

# 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



# Form\_ 990-E7

# **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning January 1 2013, and ending December 31 , 20 B Check if applicable C Name of organization D Employer identification number Address change The Vermont Children's Alliance 27-3145131 Room/suite Name change E Telephone number Number and street (or P O box, if mail is not delivered to street address) Initial return 802-379-8846 Terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Application pending Bennington, VT 05201 ☐ Cash ☑ Accrual Other (specify) ▶ H Check ► ☐ If the organization is not G Accounting Method vtchildrensalliance.org required to attach Schedule B J Tax-exempt status (check only one) — ✓ 501(c)(3) ☐ 501(c) ( (Form 990, 990-EZ, or 990-PF) ◄ (insert no.) ☐ 4947(a)(1) or **K** Form of organization: ☐ Corporation Trust Association Other L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . Contributions, gifts, grants, and similar amounts received . . . . 146,763.00 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments . . . 2,435.00 4 5a Gross amount from sale of assets other than inventory 5a Less. cost or other basis and sales expenses . . . . 5b C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) . . . . . . 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gamingrand fundraising events 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract . . . . . . 6d Gross sales of inventory, less netumb and allowances 7a 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c Other revenue (describe in Schedule O) 8 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 149,198.00 Grants and similar amounts paid (list in Schedule O) Sec. Statement. 10 10 54,251.00 11 Benefits paid to or for members . . . . . . . . . 11 12 Salaries, other compensation, and employee benefits . . . 12 45,904.00 13 Professional fees and other payments to independent contractors . 13 5,800.00 14 Occupancy, rent, utilities, and maintenance . . . 14 2,056.00 SCANNED NOV 1 4 2014 15 Printing, publications, postage, and shipping . . . 15 4,614.00 Other expenses (describe in Schedule O) See Statement # . & 16 16 22.250.00 Total expenses. Add lines 10 through 16. 17 17 134,875.00 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 18 14,323.00 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 12,637.00 20 Other changes in net assets or fund balances (explain in Schedule O) . . . Net assets or fund balances at end of year. Combine lines 18 through 20 26,960.00

		ets (see the instructions					
	Check if the o	rganization used Schedul	e O to respond to a	nv auestion in this	Part II		🗆
		- garnization dood doi:10.00		, <del>, , , , , , , , , , , , , , , , , , </del>	(A) Beginning of year		(B) End of year
22	Cash, savings, and i	investments			4,956.00	22	8,021.00
23	Land and buildings				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23	
24	Other assets (descri	be in Schedule O) Lee	ltatement #	3. <b>e</b> [	42,882.00	24	52,321.00
25	Total assets				47,838.00		60,342.00
26	Total liabilities (des	scribe in Schedule O)	Statement #	: 4e_ [	35,201.00		33,382.00
27	Net assets or fund	balances (line 27 of colum	n (B) <b>must</b> agree wit	h line 21)	12,637.00	27	26,960.00
Par		Program Service Accor					Expenses
		rganization used Schedul	e O to respond to a	ny question in this	Part III 🔽		uired for section
What	t is the organization's p	orimary exempt purpose?	See statement 5				c)(3) and 501(c)(4) inizations and section
		s program service accomp					7(a)(1) trusts, optional
		s. In a clear and concise r		e services provided	d, the number of	for o	others.)
<u>-</u>		er relevant information for e	ach program title.			-	<del> </del>
28	See statement 6					ł	
						į	
	(Cropto \$	54,251.00) If this amoun	t includes foreign ar	onte chock horo		28a	124 075 00
29	(Grants \$	54,251.00) II triis amoun	t includes loreign gra	ants, check here .	· · · · ·	204	134,875.00
29	•••••						
	(Grants \$	) If this amoun	t includes foreign gra	ants, check here	▶ □	29a	
30		/ 11_tillo tilliotil					1
•••		••					
	(Grants \$	) If this amoun	t includes foreign gra	ants, check here .	▶ 🗆	30a	ı
31		es (describe in Schedule O)		<del>.</del>			
	(Grants \$	) If this amoun	t includes foreign gra	ants, check here .	▶ 🗀	31a	135,875.00
32	Total program service	o avnancae /add linae 28a	through 21a				1
Dar						32	
ı aı		, Directors, Trustees, and Ke	y Employees (list eac	h one even if not com	pensated-see the		tions for Part IV)
			y Employees (list eac	h one even if not com ny question in this	pensated-see the I		ctions for Part IV)
- ai	Check if the o	, Directors, Trustees, and Ke rganization used Schedul	ey Employees (list eac e O to respond to a (b) Average	h one even if not com	pensated-see the	nstruc	🗆
ı aı	Check if the o	, Directors, Trustees, and Ke	ey Employees (list eac e O to respond to a	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated — see the II Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc	🗆
	Check if the o	, Directors, Trustees, and Ke rganization used Schedul	ey Employees (list each e O to respond to a (b) Average hours per week	ny question in this (c) Reportable compensation	pensated — see the II Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc	Estimated amount of
	Check if the o	, Directors, Trustees, and Ke rganization used Schedul	ey Employees (list each e O to respond to a (b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated — see the II Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc	Estimated amount of
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Part				
:	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
			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		1
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			,
25-	change on Schedule O (see instructions)	34		<b>✓</b>
35a	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		1
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		
С	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		
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 27a 0			
b	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			لـــــا
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		<b>✓</b>
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9			
a b	Initiation fees and capital contributions included on line 9	,	:	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	. `		
700	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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	40b		✓
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			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
C	transaction? If "Yes," complete Form 8886-T	40e	·-	
41	List the states with which a copy of this return is filed ▶ Vermont			
42a	· · · · · · · · · · · · · · · · · · ·	02-37	9-8840	6
	Located at ▶ P.O. Box 543 Bennington Vermont ZIP + 4 ▶	052	201	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	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.			,
		40-		لـــــا
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		L
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here		. 1	▶ ⊔
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	<u> </u>	163	140
	completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	<u> </u>		<b>_</b>
-	completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	ľ	. *	5
	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		

