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Short Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public  
Inspection

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2012 calendar year, or tax year beginning

07-01, 2012, and ending

06-30, 2013

B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization

Youth-in-Action, Inc.

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

PO Box 445

City or town, state or country, and ZIP + 4

Hanover, NH 03755

D Employer identification number

22-3295185

E Telephone number

(603) 643-4313

F Group Exemption

Number ►

2013

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**Part II****Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	161,374	22 156,866
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	1,000	24 0
25	<b>Total assets</b>	162,374	25 156,866
26	<b>Total liabilities</b> (describe in Schedule O)	711	26 907
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	161,663	27 155,959

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? Volunteer opportunities for Youth

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	Youth-in-Action provided more than 75 volunteer opportunities for more than 250 High School age Youth in the Hanover, NH/Norwich, VT community		
	(Grants \$ 1,200 ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a 35,102
29			
	(Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a
30			
	(Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)		
	(Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a)		32 35,102

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See 990 OFOV				
Liz Burdette				
Director	1	0	0	0
John Carey				
Director	1	0	0	0
Carolyn Nolan				
Director	1	0	0	0
Karyl Drew				
Director	1	0	0	0
Kathy Hastings				
Secretary	2	0	0	0
Robin Henry				
Secretary	1	0	0	0
Mark Lindberg				
Treasurer	2	0	0	0
Katie Robbins				
Director	1	0	0	0
Mary Allen				
Director	1	0	0	0
Karen Loring Gemory				
Director	1	0	0	0
Chris Lord				
Executive Director	20	22,881	0	0
Amy Good				
Director	1	0	0	0
Beth Phillips-Whitehair				
Director	1	0	0	0

STMA11

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____, section 4955 ► _____	40b	X
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► NH		
42 a The organization's books are in care of ► <u>Mark Lindberg</u> Telephone no ► <u>603-643-4313</u> Located at ► <u>7 Gile Drive Unit 1A Norwich, VT</u> ZIP + 4 ► <u>05055</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <input type="checkbox"/> 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All Section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 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 . . . . .

	Yes	No
47		
48		X
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

b If "Yes," was the related organization a section 527 organization? . . . . .

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<b>NONE</b>				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ►  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

<b>Sign Here</b>	<i>Mark Lindberg</i>		Date <i>15 Nov. 2013</i>		
	Signature of officer	Preparer's signature			
	<b>Mark Lindberg, Treasurer</b>	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no.			

May the IRS discuss this return with the preparer shown above? See Instructions . . . . . ►  Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Youth-in-Action, Inc.**

Employer identification number

**22-3295185**

**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).  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \_\_\_\_\_  
 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).  
 7  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)  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete 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 organized and operated exclusively to test for public safety. See section 509(a)(4).  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III-Functionally integrated      d  Type III-Non-functionally integrated  
 e  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 section 509(a)(2)  
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box .....  
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) 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? .....  
 (ii) A family member of a person described in (i) above? .....  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  
 h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col (I) listed in your governing document?		(V) Did you notify the organization in col (I) of your support?		(VI) Is the organization in col (I) organized in the U.S.?		(VII) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

EEA

Schedule A (Form 990 or 990-EZ) 2012

## 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.)

## Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . .	32,635	38,310	44,955	31,435	29,680	177,015
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 Total. Add lines 1 through 3 . . . . .	32,635	38,310	44,955	31,435	29,680	177,015
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) . . . . .						
6 Public support. Subtract line 5 from line 4 . . . . .						41,018
						135,997

## Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 . . . . .	32,635	38,310	44,955	31,435	29,680	177,015
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	2,019	128	101	67	200	2,515
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
11 Total support. Add lines 7 through 10 . . . . .						179,530
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	75.75	%
15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	15	82.80	%

16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ►

b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ►

17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 . . . . . ►

b 10%-facts-and-circumstances test - 2011. 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 . . . . . ►

**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 to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5						
7a 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						
8 <b>Public support</b> (Subtract line 7c from line 8)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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 lines 9, 10c, 11, and 12)						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** 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 - 2011.** If the organization did not check a box on line 14 or line 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 O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

Youth-in-Action, Inc.

Employer identification number

22-3295185

**01. List of grants and similar amounts paid (Part I, line 10)**

Activity Habitat for Humanity Proj Funding

Grantee Chris Lord

Street PO 695

City, State, Zip Quechee VT 05059

Relationship Volunteer

Amount 1,200

**02. Description of other expenses (Part I, line 16)**

Description Amount

State reporting fees 75

Telephone 412

Food 1,010

Insurance 3,256

Supplies 985

T-shirts 1,346

Misc. 140

Bank charges 50

Computer 1,852

Professional development 600

**03. Other changes in net assets or fund balances (Part I, line 20)**

Description Amount

Correct erroneous transaction date 10

Name of the organization

Youth-in-Action, Inc.

Employer identification number

22-3295185

**04. Description of other assets (Part II, line 24)**

Category	Beginning of Year	End of Year
Accounts Receivable	1,000	0

**05. Description of total liabilities (Part II, line 26)**

Category	Beginning of Year	End of Year
Accrued payroll taxes	711	907

## **List of Officers, Directors, Trustees, and Key Employees**

**1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.**

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Ann Marie Smith</u>				
<u>Chair</u>	2	0	0	0
<u>Chris Rhim</u>				
<u>Vice Chair</u>	1	0	0	0
	</td			

**Federal Supporting Statements****2012 PG01**

Name(s) as shown on return

Youth-in-Action, Inc.

