from other disqualified persons (as defin persons described in section 4958(c)(3)(B), and contrapondering organizations of section 501(c)(9) volunta organizations (see instructions)	ed under section 4958(f)(1)), ributing employers and ry employees' beneficiary		6	
A S S E T S	7	Notes and loans receivable, net			7	
S	8	Inventories for sale or use			8	
T S	9	Prepaid expenses and deferred charges		500.	9	240
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 54,152.			
	Ь	Less: accumulated depreciation	<b>10b</b> 35,774.	30,157.	10c	18,378.
	11	Investments – publicly traded securities			11	<u> </u>
	1	Investments – other securities See Part IV, line 11			12	
	13	Investments – program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets Add lines 1 through 15 (must equal line	: 34)	500,902.	16	361,454
	17		62,669.	17	12,758	
	18	Grants payable			18	
	19	Deferred revenue		210,000.	19	108,394
Ļ	20	Tax-exempt bond liabilities			20	
Å	21	Escrow or custodial account liability Complete Part	IV of Schedule D		21	
L	22	Payables to current and former officers, directors, truinghest compensated employees, and disqualified pe	istees, key employees, rsons Complete Part II		00	
E		of Schedule L	land and an	<del></del>	22	
S	23	Secured mortgages and notes payable to unrelated t	•		24	
	24	Unsecured notes and loans payable to unrelated third	a parties	6 072	25	2 220
	25 26	Other liabilities Complete Part X of Schedule D	•	6,873. 279,542.	26	3,320 124,472
41	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ►	X and complete lines	219,342.	20	124,412
Ę		27 through 29 and lines 33 and 34.	A and complete mies		1 1	
Ą	27	Unrestricted net assets		221,360.	27	235,972
ASSETS	28	Temporarily restricted net assets		221,300.	28	1,010
Ī	29	Permanently restricted net assets		<del></del>	29	
Q R	23	Organizations that do not follow SFAS 117, check h		23	<del></del>	
	ĺ	lines 30 through 34.		1 1		
FUZD	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipr	ment fund.		31	
Ķ	32	Retained earnings, endowment, accumulated income		<del></del>	32	
BALANCES	33	Total net assets or fund balances	y as warran santawa	221,360.	33	236,982
Ē	34	Total liabilities and net assets/fund balances		500,902.	34	361,454

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Form **990** (2010)

Form <b>990</b> (2010) Nevada Association for the Education of 88-0449024										
Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response to any question in this Part XI	·			$\Box$					
1	1 Total revenue (must equal Part VIII, column (A), line 12)									
2										
3	Revenue less expenses Subtract line 2 from line 1	3		15,6						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	2	21,3						
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>   0 .                                </u>					
_6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2	36,9	82.					
Pa	rt XII Financial Statements and Reporting				_					
	Check if Schedule O contains a response to any question in this Part XII			_						
				Yes	No					
1	Accounting method used to prepare the Form 990									
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O										
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X					
	b Were the organization's financial statements audited by an independent accountant?		2b	Χ						
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	t of the audit,	2c	Х						
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule $\ensuremath{O}$									
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both	issued on a								
	X Separate basis Consolidated basis Both consolidated and separate basis									
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a	Х						
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3b	Х						
BAA			Form	990	(2010)					

#### **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.

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

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service Name of the organization

(C)

(D)

**(E)** 

Total

Nevada Association for the Education of Young Children

Employer identification number

88-0449024

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) 7 X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 9 June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that 11 describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally integrated Type II c Type III — Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) 11 g (ii) A family member of a person described in (i) above? A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organization(s) (v) Did you notify (i) Name of supported (iv) Is the (vi) Is the (ii) EIN (iii) Type of organization (vii) Amount of support (described on lines 1-9 above or IRC section (see instructions)) e organization column (i) of your support? organization in column (i) organization in column (i) listed in organized in the your governing document? US No Yes No Yes No Yes (A) (B)

