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ALLIANCES 030 09/2011 2 02 PM Form

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.

OMB No 1545-0047 2009 Open to Public Inspection

—— А	For the 200	9 calendar v	ear, or tax year beginning $10/01/09$, and ending $0.9/30/1$	0		
_	Check if applical		C Name of organization ALLIANCE FOR MULTICULTURAL		D Emplo	yer identification number
	Address change	use IRS	COMMUNITY SERVICES			,
\exists	_	label or		76-	0171217	
ᆜ	Name change	print or type.	Doing Business As Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number
	Initial return	See	6440 HILLCROFT AVENUE	411	•	-776- 4 700
	Termination	Specific	City or town, state or country, and ZIP + 4	444	G Gross recei	
$\overline{}$	Amended return	Instruc- tions.	HOUSTON TX 77081		G GIUSS IECE	pis 5 0,002,333
닉		E Nor	e and address of principal officer	·	LL/al to the a	a account and tree for
	Application pen	ung j	NI ROSE KEO		l ''	a group return for s? Yes X No
			40 HILLCROFT SUITE 401		affiliate H(b) Are all	affiliates
			USTON TX 77081		ınclude	
_					It No,	attach a list (see instructions)
÷	Tax-exempt		501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 ALLIANCEONTHEWEB.ORG	· · · · · · · · · · · · · · · · · · ·		
	Website:	[1	222	exemption number ► M State of legal domicile TX
	Type of organizers	Summa		Year of formation 1	360	M State of legal domicile TX
	T T		he organization's mission or most significant activities.			
	1	•	A COMPREHENSIVE MIX OF SOCIAL AND COMMUNITY DEV	ET ODMENTE	POUTCE	С ШО
če			, IMMIGRANTS AND LOW INCOME RESIDENTS OF HARRIS			•
nar			FICIENT AND IMPROVE THEIR QUALITY OF LIFE.	COUNTI	DECOM	
Governance			If the organization discontinued its operations or disposed of more than 25%	of its not seest	_	
ဖိ			members of the governing body (Part VI, line 1a)	o or its riet asset	1 1	8
රේ ග	1	_			3	8
iţi	1	-	endent voting members of the governing body (Part-VI, line 1b) employees (Part V, line 2a) RECEIVED	1	4	66
Activities	ŀ			10	5	6
ĕ			volunteers (estimate if necessary)	တ္တု	6	0
	1		ated business revenue from Part VIII, column (C), http://discourses.com/siness taxable income from Form 990-T, line 34	080-81	7a	0
—	D Net	unrelated bu	siness taxable income from Form 990-T, line 34	Prior Ye	7b	Current Year
	8 Cont	tributions an	d grants (Part VIII, line 1h) OGDEN, UT		2,365	4,243,691
uge.	9 Proc		revenue (Part VIII, line 2g)		2,038	1,632,899
Revenue	10 Inve		ne (Part VIII, column (A), lines 3, 4, and 7d)		3,519	15,929
ď	11 Othe		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,633	178,777
	j.	•	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0,555	6,071,296
	T		ar amounts paid (Part IX, column (A), lines 1–3)		3,302	2,269,537
			or for members (Part IX, column (A), line 4)			<u> </u>
s	15 Sala	nes, other c	ompensation, employee benefits (Part IX, column (A), lines 5–10)	1,96	5,460	2,235,696
penses	16a Prof		draising fees (Part IX, column (A), line 11e)		3,776	
ē	. b Tota	l fundraising	expenses (Part IX, column (D), line 25) ▶ 74,204			
ă	17 Othe	er expenses	(Part IX, column (A), lines 11a–11d, 11f–24f)	1,47	8,423	1,730,936
	18 Tota	l expenses	Add lines 13–17 (must equal Part IX, column (A), line 25)	4,92	0,961	6,236,169
		enue less ex	penses. Subtract line 18 from line 12	7	9,594	-164,873
Sor	Sez			Beginning of Cu		End of Year
set	මූ 20 Tota	ıl assets (Pa	,		0,256	3,679,666
Net Assets or	21 Tota	•	Part X, line 26)		8,667	2,382,950
			nd balances Subtract line 21 from line 20	1,46	1,589	1,296,716
	Part II		re Block	 		
		Under pena	tties of perjury, I declare that I have examined this return, including accompanying schedules ai Lis trup, correct, and complete Declaration of preparer (other than officer) is based on all inform	nd statements, and	to the best of	f my knowledge
	=	(In the second of	nation of which pre	1	Kilowiedge
21	gn 7		yaciptalpel ()			
HE	ere D		INI ROSE KEO _ Imletem Executello	2:	∕ ∠ a Date	01 12- 1211
	-		r print name and title	4) (ree	D7_	16-15-2011
_	 	y Type o	· · · · · · · · · · · · · · · · · · ·			Preparer's identifying number
P	pig p	Preparer's	Date	Check self-	ıf	(see instructions)
	eparer's	signature		9/11 employ	/ed ▶ 🔝	1000000
		Firm's name	B 2040 BOOM OBT BITTO AME 1200		EIN ▶	76-0488832
1	Only	If self-emplo			Phone	712 000 1000
_	1	address, ar	10002011, 211 1,000 007.1		no	713-968-1600
			eturn with the preparer shown above? (see instructions)	-		Yes No
DA	אירייענע A A	ct and Pape	rwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)