FEIN

22-3295185

**Form 990EZ, Part IV  
Compensation Explanation**

STATEMENT #A11

**Name**

Chris Lord

**Explanation**

Chris is the paid Executive Director for Youth-in-Action

10:44 AM  
11/14/13  
Accrual Basis

Youth-In-Action, Inc.  
**Balance Sheet**  
As of June 30, 2013

Jun 30, 13

<b>ASSETS</b>	
Current Assets	
Checking/Savings	
Lake Sunapee CD	21,185.00
Ledyard Checking	5,473.03
Vanguard Money Mkt	130,207.77
Total Checking/Savings	156,865.80
Total Current Assets	156,865.80
<b>TOTAL ASSETS</b>	<b>156,865.80</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
Current Liabilities	
Other Current Liabilities	906.82
Payroll Liabilities	
Total Other Current Liabilities	906.82
Total Current Liabilities	906.82
Total Liabilities	906.82
Equity	
Operating Fund Bal-Beg of Yr	28,580.79
Restricted Fund Bal-Beg of Yr	133,092.79
Net Income	-5,714.60
Total Equity	155,958.98
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>156,865.80</b>

10:19 AM  
11/14/13  
Accrual Basis

**Youth-In-Action, Inc.**  
**Profit & Loss**  
July 2012 through June 2013

Jul '12 - Jun 13

<b>Ordinary Income/Expense</b>	
<b>Income</b>	
<b>Contributions</b>	
Individual Contributions	13,180.00
Organizational Contributions	1,500.00
<b>Total Contributions</b>	<u>14,680.00</u>
<b>Fund Raising Income</b>	707.72
<b>Grants</b>	15,000.00
<b>Interest Earned</b>	199.57
<b>Total Income</b>	<u>30,587.29</u>
<b>Expense</b>	
<b>✓ Bank Charges</b>	50.00
<b>✓ Computer</b>	1,851.85
<b>✓ Financial</b>	75.00
<b>✓ Food</b>	1,010.22
<b>✓ Insurance</b>	3,256.00
<b>✓ Miscellaneous</b>	140.00
<b>✓ Payroll Tax Expenses</b>	1,685.59
<b>✓ Postage</b>	294.00
<b>✓ Printing</b>	515.00
<b>✓ Professional Development</b>	600.00
<b>✓ Project Grants</b>	1,200.00
<b>✓ Supplies</b>	984.85
<b>✓ T-shirts</b>	1,346.20
<b>✓ Telephone</b>	411.72
<b>✓ Wages</b>	22,881.46
<b>Total Expense</b>	<u>36,301.89</u>
<b>Net Ordinary Income</b>	<u>-5,714.60</u>
<b>Net Income</b>	<u><b>-5,714.60</b></u>

**Youth-In-Action**  
2013-2014

<u>Name</u>	<u>Position</u>	<u>Committee</u>	<u>Email</u>	<u>Address</u>	<u>P one</u>	<u>Cell</u>
✓Allen, Mary	Personnel		theprooms@tinyfanpoint.net	13 Rip Rd , Hanover, NH 03755	643-5343	667-8943
✓Burdette, Liz	Fundraising		Liz.Burdette@hanovernh.org	35 Mascoma St, Lebanon, NH 03766		603-276-8035
✓Carey, John	Fundraising		John.carey@dartmouth.edu	2 Freeman Rd , Hanover, NH 03750	643-0042	603-573-5751
✓Drew, Karyl	Program		threeconce@aol.com	3 Foxfield Lane, Hanover, NH 03755	643-6573	
✓Good, Amy	Program		creaghgood@gmail.com	101 Lyme Road, Hanover, NH 03755	277-9366	978-302-7957
✓Hastings, Kathy	Secretary	Program	kathahastings@aol.com	114 Lyme Rd , Hanover, NH 03755	643-5546	
✓Henry, Robin	Nominating		robin.henry@rayschool.org	4 Pingree Rd , Hanover,NH 03755	643-1802	
✓Lindberg, Mark	Treasurer	Finance/Legal	J.mark.lindberg@attmail.com	76 Elm Street, Norwich, VT 05055	649-5987	802-667-5019
✓Lord, Chris			ya@dressen.us	PO Box 695, Quechee, VT 05059	802-291-9212	802-299-7550
✓Loring Gemery, Karen			kgemery@comcast.net	48 Koch Rd , Norwich, VT 05055	802-649-3321	802-555-9424
✓Nolan, Carolyn			cnolan@earthlink.net	PO Box 702, Norwich, VT 05055	802-649-8101	508-450-9679
✓Phillips-Whitehair, Beth	Nominating		bethpw@aol.com	1173 New Boston Rd , Norwich, VT 05055	649-5350	
Rhim, Chris	Vice Pres	Personnel	crhlm@greenviewadvisors.com	PO Box 483, Norwich, VT 05055	649-7042	301-655-4970
✓Robbins, Katie		Nominating	khobbins1@mac.com	15 Old Lyme Rd , Hanover, NH 03755	643-5413	603-232-5822
✓Smith, Ann Marie		Personnel	Birdseye93@comcast.net	25 Carpenter Street, Norwich, VT 05055	649-1667	603-443-7899