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

Schedule A (Form 990 or 990-EZ) 2010

# Schedule A (Form 990 or 990-EZ) 2010 Nevada Association for the Education of 88-0449024 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')	259,787.	210,622.	228,858.	626,146.	1,021,155.	2,346,568.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	259,787.	210,622.	228,858.	626,146.	1,021,155.	2,346,568.
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)						0.
6	<b>Public support.</b> Subtract line 5 from line 4						2,346,568.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	(f) Total
7	Amounts from line 4	259,787.	210,622.	228,858.	626,146.	1,021,155	2,346,568.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		469.	653.	351.	552	. 2,025.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV			675.	871.	9,221	. 10,767.
11	Total support. Add lines 7 through 10						2,359,360.
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	0.
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	nd, third, fourth, o	r fifth tax year as	a section 501(c	)(3) ▶ □
	tion C. Computation of Pu						
	Public support percentage for 20	•	••	e 11, column (f)).		14	
	Public support percentage from	·	,			15	<u> </u>
16 a	a 33-1/3% support test – 2010. If and stop here. The organization	the organization d qualifies as a put	id not check the to blicly supported or	oox on line 13, ar ganization	nd the line 14 is 3	3-1/3% or more,	check this box
ŀ	33-1/3% support test — 2009. If and stop here. The organization	the organization d qualifies as a pub	id not check a bo dicly supported or	x on line 13 or 16 ganization	5a, and line 15 is	33-1/3% or more	e, check this box
	n 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-a s-and-circumstanc	and-circumstances es' test. The orga	s' test, check this inization qualifies	box and <b>stop he</b> as a publicly sup	re. Explain in Pa oported organiza	tion
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a id-circumstances'	and-circumstances test The organiz	s' test, check this ation qualifies as	box and stop he a publicly suppo	re. Explain in Parted organization	art IV how the
18	Private foundation. If the organ	ization did not che	ck a box on line	13, 16a, 16b, 17a			
BAA					So	chedule A (Form	990 or 990-EZ) 2010

Page 3

Schedule A (Form 990 or 990-EZ) 2010 Nevada Association for the Education of

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

	(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II	If the organization fails
ł	to qualify under the tests listed below, please complete Part II.)	

Soci	to quality under the tests in	stea below, pieas	e complete r dit i				
	tion A. Public Support dar year (or fiscal yr beginning in) >	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	(a) 2000	<b>(b)</b> 2007	(0) 2000	( <b>u</b> ) 2003	(6) 2010	(i) Total
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
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 amount on line 13 for the year						
C	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)				,		
	tion B. Total Support	(-) 200C	(h) 2007	(0) 2009	(d) 2009	<b>(e)</b> 2010	(f) Total
	dar year (or fiscal yr beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(a) 2009	(e) 2010	(I) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	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						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	<b>Total support.</b> (Add Ins 9, 10c, 11, and 12)		L				
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section 50°	(c)(3)
	tion C. Computation of Pu					· · · · · · · · · · · · · · · · · · ·	45 7
	Public support percentage for 20	-		ne 13, column (f	))	<b>—</b>	15 %
_	Public support percentage from						16 %
	tion D. Computation of Inv				(6)	<del></del>	17 %
	Investment income percentage f	-			umn (T))		<u>17</u>
18	Investment income percentage f				and line 15 is	_	
	a 33-1/3% support tests – 2010. It is not more than 33-1/3%, check o 33-1/3% support tests – 2009. It	k this box and <b>sto</b>	<b>op here.</b> The orga	nization qualifies	as a publicly supp	ported organiz	ation
	line 18 is not more than 33-1/3% Private foundation. If the organi	6, check this box	and stop here. The	ne organization q	ualifies as a publi	cly supported	organization
20	rivate iounidation. If the organi	ization ulu not <u>chi</u>		12/20/10			rm 990 or 990-F7) 2010

schedule A	(Form 990 or 990-	<u>EZ) 2010 _ Neva</u>	<u>ada Associati</u>	<u>on for the Ed</u>	ucation of	88-0449024	Page 4
Part IV	Supplemental Part II, line 17: (See instruction	<b>Information.</b> Cappa or 17b; and F	omplete this par Part III, line 12. A	t to provide the e Also complete this	explanations requi s part for any add	red by Part II, line 1 itional information.	0;
			·				
							<del></del>
					 ,		

# SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	vada Association for the Educa ung Children	ation of	88-0449024
Pai		r Advised Funds or Other Similar F	
Га	the organization answered 'Yes'	to Form 990 Part IV line 6	unds of Accounts. Complete if
	the organization answered res	<del></del>	(h) Funda and other assemble
-	<b>~</b>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		<del></del>
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do funds are the organization's property, subject		
6	Did the organization inform all grantees, done used only for charitable purposes and not for purpose conferring impermissible private ben	the benefit of the donor or donor advisor, or	funds can be for any other Yes No
Pai	rt II   Conservation Easements. Comp		
			es to Form 990, Part IV, line 7.
1	Γ¬		
	Preservation of land for public use (e.g.,	· H	on of an historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organizate last day of the tax year	ion held a qualified conservation contribution	n in the form of a conservation easement on the
	- <del>-</del>		Held at the End of the Tax Year
	a Total number of conservation easements		2a
	b Total acreage restricted by conservation ease		26
•	c Number of conservation easements on a cert	ified historic structure included in (a)	2c
(	<b>d</b> Number of conservation easements included structure listed in the National Register	•	2d
3	Number of conservation easements modified tax year ▶	, transferred, released, extinguished, or term	inated by the organization during the
4	Number of states where property subject to o	conservation easement is located >	
5	Does the organization have a written policy rand enforcement of the conservation easeme	egarding the periodic monitoring, inspection, ents it holds?	handling of violations, Yes No
6	Staff and volunteer hours devoted to monitor	ing, inspecting, and enforcing conservation e	easements during the year
7	Amount of expenses incurred in monitoring,  \$ \\$	inspecting, and enforcing conservation easer	ments during the year
8	Does each conservation easement reported of 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements of	f section Yes No
9	In Part XIV, describe how the organization repor include, if applicable, the text of the footnote conservation easements	ts conservation easements in its revenue and ex to the organization's financial statements th	xpense statement, and balance sheet, and at describes the organization's accounting for
Pa	rt III Organizations Maintaining Colle Complete if the organization and	ections of Art, Historical Treasures, swered 'Yes' to Form 990, Part IV, III	or Other Similar Assets. ne 8.
1:	a If the organization elected, as permitted undo art, historical treasures, or other similar asse in Part XIV, the text of the footnote to its final	ts held for public exhibition, education, or re-	evenue statement and balance sheet works of search in furtherance of public service, provide,
I	b If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items	er SFAS 116 (ASC 958), to report in its rever eld for public exhibition, education, or resear	nue statement and balance sheet works of art, ch in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VII	I, line 1	<b>-</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of amounts required to be reported under SFAS	art, historical treasures, or other similar assess 116 (ASC 958) relating to these items	ets for financial gain, provide the following
;	a Revenues included in Form 990, Part VIII, Iin	e 1	<b>-</b> \$
	<b>b</b> Assets included in Form 990, Part X		▶\$

Schedule D (Form 990) 2010 Nevad Part III Organizations Maintai				88-0449						
3 Using the organization's acquisition										
items (check all that apply)  a Public exhibition		<b>d</b> 🗆 Loop o	or avahanga programs							
b Scholarly research		e Other	or exchange programs							
c Preservation for future genera	ations	e 🗆 Other								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV										
5 During the year, did the organizar assets to be sold to raise funds r	tion solicit or receivather than to be m	ve donations of art aintained as part o	, historical treasures, o of the organization's col	r other similar lection?	Yes No					
Part IV Escrow and Custodial 9, or reported an amount	Arrangements unt on Form 99	o. Complete if on the control of the	organization answei 21.	red 'Yes' to Form 9	90, Part IV, line					
1a Is the organization an agent, trus included on Form 990, Part X?	itee, custodian, or	other intermediary	for contributions or oth	er assets not	Yes No					
<b>b</b> If 'Yes,' explain the arrangement										
					Amount					
c Beginning balance				1c						
<b>d</b> Additions during the year				1d						
e Distributions during the year				1e						
f Ending balance				1f						
2a Did the organization include an a	mount on Form 99	0, Part X, line 21?		ĺ	YesNo					
b If 'Yes,' explain the arrangement										
Part V   Endowment Funds. Co		rganization ans								
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back					
1 a Beginning of year balance										
<b>b</b> Contributions					ļ					
<ul> <li>c Net investment earnings, gains, and losses</li> </ul>	L									
<b>d</b> Grants or scholarships	·									
<ul> <li>Other expenditures for facilities and programs</li> </ul>										
f Administrative expenses										
<b>g</b> End of year balance					<u> </u>					
2 Provide the estimated percentage	•									
<b>a</b> Board designated or quasi-endov		<del></del> %								
<b>b</b> Permanent endowment	%									
c Term endowment	%									
3a Are there endowment funds not a organization by	n the possession o	of the organization	that are held and admi	nistered for the	Yes No					
(i) unrelated organizations					3a(i)					
(ii) related organizations					3a(ii)					
<b>b</b> If 'Yes' to 3a(ii), are the related of	•	•			3b					
4 Describe in Part XIV the intended										
Part VI Land, Buildings, and										
Description of investment		ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value					
1a Land	<u> </u>									
<b>b</b> Buildings	<u> </u>									
c Leasehold improvements			45 45 2	20.554	14 50					
<b>d</b> Equipment		-	45,170.	30,574.	14,596					
e Other			8,982.	5,200.	3,782					
Total. Add lines 1a through 1e (Column	n (d) must equal F	orm 990, Part X, c	column (B), line 10(c) )		18,378 Jule <b>D</b> (Form 990) 20					

