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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 1545-0047

Department of the Treasury

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

Open to Public

1	nterna	Heven	Information about Form 990 and its instructions is a			Inspection		
4	A Fo	r the	2013 calendar year, or tax year beginning JUN 1, 2013 and en	nding <u>M</u>	<u>AY 31, 2014</u>			
ı	B Ch	eck if plicable	C Name of organization		D Employer identific	cation number		
			VT ASSOCIATION FOR THE EDUCATION OF					
		Addres change	S YOUNG CHILDREN					
		Name change	Doing Business As		03-0	313379		
	$\overline{\Box}$	Initial return		oom/suite	E Telephone numbe			
	Ħ	Termin-	· · · · · · · · · · · · · · · · · · ·	OON BUILD	•	244- <u>6282</u>		
		ated Amend				204,705.		
		ireturn Applica			G Gross receipts \$			
	L	ltion pendin		ramm	H(a) Is this a group re			
			F Name and address of principal officer: MELISSA RIEGEL-GARRI	ETT	for subordinates			
			PO BOX 464, WATERBURY, VT 05676		H(b) Are all subordinates in			
			mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	1	list. (see instructions)		
			e: WWW.NAEYC.ORG/MEMBERSHIP	1	H(c) Group exemption			
1	Pa		organization: X Corporation Trust Association Other ►	L Year (of formation: 19/2 N	M State of legal domicile: VT		
	Pai		Summary			CI MI CIIC FOR		
	8		Briefly describe the organization's mission or most significant activities: CONFE					
	Activities & Governance	-	EDUCATORS TO FOSTER NEW IDEAS AND PROVIDE					
	E		Check this box 🕨 💹 if the organization discontinued its operations or dispose			1		
	Š			BECE	. V ' o li B II -	13		
	8		Number of independent voting members of the governing body (Part VI, line 15)		4	10		
	ies		Total number of individuals employed in calendar year 2013 (Part V, line 2a)	SEP 3	0 2014 5 6	15		
	₹		Total number of Volunteers (estimate if necessary)	ال ال	0 2014 6 6	73		
	Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	- :··	<u> </u>	0.		
	\dashv	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	7b	0.		
					Prior_Y.ear	Current Year		
	e l		Contributions and grants (Part VIII, line 1h)		146,461.	158,338.		
	Revenue		Program service revenue (Part VIII, line 2g)		121,780.	46,181.		
	ا ۾	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1.	186.		
	_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	\rightarrow	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		268,242.	204,705.		
		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		14	Benefits paid to or for members (Part IX, column (A), line 4)		0.			
	မွ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	137,174.	105,652.		
	Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		<u> </u>	0.		
	ă.	b	Total fundraising expenses (Part IX, column (D), line 25)	0.				
	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		183,359.	99,074.		
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		320,533.	204,726.		
		19	Revenue less expenses Subtract line 18 from line 12		-52,291.	-21.		
W	Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year		
Õ	sets	20	Total assets (Part X, line 16)		37,006.	36,985.		
	id As	21	Total liabilities (Part X, line 26)		0.	0.		
3			Net assets or fund balances Subtract line 21 from line 20		37,006.	36,985.		
SCANNED	Pa	ırt II	Signature Block					
	Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	nents, and to the best of r	ny knowledge and belief, it is		
))	true,	corre	ct, and complete Declaration of preparer (other than officer) is based on all information of whit	ich preparei	r has any knowledge.			
			Not Tustell		9/23/	<u> </u>		
لتـــّـــــــــــــــــــــــــــــــــ	Sig	n	Signature of officer		Date /	•		
లా	Her	е	▼ JACK RUSSELL, TREASURER					
2014			Type or print name and title					
143			Print/Type preparer's name Preparer's signature	ملہ رہے	Date Check	PTIN		
	Paid	j	RAYMOND JENNETT, CPA Roymul C Jenel	VIT CITY	9/9/14 self-emplo			
	Prep	oarer	Firm's name MUDGETT, JENNETT & KROGH-WUSNER,	PC	Firm's EIN	03-0340114		
	Use	Only	Firm's address P.O. BOX 937					
			MONTPELIER, VT 05601-0937		Phone no. (8	302)229-9193		
	May	v the l	RS discuss this return with the preparer shown above? (see instructions)		·	X Yes No		

