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SCANNED MAR 2 2 2013

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

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

Open to Public Inspection

A	For the	2012 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres	WATCH THEM GROW CHILDCARE CENTER			
	Name change				143655
	Initial return Termin ated	` aaa '	Room/suite	E Telephone number 802-2	222–4912
	Amend return Applica	City, town, or post office, state, and ZIP code		G Gross receipts \$	198,279.
L	tion pendin	BIGHET GREET VI 03033		H(a) Is this a group re	
	F	F Name and address of principal officer: GERALDINE FOWLER		for affiliates?	Yes X No
_		38 OXBOW DRIVE, BRADFORD, VT 05033		H(b) Are all affiliates incl	
		mpt status: X 501(c)(3) 501(c) () ((insert no) 4947(a)(1) (or 527	1	list. (see instructions)
		e: ► N/A		H(c) Group exemption	
		organization X Corporation Trust Association Other	L Year	of formation 2001 N	State of legal domicile VT
		Summary Briefly describe the organization's mission or most significant activities: THIS	CORPC	PATTON TS O	PCANIZED
õ	1 !	EXCLSIVELY FOR CHARITABLE AND EDUCATIONAL	I. PIIRE	OSES WITHIN	THE
nar	-	Check this box If the organization discontinued its operations or dispose		-	
Activities & Governance		Number of voting members of the governing body (Part VI, line 1a)	sea of filore	3	6
Ĝ		Number of independent voting members of the governing body (Part VI, line 1b)		4	6
ಇ ರ ೮		otal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	13
ij		otal number of volunteers (estimate if necessary)		6	0
ċį		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ď		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line h) RECEIVED		660.	7,640.
Revenue	1	Program service revenue (Part VIII, line 2g)		145,213.	178,905.
eve		nvestment income (Part VIII, column (A), இறு 3, 4, and 7d)		76.	22.
Œ		Other revenue (Part VIII, column (A), lines 2, 6d, 8cAsc, 10c, and 11 e)		4,590.	6,074.
		otal revenue add lines 8 through 11 (must equal Part VIII, column (A), dine 12)		150,539.	192,641.
		Grants and similar amounts paid (Part IX, column (A) [In EsN;3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		133,496.	156,693.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×	þ.	otal fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		23,918.	26,782.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		157,414.	183,475.
	19	Revenue less expenses. Subtract line 18 from line 12		-6,875.	9,166.
Net Assets or			Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	<u> </u>	44,697.	54,076.
et P	21	Total liabilities (Part X, line 26)	-	211.	424.
		Net assets or fund balances. Subtract line 21 from line 20		44,486.	53,652.
	art II	Signature Block			
	-	ties of perjury, I declare that I have examined this return, including accompanying schedule:		•	knowledge and belief, it is
true	e, correc	, and complete Declaration of preparer (other than officer) is based on all information of wh	non preparer	nas any knowledge	113
e:-		Sugnatural of confeet		Date	Щ 5
Sig		GERALDINE FOWLER, EXECUTIVE DIRECTOR		24.0	
He	re	Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d		11/10	3/02/13 of self-employe	[
	parer	Firm's name BATCHELDER ASSØCIATES, P.C.	·we	Firm's EIN	03-0337428
	Only	Firm's address 1 CONTI CIRCLE		THIII 3 CIIV	-5
J.,	· -···,	BARRE, VT 05641		Phone no 80	02-476-9490
Ma	v the IF	S discuss this return with the preparer shown above? (see instructions)		1	X Yes No

Pal	rt III Statement of Program Service Accomplishments	[
1	Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: None	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as meas	ured by expenses
₹	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	
	revenue, if any, for each program service reported	102 004
4a	(Code) (Expenses \$183,475. including grants of \$) (Revenue \$) PROVIDE QUALITY CHILD CARE SERVICES AND EDUCATIONAL OPPORT	182,984. UNITIES TO
	COMMUNITY MEMBERS IN THE SURROUNDING AREAS.	011111111111111111111111111111111111111
		
4b	(Code) (Expenses \$	- 11
	(Code) (Expenses \$	
		<u></u>
4c	(Code) (Expenses \$	
		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ Including grants of \$) (Revenue \$	\

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	V-
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	 -		
5	similar amounts as defined in Revenue Procedure 98·19? If "Yes," complete Schedule C, Part III	5		х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а		44-		x
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	The second secon			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		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
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			.,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		[,
	complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Form	gan	! (2012)
		- OHI	JJU	(CU C)