Pag	е	4

									Tes	NO
		ne organization engage, directly or in						tion 🎇	2 678	
1	to ca	ndidates for public office? If "Yes," c	omplete Schedule C	, Part I				. 46	3	1
Part V	7	Section 501(c)(3) organizations	only		-					<u> </u>
		All section 501(c)(3) organizations		stions 47–49b ar	nd 52.	and co	molete th	e tables	for lin	es
		50 and 51.	o maor anomor que	onono m nob un	02,	una 00.	iipioto tii	0 100		.00
			andula O ta raanana	l to one occasion .	- <b>.</b>	Dort V/I				
		Check if the organization used Sch	nedule O to respond	to any question i	n this	Part VI	· · ·	• • •	· · ·	<del></del>
								_	Yes	No
		ne organization engage in lobbying		section 501(h) elec	ction in	effect o	luring the	tax		
	year?	If "Yes," complete Schedule C, Part	t II					- 47	<b>,</b>	✓
48	ls the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes." comple	te Sch	edule E		. 48	3	1
		ne organization make any transfers to		•				. 49		<del>  `</del> /
		s," was the related organization a se	•	-				. 49		<del>                                     </del>
									_	
		plete this table for the organization's								
	empi	oyees) who each received more than	\$100,000 of compe	nsation from the or	ganıza	tion. If th	ere is non	e, enter	None.	<u>"</u>
			(b) Average	(c) Reportable		(d) Health				
	(a)	Name and title of each employee	hours per week	compensation	lhon		to employee and deferred	(e) Estima	iteo amo ompensa	
			devoted to position	(Forms W-2/1099-MIS	SC)   55	compen		01.107.01	Jpooc	
None										
110116										
				<del> </del>				-		
	-	<b>18</b>								
				<del> </del>	+					
				L	!			L		
		number of other employees paid over		• •	<u> </u>					
51 (	Comp	plete this table for the organization's	s five highest compe	ensated independe	ent cor	ntractors	who eacl	n receive	d more	e thar
	<b>\$100,</b>	000 of compensation from the orga	nization. If there is no	one, enter "None."						
	(-)	Name and business address of each independ		(b) To a a a f				٠		
	(a)	Name and business address of each independent	ent contractor	(b) Type of :	service		(C	) Compensa	ation	
None						1	-			
HOHE				1						
						+				
		•••••		-						
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	<b>T</b>			0100.000						
		number of other independent contra	•	•	. ▶_			0		
		ne organization complete Schedule A			ons and	d 4947(a)	(1)			
	none	xempt charitable trusts must attach a	a completed Schedu	le A				▼ ✓ Ye	s 🗌	No
Under per	nalties	of perjury, I declare that I have examined this re	eturn, including accompan	lying schedules and stat	ements,	and to the	best of my k	nowledge a	nd belief	, it is
		d complete Declaration of preparer (other than								
		1-1/0 1/2 (	1/==				11-11	- 201	u	
Sign		Signature of officer	<del></del>			Date		- 201	7	
Here		-				Duit				
пеге		Robert R. White, Treasurer								
		Type or print name and title		<del> </del>			<del></del>			
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	] <sub>If</sub> PTIN		
Prepa	rer						self-emplo	yed		
Use C		Firm's name ▶		<u> </u>		Firm	's EIN ▶			
USC C	, , , ı y	Firm's address ▶					ne no			
		discuss this return with the preparer				10		▶ □ Y <sub>6</sub>	,	