Form 990 (2013)

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

VT ASSOCIATION FOR THE EDUCATION OF Form 990 (2013) YOUNG CHILDREN Part III Statement of Program Service Accomplishments 03-0313379 Page 2

40	Total program service expenses ► 204,726.
	(Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
76	/ / // / / / / / / / / / / / / / / / /
4c	(Code) (Expenses \$
4b	(Code) (Expenses \$
	PROVIDE TRAINING IN REGARDS TO THE EDUCATION OF YOUNG CHILDREN
	CONFERENCES AND PUBLICATIONS FOR EDUCATORS TO FOSTER NEW IDEAS AND
	(Code) (Expenses \$204,726 . including grants of \$) (Revenue \$46,367 .)
	revenue, if any, for each program service reported
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	If "Yes," describe these changes on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these new services on Schedule O
	the prior Form 990 or 990-EZ?
2	Did the organization undertake any significant program services during the year which were not listed on
	THE STATE OF THE S
	WILL IMPROVE THE EDUCATION AND CARE OF YOUNG CHILDREN (VALIC)
	Briefly describe the organization's mission: THE VERMONT ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (VAEYC)
	Check if Schedule O contains a response or note to any line in this Part III
	Check of Cahadula O contains a reasonne or note to any line in this Dart III

Form 990 (2013) YOUNG CHILDREN
Part 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?	2	X	
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		<u>X</u>
	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_		<u>X</u>
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_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			j
	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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		 	 -
••	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
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? If "Yes," complete Schedule D, Part VII	11b	1	Х
С	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	11c	ļ	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	11d	ļ	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ļ	X
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	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	 	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	l		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	+	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	+	X
14a		14a	+	X
Ø	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	 	<u>^</u>
13	foreign organization? 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 other assistance to	13		- 25
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	"	†	1
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		T
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	'		1
	complete Schedule G, Part III	19		Х
2 0a	and the second s	20a		Х
t	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			- 000	(2012

Form 990 (2013) YOUNG CHILDREN

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		-	
	Schedule J	23		X
24a	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		X
þ				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	i		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			٠,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
a b		28b		X
C		200		- 23
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		x
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	<u> </u>	Х
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> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	ļ	X
3 5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
k	of "Yes" to line 35a, 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	35b	ļ	ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	┼—	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note. All Form 990 filers are required to complete Schedule O	38	X	┸

Par	t V ` Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	X				
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 15						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X_	L			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			l			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		_X_			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b					
4a	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)?	4a		X			
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	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c_		L			
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 as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b		↓			
7	Organizations that may receive deductible contributions under section 170(c).		i	l			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	<u> </u>	X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		 			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			۱			
	to file Form 8282?	7c		_X_			
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	 -	 			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	 	 			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	 			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			-			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	 	†			
9	Sponsoring organizations maintaining donor advised funds.	00		1			
a		9a 9b	 	+			
10	Section 501(c)(7) organizations. Enter	30	t^{-}	 			
а	Initiation fees and capital contributions included on Part VIII, line 12			1			
b		1	1				
11	Section 501(c)(12) organizations. Enter	1	ļ				
а							
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1					
	amounts due or received from them)		1				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b							
13 Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	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	1		1			
	organization is licensed to issue qualified health plans	_					
c	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1			

Form 990 (2013) YOUNG CHILDREN

03-0313379

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Part VI 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