232003 12-10-12

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			l
	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 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ļ
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		-
250	disqualified person during the year? If "Yes," complete Schedule L, Part I	OE o		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		A
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			,
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
0.4	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			17
20	If "Yes," complete Schedule N, Part I	31	-	<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	00		X
33		32		
55	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
•	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000	-	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Earm.	aan /	2010

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				aye e
	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	····	res	NO
1a	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-0	4		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and report		ł		
С		able garriing		1	1
0-	(gambling) winnings to prize winners?	1	1c		
28	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	13			
		13	1	Х	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Λ.	<u> </u>
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2-	•	Х
3a			3a		
b	• • • • • • • • • • • • • • • • • • • •		3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	•			X
	financial account in a foreign country (such as a bank account, securities account, or other financial account	int) ?	4a		_^
Đ	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	ints.	_	1	v
5a		•	5a		X
b		?	5b		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	-	-
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have a supplication of the properties of the properti	anization solicit	_		J.
	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	١		
_	were not tax deductible?		6b	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).		l _		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	provided to the payor?	7a		X
			_7b		<u> </u>
С		quired	l _		v
	to file Form 8282?	1	7c		X
d			_		ĺ
e		ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	v	
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		7g	X	<u> </u>
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	Α	-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the		_	1	Х
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any til	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				v
a	Did the organization make any taxable distributions under section 4966?		9a		X
10	Did the organization make a distribution to a donor, donor advisor, or related person?		9Ь		^
10	Section 501(c)(7) organizations. Enter:	I			
a	Initiation fees and capital contributions included on Part VIII, line 12				ĺ
ь	• • • • • • • • • • • • • • • • • • • •	<u> </u>			
11	Section 501(c)(12) organizations. Enter:	I			
a		\			
ь	,-				
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable tructs, is the exemptation filing Form 900 in liquid Form 1941	2	40-		1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(a)(20) qualified personal health insurance insurance.	<u> </u>			į
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40		ļ
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	I			ĺ
_	organization is licensed to issue qualified health plans 13b	-			ĺ
	Enter the amount of reserves on hand	<u> </u>			Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Λ

Form 990 (2012)

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2012) 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 to any question in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5		
	If there are material differences in voting rights among members of the governing body, or if the governing			7		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	(5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other	1		
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under t	he dire	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	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,	stockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following			717 13-
а	The governing body?			8a	X	
ь	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 re	ached :	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	Code)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	re filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?	12b	Х	
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $$	Yes," d	escribe			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	•	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	7				
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		Х
	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 arrange	ement v	rith 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		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	anızatıo	n's			
	exempt status with respect to such arrangements?			16b		
	tion 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-	। (Sect	on 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply					
40	Own website Another's website X Upon request Other (explain		•			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest policy, ar	id finar	ıcıal	
00	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 a	and rec	ords of the organiza	ition:	_	
	BATCHELDER ASSOCIATES, PC - 802-476-9490 1 CONTI CIRCLE, BARRE, VT 05641		-			
	1 CONTI CIRCLE, BARRE, VT 05641					

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

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

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

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

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

(list any by hours for related organizations	X Check this box if neither the organization (A) Name and Title	(B) Average hours per week	(do	not c		C) Ition more rson	than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
(1) AMY FAHEY 1.00 MEMBER X (2) KAREN DANFORTH 1.00 PRESIDENT X (3) LIZ KINGSBURY 1.00 VICE PRESIDENT/TREASUREER X (4) ERICA THOMPSON 1.00 SECRETARY X (5) HOPE HUTCHINSON 1.00		(list any hours for related organizations below	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related organizations
(2) KAREN DANFORTH	(1) AMY FAHEY	1.00							_	_	
X 0. 0.	(EMBER	1.00	X				ļ		0.	0.	0
1.00 X 0. 0.	(2) KAREN DANFORTH	1.00	 			1					
VICE PRESIDENT/TREASUREER		1 00	X	_		<u> </u>		\vdash	0.	0.	0
(4) ERICA THOMPSON 1.00 SECRETARY X (5) HOPE HUTCHINSON 1.00		1.00	J								^
SECRETARY X 0. 0. (5) HOPE HUTCHINSON 1.00	712-2-	1 00	I V						<u> </u>	0.	0
(5) HOPE HUTCHINSON 1.00		1.00	·								
		1 00	^			-			0.	0.	
		1.00	Y						0	n	(
			-								
						_					