### **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.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

2014

Open to Public Inspection

Name or	the organization					Employer Identification	n number
The Ven	mont Children's Alliance						4513 <u>1</u>
Part I	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
	anızatıon ıs not a private founda		•		-	•	
	A church, convention of churc			ibed in <b>s</b> e	ection 17	0(b)(1)(A)(i).	
_	A school described in <b>section</b>		•				
	A hospital or a cooperative ho						
	A medical research organization hospital's name, city, and state	e:					
5 [	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
	A federal, state, or local gover						
7 [∕	An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or fron	n the general public
8 🗆	A community trust described i	n <b>section 170(b)</b>	(1)(A)(vi). (Complete	Part II.)			
9 🗆	An organization that normally						
	receipts from activities related						
	support from gross investme acquired by the organization a						x) from businesses
10	An organization organized and		•		•	•	
	An organization organized and	-	•	-			out the purposes of
	one or more publicly supported						
	the box in lines 11a through 11		- · · · -	_		•	
а	☐ Type I. A supporting organize						
	the supported organization(s organization. You must corr			ct a majo	rity of the	e directors or trustee	es of the supporting
b	☐ Type II. A supporting organia	zation supervised	d or controlled in coni	nection w	ith its su	pported organization	n(s), by having
	control or management of th			e same p	ersons th	nat control or manag	ge the supported
	organization(s). You must co	-					
С	Type III functionally integra its supported organization(s)	(see instructions	s). You must comple	te Part I\	, Section	ns A, D, and E.	-
d	☐ Type III non-functionally in						
	that is not functionally integrated requirement (see instructions						an attentiveness
•	☐ Check this box if the organiz				-		I. Typo III
е	functionally integrated, or Ty						ii, Type iii
f [	Enter the number of supported of						
	Provide the following information	•	orted organization(s)				
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization			(v) Amount of monetary	(vi) Amount of
			(described on lines 1–9 above or IRC section	listed in you docur		support (see instructions)	other support (see instructions)
			(see instructions))	Yes	No		
				163	140		
(A)				-			
(B) 							
(C)							
(D)							
(E)							
		ED I TAI			777		