•	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}
Sect	tion A. Governing Body and Management	-		
	and the developing body and management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 13		163	110
ıa	,			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, 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	1	x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		l	1 42
000	THOIR B. I Choices (This Section B requests information about policies not required by the internal nevenue code.)		Yes	NIO
40-	Did the agreement on house level aboutors, bronches, or affiliates?	400	res	No X
	Did the organization have local chapters, branches, or affiliates?	10a	l	_^_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	ļ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		l	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		Ì	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	X	
	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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1	
	exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure	,		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availal	ble	
10	for public inspection. Indicate how you made these available. Check all that apply	a rundi	-10	
	· · · · · · · · · · · · · · · · · · ·	nd force	ne:=1	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	iu iina	nciai	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation J	_	
	MELISSA RIEGEL-GARRETT - 802-244-6683			
	19 EAST STREET, WATERBURY, VT 05676			

Form 990 (2013) YOUNG CHILDREN

03-0313379

Page 7

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

Check if Schedule O contains a response or note to any line 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 organizat		orga	nıza	tion (C		mper	<u>isate</u>			
(A)	(B)	1						(D)	(E)	(F)
Name and Title	Average		not ch		more than one			Reportable	Reportable	Estimated
	hours per week		ox, unless person is both an fficer and a director/trustee)					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				2		organization	(W-2/1099-MISC)	from the
	related	tee 01	ste			ast		(W-2/1099-MISC)	, ,	organization
	organizations	individual trustee or director	nstitutional trustee		oyee	Highest compensated employee		· I		and related
	below	vidua	ututo	Officer	dus	hest	Former			organizations
	line)	Ē	E SE	₩	\$	돌	For			
(1) LAUREL BONGIORNO	2.00								•	•
DIRECTOR	4 00	X			_	-		0.	0.	0.
(2) ANDREA RACEK	1.00			ˈ						_
PRESIDENT		X		X	_	—		0.	0.	0.
(3) SANDRA GRAVES	3.00				1					
DIRECTOR		X		_		1		0.	0.	0.
(4) SONJA RAYMOND	2.00						l	- 505		_
DIRECTOR		Х	-	_	_	1	_	7,606.	0.	0.
(5) SHARON ADAMS	2.00		ŀ					500		
PRESIDENT-ELECT		X		X	ļ			500.	0.	0.
(6) ROBIN PLOFF	3.00	٠	ĺ							
PAST-PRESIDENT	1 00	X	<u> </u>	X	-	-		0.	0.	0.
(7) BRENDA BUZZELL	1.00			ł						
DIRECTOR	10.00	X	-	-	\vdash	┼		0.	0.	0.
(8) MELISSA RIEGEL-GARRETT	40.00	٠,				1		F1 006		
EXEC DIRECTOR	2 00	X	├	X	 		┢	51,926.	0.	0.
(9) THERESA ROBINSON	2.00	x		x			l	0.	0.	_
SECRETARY	2.00	1	╁	^	╁╴	+-	┢	· · ·	0.	0.
(10) JACK RUSSELL	2.00	\mathbf{x}	1	x	1			0.	0.	0.
TREASURER	1.00	┢	1	┢	+	+-		1 0.	<u> </u>	- ·
(11) BETH PELEOQUIN	1.00	$ _{\mathbf{X}}$			1			0.	0.	0.
DIRECTOR	2.00	1	\vdash	1	+	+	╁─	•		
(12) LAURA MURPHY	2.00	$ \mathbf{x} $			1			0.	0.	0.
DIRECTOR CAMPBOOK	1.00	_	+	╁	t	+-	\vdash	•	.	- 0.
(13) ANDREA SAMBROOK	1.00	\mathbf{x}						0.	0.	0.
DIRECTOR		1	+	\vdash	╁	+-	┰			·
		1			1		1			
		+	+-	+	+	+	+	<u> </u>		
		1								
		\top	\top	\top		\top	\top		<u> </u>	
		1								
		\top		†	1	1	\top	<u> </u>		
		1					1			
				-				1		5 000 (0010)