Form 990 (2012)

Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	compensated Employe	es (continued)				
- 4-4	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director of xo op you	not c	Pos heck ss pe	ition more rson irecto	than is bot or/trus	an one both an rustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organization (W-2/1099-MIS	on d s	com fr org	(F) stimate nount other apensarom the anizate denizate	of ation e ion ed
									_					
	·			 									 -	
		-									_			
	Sub-total						▶		0.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	II, Section A					>		0.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wi	no re	eceived more than \$100	,000 of reportab	le			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," complete Schedule J for s		uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on		3		х
4	For any individual listed on line 1a, is the su	ım of reportab		•					•	the organization		_		
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									idual for services	,	4		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J 1	for s	uch	pers	son			.		5_		X
1	Complete this table for your five highest co										npens	ation f	rom	
	the organization. Report compensation for (A)	the calendar y	ear	endı	ng v	vith	or w	<u>rithir</u>	n the organization's tax (B)	year.		(0	 ;)	
	Name and business	address	N	INC	<u>E</u>				Description of s	services		ompe		n
					_			-						
	Total number of independent contractors (i	ncluding but n	ot li	mıte	d to	tho	se la	sted	d above) who received n	nore than				
	\$100,000 of compensation from the organi	_					0		,					

1 41	V V 14	Check if Schedule O cont		to any question ii	n this Part VIII			
				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts	1 a	Federated campaigns	1a					
ira our	ь	Membership dues	1b					
Š,Š	С	Fundraising events	1c					
a ii		Related organizations	1d					
3,5		Government grants (contribut	 					
<u>5</u> 2		All other contributions, gifts, gran		-				
돌		similar amounts not included abo	I . I	7,640.				
들이	a	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	-	>	7,640.			
				Business Code				
e l	2 a	TUITION REVENUE	3	624410	178,905.	178,905.		
ا ۵ کّ	b							
SE	С							
eve	d							
Program Service Revenue	e							
۲	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		•	178,905.			
	3	Investment income (including	dividends, inter	est, and				
		other sımılar amounts)		▶	22.	22.		
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties		•	***************************************			
			(ı) Real	(II) Personal				
ļ	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		•			······	
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	C	Gain or (loss)						
	d	Net gain or (loss)						······································
e	8 a		g events (not					
Other Revenu		including \$						
Re		contributions reported on line	1c). See	7 655				
ĕ		Part IV, line 18	a	F (20				
ਰੈ		Less: direct expenses	. b	3,030.	2 017			2 017
		Net income or (loss) from fund			2,017.			2,017.
	9 a	Gross income from gaming ac						
		Part IV, line 19	a					
		Less: direct expenses	b					
		 Net income or (loss) from gan Gross sales of inventory, less 						
	iv a	and allowances						
		Less: cost of goods sold	a b					
		Net income or (loss) from sale	_					
		Miscellaneous Revenu		Business Code				
	11 a	COLUMN PACE PROC		624410	4,057.	4,057.	:	
	b							
	c							
	d							
	_	Total. Add lines 11a-11d		—	4,057.			
	12	Total revenue. See instructions		>	192,641.	182,984.	0.	2,017.
23200 12-10					•	<u> </u>		Form 990 (2012)

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor			ompiete column (A).	
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	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			1′ -1 111111 1	
4	Benefits paid to or for members				······
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	142,029.	142,029.		
7	Other salaries and wages	142,029.	142,029.		·
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions) Other employee benefits	68.	68.		
10	Payroll taxes	14,596.	14,596.		=-
11	Fees for services (non-employees):	1,7000	11,000		
''a	Management				
b	Legal				
c	Accounting	5,286.	5,286.		7-71-1-1
d	Lobbying		·		1
е	Professional fundraising services See Part IV, line 17			, , , , , , , , ,	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				}
	column (A) amount, list line 11g expenses on Sch O)			-10-2	
12	Advertising and promotion				
13	Office expenses	578.	578.		
14	Information technology				
15	Royalties	2 600	2 600		
16	Occupancy	3,600.	3,600.		
17	Travel	130.	130.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials			-	<u></u>
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,418.	3,418.		
24	Other expenses Itemize expenses not covered				
	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)				
а	GROCERIES	5,310.	5,310.		
b	PROGRAM SUPPLIES	4,883.	4,883.		
C	OPERATING SUPPLIES	1,126.	1,126.		
d	PROFESSIONAL DEVELOPMEN	680.	680.		
е	All other expenses	1,771.	1,771.		
25	Total functional expenses. Add lines 1 through 24e	183,475.	183,475.	0.	0.
26	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 I If following SOP 98-2 (ASC 958-720)				