•	(Complete only if you checked the Part III. If the organization fails to				-	•	alify under
Secti	on A. Public Support	quality ariac	THE LESIS IIS	ted below, pr	case comple	to r art iii.j	
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	\$111,531.02	\$121,266.00	\$128,096.00	\$149,198.00	(5)	\$510,091.02
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	\$111,531.02	\$121,266.00	\$128,096.00	\$149,198.00		\$510,091.02
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.						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	\$111,531.02	\$121,266.00	\$128,096.00	\$149,198.00		\$510,091.02
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 VI.)						
11	Total support. Add lines 7 through 10						\$510,091.02
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the						
<u> </u>	organization, check this box and stop he on C. Computation of Public Suppor	re		· · · · ·			<b>▶</b> ✓
<u>Secu</u>	Public support percentage for 2014 (line 6	<del></del>	<del> </del>	1 column (fl)		14	<del></del>
15	Public support percentage for 2014 (line of Public support percentage from 2013 Sch		•			15	<del></del>
16a	331/3% support test—2014. If the organiz				line 14 is 331		
	box and stop here. The organization qua						. ▶ 🗆
b	331/3% support test—2013. If the organ check this box and stop here. The organ					15 is 33 <sup>1</sup> / <sub>3</sub> %	or more, . ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "forganization	ets the "facts-a	ınd-cırcumstar	nces" test, che	ck this box an	d <b>stop here.</b> E	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m	tion meets the leets the "facts	"facts-and-cir -and-circumst	cumstances" f ances" test. Th	test, check th	is box and st	op here. a publicly
40	supported organization				or 17b, obco	 k this boy and	. •
18	instructions						

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

## 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.)

Secti	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees			}			
	received. (Do not include any "unusual grants.")		l			]	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the		1	ĺ	1		
	organization's tax-exempt purpose				l		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	<u></u>					
4	Tax revenues levied for the						
	organization's benefit and either paid			Į	ļ		
	to or expended on its behalf		<u> </u>				
5	The value of services or facilities				1		
	furnished by a governmental unit to the		Î		1	Ì	
	organization without charge		<b> </b>	ļ	ļ	<b></b>	ļ
6	<b>Total.</b> Add lines 1 through 5		<b> </b>	ļ	ļ		<del> </del>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		1		}		
_		<del></del>	<del> </del>	<del> </del>	<del> </del>		<del> </del>
þ	Amounts included on lines 2 and 3		1			1	
	received from other than disqualified persons that exceed the greater of \$5,000				ļ		
	or 1% of the amount on line 13 for the year				}		
С	Add lines 7a and 7b	<del></del>	<del> </del>	<del> </del>			
8	Public support (Subtract line 7c from						
•	line 6.)						
Secti	on B. Total Support			<u> </u>		<u> </u>	<del></del>
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			1	4		
	royalties and income from similar sources .			<u> </u>			
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		!	Į	Į	!	
	acquired after June 30, 1975		<u> </u>				
C	Add lines 10a and 10b						
11	Net income from unrelated business		İ		1		
	activities not included in line 10b, whether		ì	Ì	Ì	[	
	or not the business is regularly carried on						
12	Other income. Do not include gain or		<b>{</b>	<b>!</b>		1	
	loss from the sale of capital assets		1	Ĭ		1	
40	(Explain in Part VI.)		<u> </u>	<b> </b>	<del></del>	<del> </del>	<del> </del>
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	le organization	l's first secon	d third fourth	or fifth tax v	ear as a sectio	n 501(c)(3)
• •	organization, check this box and stop he	_			-		
Secti	on C. Computation of Public Suppor			<del></del>	<del></del>		
15	Public support percentage for 2014 (line to			3, column (f))	<del></del>	15	%
16	Public support percentage from 2013 Sch		-			16	%
	on D. Computation of Investment In			<del></del>			
17	Investment income percentage for 2014 (	line 10c, colur	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2013	Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2014. If the organ						
	17 is not more than 331/3%, check this box	and <b>stop here</b>	<ul> <li>The organizati</li> </ul>	on qualifies as	a publicly supp	orted organizat	ion . 🕨 📋
b	331/3% support tests—2013. If the organiz						
	line 18 is not more than 331/3%, check this		_	•			
20	Private foundation. If the organization di	d not check a	hox on line 14	19a or 19b i	check this box	and see instru	ctions > \( \bar{\bar{\bar{\bar{\bar{\bar{\bar{

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I. complete Sections A and D. and complete Part V.)