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Part VII Section A. Officers, Directors, Trus		oloy	ees,	and	<u> Hi</u>	ghes	t C	ompensated Employee	s (continued)			
. (A)	(B)	(B) (C))			(D)	(E)		(F)	
Name and title	Average Position (do not check more than one							Reportable	Reportable	1	Estimated	
	hours per week		unles er an					compensation	compensation		amoun	
	(list any	 						from the	from related	١,	othe	
	hours for	individual trustee or director	j '					organization	organizations (W-2/1099-MISC		ompens from t	
	related	90	stee			nsate		(W-2/1099-MISC)	(W 2/ 1000 MIGC	'	organiza	
	organizations	truste	al tru:		e Xe	шре		(** 2. 1000 *********************************		1	and rela	
	below	ndual	institutional trustee	E.	죑	est co loyee	je l			(organıza	tions
	line)	Į į	tusti	Officer	Key	Highest compensated employee	Former					
										1		
												,
										T		
		1										
				ļ								
			\perp	L	L		L					
										_		
		1										
		1			1				•			
		1		ļ								
1b Sub-total		<u>'</u>		•	-		<u> </u>	60,032.		0.		0.
c Total from continuation sheets to Part V	II Section A							0.		0.		0.
d Total (add lines 1b and 1c)	, 0000.0							60,032.		0.		0.
Total number of individuals (including but in	not limited to t	hose	e liste	ed a	bov	e) w	ho r		 			
compensation from the organization	iot iiiviitod to t			-		٠, ٠،			,,oco oi roportabio			0
Sempendation from the organization											Yes	_
3 Did the organization list any former officer	director or tr	uste	e k	ev e	mol	ovee	or	highest compensated e	mplovee on			
line 1a? If "Yes," complete Schedule J for			,, ,,	., .		0,00	, 0.	mgnest compensated c	mployee on		3	x
4 For any individual listed on line 1a, is the s			omr	ens	atio	n an	d ot	her compensation from	the organization	<u> </u>		 **
and related organizations greater than \$15	•							•	the organization		4	x
5 Did any person listed on line 1a receive or									idual for services		-	1
rendered to the organization? If "Yes," cor	•					-	. 0.4	tod organization of marv	iddai foi doi vided		5	x
Section B. Independent Contractors	ripiete derieda	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	101 0		pu	30,1		· · · · · ·			<u> </u>	
Complete this table for your five highest c	ompensated in	nden	end	ent i	conf	tract	ors t	that received more than	\$100,000 of com	 pensat	ion from	
the organization Report compensation for										. J. 1541		
(A)		1.44	<u> </u>					(B)	<u> </u>		(C)	
Name and busines	s address	N	ON	F.				Description of	services	Co	mpensat	ion
	÷ •		<u> </u>									
							-					
									-			
O Total number of independent control	/wall	n + +	د. معرزا	~~ .	0 4L	000		d about the manner to	mara the -			
2 Total number of independent contractors		not	mant	eu (บ เก	_	iste	u above) who received i	nore than			
\$100,000 of compensation from the organ	nization 🚩					0					orm 99 0	1 10015