· ; r

Form **990** (2009)

Pa	rt III St	atement of Program	Service Accomplishments				
1		e the organization's missi					
P	ROVIDE	A COMPREHENS	IVE MIX OF SOCIAL AN	D COMMUNITY DEV	ELOPMENT SE	RVICES	S TO
R	EFUGEES	, IMMIGRANTS	AND LOW INCOME RESI	DENTS OF HARRIS	COUNTY TO	BECOM	2
S	ELF-SUF	FICIENT AND	IMPROVE THEIR QUALIT	Y OF LIFE.		•	
			· · · · · · · · · · · · · · · · · · ·				
2			ificant program services during the year	which were not listed on		I1	
	•	n 990 or 990-EZ?				Yes	X No
		nbe these new services or					
3		ization cease conducting,	or make significant changes in how it coi	nducts, any program			
	services?					Yes	X No
		nbe these changes on Sch					
4			nents for each of the organization's three				
			ations and section 4947(a)(1) trusts are		grants and		
	allocations to	otners, the total expenses	, and revenue, if any, for each program s	ervice reported.			
42	(Code) (Expenses \$	5 , 732 , 441 including grants of	f \$ 2,269,537) (Payanua ¢		<u> </u>
			TTLEMENT AND EDUCAT				,
_	1.0 1 1 1 1		I I DELLINI TAID LOCATI	ORAL BERVICES I	o rest ogses		
			•		•		
				•			
			•				
					•		
			·		•		
4b	(Code:) (Expenses \$	including grants of	f \$) (Revenue \$)
	•	,, ,		·	, (•	,
					•		
					•		
				·			
	,						
4c	(Code:)(Expenses \$	including grants o	of \$) (Revenue \$.)
					•		
							
4d		m services (Describe in S	•				
	(Expenses		including grants of \$ 5,732,441) (Revenue \$			
40	i otai progra	m service expenses 🕨	J,/32,441				

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,"			Γ			
	complete Schedule A				1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?			Ī	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			. [
	Schedule C, Part II				4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)						
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III				5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			r			
	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,			ı			
	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,"			F	•		
	complete Schedule D, Part III				8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			F			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"						
	complete Schedule D, Part IV			- 1	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			ŀ	<u> </u>		
	quasi-endowments? If "Yes," complete Schedule D, Part V				10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			ı			
	VII, VIII, IX, or X as applicable				11	x	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			- 1			
	Schedule D, Part VI					- 1	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more					1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.					1	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more					1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.					1	
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets					1	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX					1	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			į		1	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1		1	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.					1	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
	Schedule D, Parts XI, XII, and XIII			. [12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?		Yes	No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A		X	l		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?				14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				į		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I				14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any						
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II			L	15		X
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, Part III			L	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				Ī		
	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?			- 1			
	If "Yes," complete Schedule G, Part III			L	19	X	L
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H				20		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22	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		<u> </u>
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		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	pnor year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
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,		ļ	
	Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			<u></u>
	III, IV, and V, line 1	34	<u> </u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	ŀ		
	Schedule R, Part V, line 2	35	ļ	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related		1	42
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	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 11 and		4.5	
_	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Forr	n 990	(2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 75 U.S. Information Returns Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 66 Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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 X account)? 4a If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 76 X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as X required? 7h 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 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter-Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Form 990 (2009) · ...