Section	A. All	Supp	orting	Organ	izations

organizations)? If "Yes," answer (b) below.

determine whether the organization had excess business holdings.)

ecti	ion A. All Supporting Organizations			- NI -
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	* *	; , ,
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b	Ì	23
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	***	******
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	*	,
ь с 6	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If</i> "Yes," <i>provide detail in Part VI.</i>	5b 5c	***	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		i X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	*,	
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	9b		
10a	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	9с	-,-	*

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

10b

Schedu	ile A(FOIII 990 of 990-EZ) 2014			Page 3
Part	IV Supporting Organizations (continued)			
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11 a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		Ĭ š	
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	_	_
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			١.
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	y^ {		2,5,
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	,		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		ļ
2	Did the organization operate for the benefit of any supported organization other than the supported		**	<b>7</b> ,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	^	٠	
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<u>```</u>		
Cook	ion C. Type II Supporting Organizations	2	<u> </u>	Щ.
Secu	on C. Type if Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	4		
	or management of the supporting organization was vested in the same persons that controlled or managed	×.		
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
		7	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	1	/ ¾	å `
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	,	1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		,	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		:2	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	. ;		
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		,	
	supported organizations played in this regard.	3		لا
Secti	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ction	
_	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	nsuu	CHOIL	<b>3</b> /.
a b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructi	ons).
	Activities Test Anguer (a) and (b) helevi		Vaa	No
2	Activities Test. Answer (a) and (b) below.		Yes	No No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>		~~	(Fo.)
	those supported organizations and explain how these activities directly furthered their exempt purposes,	, '		
	how the organization was responsive to those supported organizations, and how the organization determined	,		
	that these activities constituted substantially all of its activities.	2a		
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		,	\$3
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		ļ	
_		2b	-	<del>                                     </del>
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		~~ %	şw.
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		السا
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		<del>                                     </del>	
~	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		<u> </u>

the Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E  Section A - Adjusted Net Income  (A) Prior Year  (B) Current Year (optional)  1 Net short-term capital gain  1 Net short-term capital gain  2 Recoveries of prior-year distributions  3 Other gross income (see instructions)  4 Add lines 1 through 3  5 Depreciation and depletion  6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  8 Section B - Minimum Asset Amount  (B) Current Year (optional)	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations					
Section A - Adjusted Net Income  (A) Prior Year  (B) Current Year (optional)  1 Net short-term capital gain  2 Recoveries of prior-year distributions  3 Other gross income (see instructions)  4 Add lines 1 through 3  5 Depreciation and depletion  6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  Section B - Minimum Asset Amount  (A) Prior Year  (B) Current Year (optional)	↑ ☐ Check here if the organization satisfied the Integral Part Test as a qualifying	j tru	st on Nov. 20, 1970. <b>See ir</b>	nstructions. All				
Section A - Adjusted Net Income  (A) Prior Year  (optional)  1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  Section B - Minimum Asset Amount  (A) Prior Year  (optional)  (B) Current Year  (optional)	other Type III non-functionally integrated supporting organizations must complete Sections A through E							
2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional)	Section A - Adjusted Net Income		(A) Prior Year	' '				
3 Other gross income (see instructions)  4 Add lines 1 through 3  5 Depreciation and depletion  6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  8 Section B - Minimum Asset Amount  (A) Prior Year  (B) Current Year (optional)	1 Net short-term capital gain	1						
4 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional)	2 Recoveries of prior-year distributions	2						
5 Depreciation and depletion  6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  8 Section B - Minimum Asset Amount  (B) Current Year (optional)	3 Other gross income (see instructions)	3						
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  8 Section B - Minimum Asset Amount  (B) Current Year (optional)	4 Add lines 1 through 3	4						
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  8 Section B - Minimum Asset Amount  (B) Current Year (optional)	5 Depreciation and depletion	5						
maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  8 Section B - Minimum Asset Amount  (A) Prior Year  (B) Current Year (optional)	6 Portion of operating expenses paid or incurred for production or							
7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  8 Section B - Minimum Asset Amount  (A) Prior Year (optional)								
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  8 Section B - Minimum Asset Amount  (A) Prior Year (optional)	maintenance of property held for production of income (see instructions)	6		<u></u>				
Section B - Minimum Asset Amount  (A) Prior Year (B) Current Year (optional)	7 Other expenses (see instructions)	7						
Section B - Minimum Asset Amount (A) Prior Year (optional)	8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
	Section B - Minimum Asset Amount		(A) Prior Year	` '				
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1 Aggregate fair market value of all non-exempt-use assets (see		* <b>!</b>	* *				
a Average monthly value of securities  1a		12	1					
b Average monthly cash balances 1b		-						
c Fair market value of other non-exempt-use assets	<del></del>							
d Total (add lines 1a, 1b, and 1c)	· · · · · · · · · · · · · · · · · · ·	_		1				
e Discount claimed for blockage or other		1.0						
factors (explain in detail in <b>Part VI</b> ):			`*					
2 Acquisition indebtedness applicable to non-exempt-use assets		_						
3 Subtract line 2 from line 1d	3 Subtract line 2 from line 1d	3						
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	· · · · · · · · · · · · · · · · · · ·	4						
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5	5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by .035		6						
7 Recoveries of prior-year distributions 7		7	<u> </u>					
8 Minimum Asset Amount (add line 7 to line 6)		8						
Section C - Distributable Amount  Current Year	Section C - Distributable Amount	•	**	Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
2 Enter 85% of line 1 2	2 Enter 85% of line 1	2	/ F 1					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4 Enter greater of line 2 or line 3	4 Enter greater of line 2 or line 3	4	<b>%</b> .					
5 Income tax imposed in prior year 5	5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions)								
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see	7 Check here if the current year is the organization's first as a non-functionall	y-ın	tegrated Type III supportin	g organization (see				