		•						
					E EDUCATIO	N OF		
	990 (CHILDRE	Ŋ			03-031	3379 Page 9
Pai	t VIII							
		Check if Schedule O conta	ins a response o	or note to any line		(D)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					9.2 9.1
e a		Membership dues	1b	11,481.				
A, G		Fundraising events	1c					
焦		Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contribution	ons) 1e	23,000.				
tior r S		All other contributions, gifts, grants						
the		similar amounts not included above	1 1	123,857.				
ntri d O	g	Noncash contributions included in lines 1						
a S	-	Total. Add lines 1a-1f			158,338.			
				Business Code				
9	2 a	CONFERENCES & F		611710	46,181.	46,181.		
e <u>Ž</u>	b							
Sco	С							
e ₹	d				3.6			
Program Service Revenue	е				· · · · · · · · · · · · · · · · · · ·		····	
۵	f	All other program service rever	nue					
	g	Total, Add lines 2a-2f			46,181.			_
	3	Investment income (including of	dividends, intere	est, and				
		other similar amounts)		>	186.	186.		
	4	Income from investment of tax	exempt bond p	roceeds				
	5	Royalties		•				
	_		(ı) Real	(ii) Personal				
	6 a							
	l	Less. rental expenses						
		Rental income or (loss)	L					
		Net rental income or (loss)	(i) Coorrettor	(3 Oth - ::				
	/ a	Gross amount from sales of	(i) Securities	(ii) Other				
	,	assets other than inventory Less: cost or other basis						İ
	"	and sales expenses		[
	_ ا	Gain or (loss)						
	ļ	Net gain or (loss)		.				
•		Gross income from fundraising	a events (not					
Other Revenue		including \$	of					
eve		contributions reported on line	1c). See					
E.		Part IV, line 18	a					-
ţ.	b	Less direct expenses	. b					
0	1	: Net income or (loss) from fund	fraising events					
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19	а					
	b	Less direct expenses	b					
	c	Net income or (loss) from gam	ning activities		·=·····			
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
) b	Less cost of goods sold	b					1

Business Code

 \triangleright

204,705.

46,367.

11 a

d All other revenuee Total. Add lines 11a-11d

Total revenue. See instructions.

c Net income or (loss) from sales of inventory

Miscellaneous Revenue

0.

0.

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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) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (C) Management and (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 60,032. trustees, and key employees 60,032. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 30,918. 30,918. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 14,702. 14,702. 10 Payroli taxes Fees for services (non-employees) 11 a Management b Legal c Accounting d Lobbyina e Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 30,110. 30,110. column (A) amount, list line 11g expenses on Sch O.) 160. 160. 12 Advertising and promotion 13 Office expenses 3.991. 3,991. Information technology 14 Royalties 15 4,428 4,428 16 Occupancy 19,003 19,003. Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,135. 3,135. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 3,262 3,262 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 20,798. 20,798. a SUPPLIES 6,394. BOOKS & SUBSCRIPTIONS 6,394. 2,145. 2,145. c STAFF DEVELOPMENT 1,587. d TELEPHONE 1,587. 4,061. e All other expenses 4,061. 204,726. 204,726. 0. 0. Total functional expenses Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 11,103 10,896. Cash · non-interest-bearing 25,903. 26,089. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a 10b b Less: accumulated depreciation 10c Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 37,006. 36,985 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 30 Capital stock or trust principal, or current funds 30 0. 0 Paid-in or capital surplus, or land, building, or equipment fund 31 37,006. 36,985. Retained earnings, endowment, accumulated income, or other funds 32 32 37,006. 36,985. 33 Total net assets or fund balances 37,006. 36,985. 34 Total liabilities and net assets/fund balances

Form 990 (2013)

	990 (2013) YOUNG CHILDREN	<u>03-031</u>	<u>.3379 </u>	Page '	<u>12</u>
	t XI Reconciliation of Net Assets		-	_	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>.,705</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>204</u>	<u>.,726</u>	
3	Revenue less expenses Subtract line 2 from line 1	3		<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37	,006	<u>5.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(<u>0.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B))	10	36	,98!	<u>5.</u>
Par	t XIII Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII				ᆚ
				Yes N	No_
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X_</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	- -	<u>X_</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,		1	
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the second	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ıngle Audıt			
	Act and OMB Circular A 133?		. <u>3a</u>		<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b	<u> </u>	