	IT VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b	balaw and		age b
га	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or	•		
	Schedule O. See instructions.	changes in		
Sec	tion A. Governing Body and Management			
560	tion A. Coverning Body and Management	-— ₁	Yes	No.
1a	Enter the number of voting members of the governing body	F	169	No
b	Enter the number of voting members that are independent 1b 8	—-		
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 organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
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		X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	renue Code.)			
		ـــــــم	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	1 1		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		ļ <u>.</u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	1 1		
	form?	11	X	ļ
11a	, , , , , , , , , , , , , , , , , , , ,			
12a	1 , 1 , 1	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		X
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		v	
40	describe in Schedule O how this is done	. 12c	X	├──
13 14	Does the organization have a written whistleblower policy?	13	X	
	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	1
a b	Other officers or key employees of the organization	15a 15b		x
.,	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	130		 -:-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			I
	with a taxable entity during the year?	16a		x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100		 -
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			1
	the organization's exempt status with respect to such arrangements?	16b		1
Sec	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-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ YANI ROSE KEO 6440 HILLCROFT SUITE 401			
H	OUSTON TX 77081	713-47	6-4	700

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

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. Use Schedule J-2 if additional space is needed
- 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 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 the organization (A) Name and Title	(B) Average			(Checl	C) k all t	hat ap	opły)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MS. SUE DAVIS		Ī								
BOARD CHAIR	5.00	X		X		-		0	0	0
CUONG M. LEE	F 00	x							م	•
BOARD MEMBER DR. PATRICK LEUNG	5.00	^			┝			0	0	0
BOARD MEMBER	5.00	$ \mathbf{x} $					1	ol	o	0
KHEANG VEN	3.00	^	├	\vdash		\vdash	H	-		
BOARD MEMBER	5.00	x	ļ					o	o	0
STACEY-ANN WILLIA		 					\vdash			<u>_</u>
TRESURER	5.00	x			Ì			o	o	0
ASTAKIE ZIKARGE			_							
SECRETARY	5.00	X						l o	0	0
GIN RU LEE										
BOARD MEMBER	5.00	X						0	0	0
YANI ROSE KEO						'				
EXECUTIVE DIRECTOR	40.00		<u> </u>	X			L.	0	0	0
MR. KASSAHUN BISF			1							
	40.00	-				X		101,193	0	0
	 	+	+-	+-	 	 	 			

Pa	rt VII Section A. Officers	, Directors, Trus	tees	, Ke	y Em	ploy	ees,	and	d Highest Compensated E	mployees (continued)	_			age e		
	(A) Name and Title	(B) Average hours per			(Checl	;)		(D) Reportable	(E) Reportable		(F) Estimated amount of					
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	cc o	othe ompens from t organiza and rela organiza	r ation he ation ated			
													_			
																
																
				_												
			_													
											l l					
				_												
1b	Total			<u></u>			<u> </u>	<u> </u>	101,193							
2	Total number of individuals (inc	-		_	ose	liste	d abo	ve)) who received more than \$10	00,000 in			,			
	reportable compensation from	the organization I	<u> </u>	1									Vaa	Na		
3	Did the organization list any fo employee on line 1a? If "Yes,"								ee, or highest compensated			3	Yes	No X		
4	For any individual listed on line the organization and related or	1a, is the sum of	f rep	ortat	ole co	mpe	ensat	ion						x		
5	individual Did any person listed on line 1s services rendered to the organ											5		x		
Sec	tion B. Independent Contract															
1	Complete this table for your fiv compensation from the organization	zation	nsate	ed in	depe	nder	nt coi	ntrad					(C)			
	Name and business address									(B) tuon of services		Co	(C) mpensa	ton		
	ATHOLIC CHARITIES OUSTON	TX	: 7	70	06	290 			UISIANA STREET CASE MANAGEMEN	T			203	3,330		
								<u> </u>				·				
		<u>. </u>														
	Total number of independent of	contractors (includ	ling 1	but n	ot lin	nted	l to th	1050	e listed above) who received							
-	more than \$100 000 in compe	•	_				เบน	.vae	o nated above) who received							