Balance Sheet Part X Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 6,482. 13,281. 1 Cash · non-interest-bearing 25,837. 24,859. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 10,715. 15,561. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 1,663. 375. 5 Part II of Schedule L 6 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 Notes and loans receivable, net 8 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c **b** Less: accumulated depreciation 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 44,697. 54,076 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 -842.17 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 1,192. 424. 1,053. 25 Schedule D 211. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. 44,486. 53,652 30 30 Capital stock or trust principal, or current funds 0. 31 Paid in or capital surplus, or land, building, or equipment fund 31 0. 32 32 Retained earnings, endowment, accumulated income, or other funds 44,486. 53,652. 33 Total net assets or fund balances 44,697. 54,076. Total liabilities and net assets/fund balances

Form 990 (2012)

٠.			0110655		
	990 (2012) WATCH THEM GROW CHILDCARE CENTER	20-	3143655	Pag	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>41.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,4	
3	Revenue less expenses. Subtract line 2 from line 1	3			66.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	1,4	<u>86.</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	<u> </u>	_	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	53	3,6	52.
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				Щ
			ļ	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.		1	
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:		1 [
	Separate basis Consolidated basis Both consolidated and separate basis			1	ĺ
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,	.		
	consolidated basis, or both:		[į
	Separate basis Consolidated basis Both consolidated and separate basis				ĺ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			İ
	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 Sch	edule O	-		ĺ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit	1	i
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit		1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 ((2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. ► See separate instructions.

2012

Open to Public Inspection

Name of the organization

Employer identification number

			HEM GROW CHI							0-3143	<u>655</u>	
Part I			ity Status (All organiza					ructions.				
The organ	ızatıon ıs not a	private foundation	because it is: (For lines 1	through 1	11, check o	only one b	ox.)					
1 🔲	A church, cor	vention of churches	s, or association of churc	ches desci	nbed in se	ction 170	(b)(1)(A)(i)					
2	A school desc	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sch	hedule E.)								
3 🛄	•		tal service organization o									
4	A medical res	earch organization	operated in conjunction v	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(iii). Enter	the hospital	's nam	e,
	city, and state											
5	An organization	on operated for the	benefit of a college or un	iversity ov	vned or op	erated by	a governr	mental unit	describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	•		ent or governmental unit									
7 🔲	An organization	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public desc	rıbed II	n
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8 🖳	•		ection 170(b)(1)(A)(vi). (
9 X			eives: (1) more than 33 1									
			nctions · subject to certa									
	income and u	inrelated business t	axable income (less sect	ion 511 ta	x) from bus	sinesses a	cquired b	y the orga	nization	after June 3	0, 197	5.
		509(a)(2). (Complete	•									
10	-	_	perated exclusively to tes									
11			perated exclusively for th									or
	• •		ations described in section). See sec	tion 509(a	i)(3). Ch	eck the box	that	
			organization and comple					. — -				
	a Type I		•	-	nctionally i	-		* *		n-functional		
e			at the organization is not									n
			han one or more publicly						(a)(1) or	section 509	(a)(2).	
f	_		tten determination from t	ne IRS tha	atitisa iy	ре і, туре	II, or Type	9 111				
		rganization, check th				f=====================================	af tha fall.					ш
9			organization accepted an								Yes	No
		· ·	lirectly controls, either al	one or tog	emer with	persons c	iescribed i	iii (ii) aiiu (i	ii) below	11g(i)	162	140
	•		upported organization?							11g(ii)		
		-	n described in (i) above? i person described in (i) d		a?					11g(iii)		
h			about the supported org							(119/11)		
h	Flovide the it	onowing information	about the supported of	gamzanom	(3).							
(I) No	-4	(ii) FIN	(iii) Type of organization	(iv) is the o	rganization	(v) Did voi	ı notify the	(vi) Is	the	(vii) Amount	of mor	notanı
``	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col (i) lis		organizat	-	organizatio (i) organiza		, ,	port	letary
o.g.	amzation		above or IRC section	governing	document?	(i) of you	r support?	US	2	005	P 0	
			(see instructions))	Yes	No	Yes	No	Yes	No			
	-						_					
		_										
							_					
					ļ							
								1				
Total			<u> </u>	1				<u> </u>				
			, see the Instructions f					Schodul	A /Ear	m 990 or 99	n.E7\	2012

232021 12-04-12

Form 990 or 990-EZ.