Form **990** (2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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Part I	Reason fo	<u>YOUNG Cl</u> or Public Chari	HILDKEN ty Status (All organiza	ations mile	t complete	this nart	See instr	uctions		<u>3-0313</u>	<u>313</u>	
			pecause it is (For lines 1									—
ne organi			oecause it is thor lines it s, or association of churc	•		•	•					
2 🗔			o(b)(1)(A)(ii). (Attach Sch		DEC 111 260		oj(ij(M)(I).					
3 🗔			al service organization d		o cootion	170/b)/1)/	A)(iii)					
	•		pperated in conjunction v				• • •	hV 1V AViii	\ Enter t	he hospital	l's name	
+ □	city, and state	_	perated in conjunction (with a Hosp	onal Geseri	DCG 111 360	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	од тдадаг	j. Lintoi t	ine nospital	o riarrio,	
5 <u> </u>	An organization section 170(on operated for the lb)(1)(A)(iv). (Comple	•	-				nental unit	describe	ed in		
7 =	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
'	_	o)(1)(A)(vi). (Comple	· · · · · · · · · · · · · · · · · · ·	or its suppl	on noma ;	governme	itai ai iit o	1101111110	gonorar	public dosc	11000 111	
8 🔲			ection 170(b)(1)(A)(vi). (Complete I	Part II)							
9 🗓			eives: (1) more than 33 1			om contrib	outions m	embershir	fees a	nd aross re	ceints fro	m
3 (22)	•	•	nctions - subject to certa					-		-	•	
		-	axable income (less sect									
		509(a)(2). (Complete		1011 0 1 1 1 12	y nom but	JII 103303 a	cquiica b	y tine organ	il Zatioi i	artor ourio t	,0, 10, 0.	
10 🔲			perated exclusively to tes	st for nubli	c safety. S	ee section	n 509(a)(4	3				
11 🗔			perated exclusively for the						out the	purposes o	of one or	
''	_	-	ations described in section									
		, ,	organization and comple		•		, 000 300	1,000	2)(0). 0			
	a Type I			pe III - Fur			d	Type	e III - Noi	n-functional	lly integra	ited
е 🗀			at the organization is not	•	-	•						
•			han one or more publicly									
f		_	tten determination from t						(4)(1) 01		-()()	
	•	ganization, check the				po 1, 1) po	п, от турс	• •••			ſ	
			organization accepted ar	ny aift or ca	ontribution	from any	of the follo	wing ners	enns?	•		
g	•		firectly controls, either al	• •		•				,	Yes N	No.
	• •	•	upported organization?	one or tog	011101 111111	porco a		() aa (, 20.011	11g(i)		
			n described in (i) above?		•					11g(ii)	I I	
	. ,	· •	a person described in (i) o		-7					11g(iii		
h	• •	-	about the supported or							(119)		
"	1 TOVIDE LITE I	ollowing information	about the supported of	garnzanorn	(3)							
	e of supported janization	(ii) EIN	above or IRC section	(iv) Is the o in col. (i) lis governing		(v) Dıd you organızat (i) of your	ion in col.	(vi) Is organizatio (i) organiz U.S	on in col. ed in the	(vii) Amount of monetary		
			(see instructions))	Yes	No	Yes	No	Yes	No			
	-							ĺ				
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T-4-1		1	1	1	1	1	1	1	1	1		

Schedule <u>A (Form 990 or 990-EZ) 2013</u>						Page 2
Part II Support Schedule for	Organizations	Described in	Sections 170	b)(1)(A)(iv) and	170(b)(1)(A)(v	
(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I o	r if the organization	n failed to qualify u	nder Part III If the	organization
fails to qualify under the tests	s listed below, plea	se complete Part I	11)			
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the	1					
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4 Section B. Total Support	<u> </u>		<u> </u>	1		
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on]				
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business	3					ľ
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		<u>], </u>	1		<u> </u>	
12 Gross receipts from related activitie					12	
13 First five years. If the Form 990 is f	or the organization	's first, second, th	rd, fourth, or fifth	tax year as a section	on 501(c)(3)	
organization, check this box and st. Section C. Computation of Pul	op here olic Support Pe	ercentage				<u>▶ L</u>
14 Public support percentage for 2013		···	column (fi)		14	%
	•	-	Column (i))		15	%
15 Public support percentage from 20 16a 33 1/3% support test - 2013. If the			on line 13, and line	e 14 is 33 1/3% or		
stop here. The organization qualifie						▶□
b 33 1/3% support test - 2012. If the				id line 15 is 33 1/39	% or more, check t	this box

17a 10% -facts-and-circumstances test - 2013. 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

and stop here. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2012. 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 Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990 EZ) 2013 YOUNG CHILDREN 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.)