Schedule **D** (Form 990) 2010

Schedule D (Form 990) 2010 Nevada Association for the Education of

88-0449024

Page 3

		88-0449024	Page 4
Par	t XI   Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		1,030,928.
2	Total expenses (Form 990, Part IX, column (A), line 25).		1,015,306.
3	Excess or (deficit) for the year Subtract line 2 from line 1		15,622.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
-		<del></del>	
-	Investment expenses		<del></del>
/	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		15,622.
Par	t XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements		1,030,928.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		-/
	Net unrealized gains on investments		
		<del> </del>	
	Donated services and use of facilities 2b		
•	Recoveries of prior year grants	_	
(	I Other (Describe in Part XIV)		
•	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		1,030,928.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	- <del></del>	270007320.
	! !		
	Investments expenses not included on Form 990, Part VIII, line 7b.		
t	Other (Describe in Part XIV )		
(	c Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,030,928.
Pai	t XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses p		
1	Total expenses and losses per audited financial statements		1,015,306.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1,013,300.
	Donated services and use of facilities	<b>—</b>   .	
ŧ	Prior year adjustments 2b		
(	Other losses 2c		
(	f Other (Describe in Part XIV)		
	Add lines 2a through 2d.	2e	
3	Subtract line 2e from line 1		1,015,306.
4	1 1	-	1,013,300.
4	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	_	
	Other (Describe in Part XIV )		
(	: Add lines <b>4a</b> and <b>4b</b>	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,015,306.
Par	t XIV   Supplemental Information		
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compadditional information  Part X - FIN 48 Footnote	IV, lines 1b and lete this part to	i 2b, provide
	Uncertainty in Income Taxes: The preparation of financial statement	s in confo	ormity
	with accounting principles generally accepted in the United States	of America	<u> </u>
	requires the Association to report information regarding its exposu	<u>ire to var</u> i	lous tax
	positions taken by the Association. The Association has determined	<u>l whether a</u>	ny_tax
	positions have met the recognition threshold and have measured the	_	
	tax positions. Management believes that the Association has adequat		
BAA	relevant tax positions and that there are no unrecorded tax liabili		eral and (Form 990) 2010

Schedule D (Form 990) 2010 Nevada Association for the Education of	88-0449024	Page 5
Part XIV   Supplemental Information (continued)		
Part X - FIN 48 Footnote (continued)		
state tax authorities generally have the right to examine and au	<u>lit the previous</u>	3
three years of tax returns filed. Any interest or penalties asses	ssed to the	
Association are recorded in operating expenses. No interest or	penaities from	
federal or state tax authorities were recorded in the accompanyi	ng_financial	
statements.		
statements.		
	,	

chedule b (Form 990) 2010 Nevada ASSOCIACION TOI THE Education of	00-0449024	Page 5
Part XIV   Supplemental Information (continued)		
		<del></del>
	<b></b>	<b></b>

# SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

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 new	eds,_rights,_and_well
being of all young children, and their families, with special	emphasis on
developmental and educational services and resources for a divi	erse_population;_and
to_foster the growth and development of the membership in their	r_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	n 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
provides scholarships to child care workers to complete course	work in early
childhood education and to increase their compensation. There	were approximately 200
individuals on T.E.A.C.H. scholarships during the fiscal year.	The scholarships
components include: education, compensation, scholarship, and	commitment.
~	
Membership to the National Association for the Education of Yo	ung Children promotes
the standards and goals of the organization. Donations are rec	eived to support
general membership and student sections at the state teaching	institutions.
Form 990, Part VI, Line 3 - Description of Delegated Duties to Management Con	1pany
Delegated accounting and finance duties.	
Form 990, Part VI, Line 11b - Form 990 Review Process	
Form 990 is prepared by a firm of certified public accountants	and reviewed by
management prior to filing.	

Schedule <b>0</b> (Form-990 or 990-EZ) 2010	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 Co	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
that board meeting.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Governing documents, policies and Form 990 are available by co	ontacting the business
office.	
~	
~	
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010	Schedule	A, Part Nevada Ass	IV - Su sociation	upplem	nenta Educati	I Inforr	nation	)	Page
16/10			Young	Children					<b>88-04490</b> 2
16/12									06.036
Part II, Line 10 - Oth									
Nature and Source	<u>ce</u>	2010	20	009	20		2007		2006
Miscellaneous	Total \$	9,221. 9,221.	\$	871. 871.		675. 675.		0. \$	0.
	<u></u>		· <del></del>	<del></del> =		<del></del>		<del></del> =-	

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