Pa	art II Support Schedule for	Organization	s Described ir	Sections 170	(b)(1)(A)(iv) an	nd 170(b)(1	I)(A)(vi)
	(Complete only if you checked	the box on line	5, 7, or 8 of Part I	or if the organization	on failed to qualify	under Part !	II. If the organization
	fails to qualify under the tests	listed below, ple	ase complete Part	III.)			
Sec	ction A. Public Support			<u> </u>			
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	12 (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						
	amount shown on line 11,						
	column (f)			!			
6	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20°	12 (f) Total
	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						
	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						
	Gross receipts from related activities	, etc. (see instruct	tions)			12	
13	First five years. If the Form 990 is fo	r the organization	's first, second, th	ird, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
	organization, check this box and stop	here					▶□
Se	ction C. Computation of Publ	ic Support Po	ercentage				
14	Public support percentage for 2012 (line 6, column (f)	divided by line 11,	column (f))		14	9/
15	Public support percentage from 2011	Schedule A, Par	rt II, line 14			15	9/
16	a 33 1/3% support test - 2012. If the	organization did n	not check the box	on line 13, and line	14 is 33 1/3% or	more, check	this box and
	stop here. The organization qualifies	as a publicly sup	ported organizatio	n			ightharpoons
1	b 33 1/3% support test - 2011. If the	organization did r	not check a box on	line 13 or 16a, and	d line 15 is 33 1/3	% or more, o	heck this box
	and stop here. The organization qua						▶□
17	a 10% -facts-and-circumstances tes				e 13, 16a, or 16b,	, and line 14	is 10% or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
ı	b 10% -facts-and-circumstances tes					r 17a, and lin	e 15 is 10% or
	more, and if the organization meets t						

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) 2012

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

Section A. Public Support	now, please com	piete rait ii.)						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1 Gifts, grants, contributions, and	(0) 2000	(6) 2003	(0) 2010	(4) 2011	(0) 2012	(i) Total		
membership fees received. (Do not			•					
include any "unusual grants.")								
, ,					-			
2 Gross receipts from admissions, merchandise sold or services per-			•	ļ				
formed, or facilities furnished in								
any activity that is related to the								
organization's tax-exempt purpose								
3 Gross receipts from activities that								
are not an unrelated trade or bus-								
iness under section 513								
4 Tax revenues levied for the organ-								
ızatıon's benefit and either paid to								
or expended on its behalf								
5 The value of services or facilities								
furnished by a governmental unit to					1			
the organization without charge								
6 Total. Add lines 1 through 5								
7a Amounts included on lines 1, 2, and								
3 received from disqualified persons								
b Amounts included on lines 2 and 3 received						*		
from other than disqualified persons that								
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c Add lines 7a and 7b								
8 Public support (Subtract line 7c from line 6)				_		0.		
Section B. Total Support		1	ł	1				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
9 Amounts from line 6	(4) 2000	(5) 2000	(6) 2010	(4) 2011	(0, 2012	(-) 10.00		
10a Gross income from interest,								
dividends, payments received on								
securities loans, rents, royalties								
and income from similar sources								
b Unrelated business taxable income			}					
(less section 511 taxes) from businesses								
acquired after June 30, 1975			-	 				
c Add lines 10a and 10b								
11 Net income from unrelated business activities not included in line 10b,								
whether or not the business is								
regularly carried on								
12 Other income. Do not include gain or loss from the sale of capital								
assets (Explain in Part IV.)						<u> </u>		
13 Total support. (Add lines 9, 10c, 11, and 12)				ļ,.		0.		
14 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,		
check this box and stop here						▶□		
Section C. Computation of Publ	c Support Pe	ercentage			··	.00 %		
15 Public support percentage for 2012 (I	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))							
16 Public support percentage from 2011	Schedule A, Par	t II <u>I, line 15</u>			16	100.00 %		
Section D. Computation of Inves	stment Incom	ne Percentage	1					
17 Investment income percentage for 20					17 .00 %			
18 Investment income percentage from			,,,		18 %			
19a 33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than	<u> </u>			
more than 33 1/3%, check this box a						▶ □		
b 33 1/3% support tests - 2011. If the						and		
line 18 is not more than 33 1/3%, che						, [
20 Private foundation. If the organization								