Sec	etion A. Public Support	Month broader comp				· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	65,256.	194,509.	295,850.	146,461.	146,857.	848,933.
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	46,998.	89,108.		103,572.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513			<u> </u>			
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	112,254.	283,617.	376,109.	250,033.	193,038.	1215051.
	Amounts included on lines 1, 2, and			-			
	3 received from disqualified persons						_ 0.
ŀ	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						0.
	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)					-	1215051.
	ction B. Total Support	1	<u> </u>			·	,
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	112,254.				193,038.	1215051.
_	a Gross income from interest,			,			
	dividends, payments received on securities loans, rents, royalties and income from similar sources	484.	290.	234.	1.	186.	1,195.
	b Unrelated business taxable income						1
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					_	
	c Add lines 10a and 10b	484.	290.	234.	1.	186.	1,195.
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	15,001.	15,010.	13,670.	18,208.	11,481.	73,370.
13	assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)	100 000					
	First five years. If the Form 990 is for						
	check this box and stop here	J			•	(/ (/)	▶□
Se	ection C. Computation of Pub	lic Support Pe	ercentage				
	Public support percentage for 2013	•		column (f))		15	94.22 %
16				.,,		16	93.85 %
	ection D. Computation of Inve			" -			
17				<u> </u>		17	.09 %
						.12 %	
	19a 33 1/3% support tests - 2013. 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 - 2012. 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						
00	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						
(20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Schedule A	(Form 990 or 990-EZ) 2013 YOUNG CHILDREN	03-0313379 Page 4
Part IV	(Form 990 or 990-EZ) 2013 YOUNG CHILDREN Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line	e 17a or 17b, and Part III, line 12
	Also complete this part for any additional information (See instructions)	5 17 d 51 77 D, d.16 1 d.1 111, 1110 12
· · · · · · · · · · · · · · · · · · ·	Also complete this part for any additional information (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.

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

VT ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN

Employer identification number 03-0313379

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATION OF YOUNG CHILDREN FORM 990. PART VI. SECTION B. LINE 11: EXPLANATION: THE CPA PREPARES THE TAX RETURN WITH INFORMATION PROVIDED BY US. WHEN COMPLETED IT IS REVIEWED BY THE EXECUTIVE DIRECTOR AND OTHER BOARD MEMBERS AS DEEMED REASONABLE AND NECESSARY. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: BOARD AND ECECUTIVE DIRECTOR MONITOR COMPLIANCE WITH THE POLICY FORM 990, PART VI, SECTION B, LINE 15: EXPLANATION: SALARYS ARE DETERMINED IN ACCORDANCE WITH THE SCOPE OF WORK RESPONSIBILITIES OUTLINED ON JOB DISCRIPTIONS BY THE BOARD AFTER MARKET ANALYSIS AND BASED ON BUDGET GUIDELINES. SALARIES ARE SET AT DATE OF HIRE AND RAISES ARE REVIEWED ANNUALLY FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: INFORMATION IS PROVIDED UPON REQUEST FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES 30,110. MANAGEMENT AND GENERAL EXPENSES 0. 0. FUNDRAISING EXPENSES

Schedule O (Form 990 or 990 EZ) (2013) Name of the organization VT ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN	Employer identification number 03-0313379
TOTAL EXPENSES	30,110.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	30,110.
	-100