Part		3) Supporting Organ	lizations (continued)	<del> </del>
	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	ooses of supported org	anizations	
4	Amounts paid to acquire exempt-use assets	• •		
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is re	sponsive	
	(provide details in Part VI). See instructions.		· <del></del> ·	
9_	Distributable amount for 2014 from Section C, line 6			
10_	Line 8 amount divided by Line 9 amount	ı	40	4400
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	\$000m	, , ,	
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а	~	· ·	* . ·	
b		<b>₹</b> \$ ₩ <b>₩</b>	* *	
C	<u>₹</u>	* *	•	
d	<u> </u>			
е	From 2013			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			2 (
<u>h</u>	Applied to 2014 distributable amount	, , , , , , , , , , , , , , , , , , ,	4	
<u>i</u>	Carryover from 2009 not applied (see instructions)	\$50 <b>\$5</b>	, ,	***
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	y	*	<u> </u>
4	Distributions for 2014 from Section D, line 7: \$	*		
a	Applied to underdistributions of prior years			
<u> </u>	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.		3	8 % .
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		the second secon	Ž
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).	, , , , , , , , , , , , , , , , , , ,	4	
7	Excess distributions carryover to 2015. Add lines 3j and 4c.		, ,	* >
8	Breakdown of line 7.	6	3 3	
a				
b	·			
С		, <u> </u>	4	ì
d	Excess from 2013		1	. **
е	Excess from 2014	,		24 🗯 🗀

chedule A·(Form 990 or 990-EZ) 2014 Page <b>8</b>		
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; an Part III, line 12. Also complete this part for any additional information. (See instructions.)	d
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#### SCHEDULE O (Form 990 or 990-EZ)

### 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.

OMB No 1545-0047 20**13** 

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

The Vermont Children's Alliance 27-3145131 Statement 1, Form 990 EZ, Part I, Line 10 Grants and Similar Amounts Paid: \$45,000.00 **Subawards General** Peer Support \$ 9,251.00 \$54,251.00 Statement 2, Form 990 EZ, Part I, Line 16 Other Expenses: Conference, Travel, Meetings & Training \$16,254.00 \$ 3,400.00 Membership Dues \$ 750.00 Miscellaneous \$ 115.00 \$ 718.00 Office Supplies Bank Service Charge \$ 105.00 Web Page Support \$ 780.00 Depreciation \$ 128.00 Total: \$22,250.00 Statement 3, Form 990 EZ, Part II, Line 24 Other Assets: **Grants Receivable** Other Receivable \$ 262.00 Prepaid Insurance and Dues \$ 560.00 Total: \$52,321.00