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

WATCH THEM GROW CHILDCARE CENTER

Employer identification number 20-3143655

Pai	TI Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the	
	organization answered "Yes" to Form 990, Part IV, line	e 6		
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring	
	impermissible private benefit?		Yes	No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, P		
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e		torically important land area	
	Protection of natural habitat	Preservation of a certi		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the las	t
	day of the tax year.			
			Held at the End of the Tax \	/ear
а	Total number of conservation easements		2a	
ь	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax	
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements	t holds?	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	uring the year 🕨	
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year ► \$	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170((h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?		Yes	No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	statement, and balance sheet, and	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	the organization's accounting for	
	conservation easements.			
Pa	rt III Organizations Maintaining Collections o		ther Similar Assets.	
	Complete if the organization answered "Yes" to Form	·· · · · · · · · · · · · · · · · · · ·		
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherai	nce of public service, provide, in Part >	KIII,
	the text of the footnote to its financial statements that descr			
ь	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of put	blic service, provide the following amoi	unts
	relating to these items:		_	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$	
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre		l gain, provide	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$	
b	Assets included in Form 990, Part X		> \$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

232053 12-10-12

Schedule D (Form 990) 2012

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

WATCH THEM GROW CHILDCARE CENTER 20-3143655

Part I	Excess Bene	fit Transa	cti	ons (section 50)1(c)(3	3) and s	section 501(c)(4) org	anızatıons only).							
	Complete if the o	rganization a	answ	ered "Yes" on F	orm 9	990, Pa	art IV, line 25a or 25b	o, or Form 990-EZ,	Part V,	line 40	0b.			_	
1 (a) Na	me of disqualified p	erson ((b) Relationship between disqualified person and organization				ified (c	(c) Description of transaction					(d) Corrected?		
(a) Na		CISOII							110000			_ Y	es	No	
	<u> </u>														
		ļ. <u> </u>													
								<u>_</u>							
	the amount of tax in on 4958	ncurred by th	ne oi	rganization man	agers	or disc	qualified persons du	ring the year unde	•	> \$					
3 Enter	the amount of tax, I	f any, on line	2, a	above, reimburs	ed by	the or	ganization			▶ \$					
Dow If	Loans to and	Vor Erom	l=+	orastad Bar	2000										
Part II															
		_					, Part V, line 38a or F	Form 990, Part IV,	line 26;	or if th	ne orga	anızatı	on		
	reported an amou	unt on Form (b) Relations				2 oan to or		T	Τ,		(h) Ap	nroved	(2) 14		
	a) Name of rested person	with	of loan fro			n the	(e) Original principal amount	(f) Balance due) In ault?	by board or		(i) Written agreement?		
into	cated person	organizatio	tion		organization?					default?		001111111111111111111111111111111111111			
CEDALI	DINE EOUTE			CONTRACTOR	То	From X	3,539.	375	Yes	No X	Yes	No	Yes	No	
3ERALI	DINE FOWLE			CONTINUE		<u>^</u>	3,339.	3/3	•	_ A	<u>^</u>				
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otal			n	-dili l-l	4-	-d D	\$	375	•[1		<u> </u>		
Part III	Grants or As			_											
	Complete if the o		ansv	vered "Yes" on f	orm (990, Pa									
(a) Name of Interested person			(b) Relationship between interested person and the organization				(c) Amount of assistance		(d) Type of assistance		(e) Purpose of assistance				
		······································													
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See Part V for Continuations

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

Schedule L (Form 990 or 990-EZ) 2012

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.

Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

WATCH THEM GROW CHILDCARE CENTER

Employer identification number 20-3143655

			WA.	ICU IUFI	GR	JW Ch.	TIDC	CARE CENTER 20-3143033	
Form	990,	Part	<u>I</u> , I	Line 1,	Des	cript	ion (of Organization Mission:	
MEAN	NG O	F SEC	TION	501(C)(3) (<u>Э</u> F ТНІ	E IN	NTERNAL REVIEW CODE.	
Form	990,	Part	VI,	Section	В,	line	11:	: At the monthly Board Meeting	
Form	990,	Part	VI,	Section	В,	Line	12c	C: UPON REQUEST	
		-							
Form	990,	Part	VI,	Section	c,	Line	18:	: UPON REQUEST	
Form	990,	Part	VI,	Section	c,	Line	19:	: UPON REQUEST	
	-		_				-,		
									
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