	(2009) ALLIANCE FO		TICULTURAL	_	76-0171217		Page 9
Part V	III Statement of Reve	nue	· · · · · · · · · · · · · · · · · · ·	(A)	(B)	(C)	(0)
				Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>ಕ್ಷ ಭ</u> 1a	Federated campaigns	1a					
ᅘ	Membership dues	1b					
် ရှိန် ပ	Fundraising events	1c					
<u>gra</u> d	Related organizations	1d					
S.E. e	Government grants (contributions)	1e	4,243,691				
육립 f	All other contributions, gifts, grants,						
들됨	and similar amounts not included above	1f					
Contributions, gifts, grants and other similar amounts and other similar amounts		1f \$					
	Total. Add lines 1a-1f		<u> </u>	4,243,691			
2			Busn. Code	740 001			
9 2a			900099	748,961	748,961		
e b			900099	588,197	588,197		-
<u> </u>		NG	900099	193,360 55,240	193,360 55,240		-
S d	•		900099	47,141	47,141		-
gran	PROGRAM FEES All other program service reve	0110	900099	47,141	47,141	٠.	
2	Total. Add lines 2a–2f	iue	•	1,632,899			
	Investment income (including of	dividends in		1,032,033			
	other similar amounts)		•	15,929			15,929
4	Income from investment of tax	exempt bo	· -				
5	Royalties		>			·	
	(ı) Real		(II) Personal				
6a	Gross Rents 130	,719					
b	Less rental exps						
C	Rental inc or (loss) 130	,719					
	Net rental income or (loss)		•	130,719			130,719
/a	sales of assets		(II) Other	1			
	other than inventory						
b	Less cost or other						
	basis & sales exps			1			
1	Gain or (loss)			-			1
	Net gain or (loss)	<u> </u>					<u> </u>
ալ 8a	Gross income from fundraising eve	nts					
<u>=</u>	(not including \$			1			
Ş S	of contributions reported on line 1c		76 406	1			
Other Revenue	See Part IV, line 18 Less direct expenses	а b	76,406 37,717	1			
요	Net income or (loss) from fund			38,689	38,689		‡
	Gross income from gaming activitie		113	30,005	30,003		
"	See Part IV, line 19	~ a	703,291	1			1
Ь	Less. direct expenses	ъ́Н	693,922	1			
	Net income or (loss) from gam	~	`	9,369	9,369		
	Gross sales of inventory, less				, , , , , , , , , , , , , , , , , , , ,		
	returns and allowances	a		Į			
b	Less: cost of goods sold	ь		<u> </u>			
1	Net income or (loss) from sale	s of invento	ry 🕨]		Ţ
	Miscellaneous Revenu	е	Busn. Code				
11a							
b							
c							
d	All other revenue						
9	Total. Add lines 11a-11d		▶				
12	Total Revenue. See instruction	ns.	<u> </u>	6,071,296	1,680,957		0 146,648 Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		- CAPCAGES	g	
-	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			······	
_	the U.S. See Part IV, line 22	2,269,537	2,269,537		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,			····	
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
v	persons (as defined under section 4958(f)(1)) and				
		}	·		
-	persons described in section 4958(c)(3)(B)	1,740,758	1,618,094	87,322	35,342
7	Other salaries and wages	1,740,738	1,010,094	61,322	33,342
8	Pension plan contributions (include section 401(k)	50,397		E0 207	
_	and section 403(b) employer contributions)	444,541	444,541	50,397	
9	Other employee benefits	444,541	444,541		-
10	Payroll taxes				
11	Fees for services (non-employees)	E10 070	420 412	07 147	E10
a	Management	518,070	430,413	87,147	510
b	Legal				····
С	Accounting				
d	Lobbying				
9	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	<u></u>			
20	Interest	91,153	6,507	84,646	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	93,847	31,185	62,662	
23	Insurance	41,372	41,372		
24	Other expenses. Itemize expenses not			1	
	covered above. (Expenses grouped together			1	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)			1	
а	SUBCONTRACTORS	448,949	448,949		
b	OTHERS	152,675	133,157	4,652	14,866
С	OPERATIONS AND MAINTENANC	119,393	105,407	3,553	10,433
d	CLIENT IDA MATCH EXPENSES	115,948	115,948		
е	UTILITIES	65,548	65,548		
	All other expenses	83,981	21,783	49,145	13,053
25	•	6,236,169	5,732,441	429,524	74,204
26		-,,	-,,	,	: : / = 0 -
_0	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA	randraiong conditation	·			Eorm 990 (2000)

Part :	X Balance Sheet		<u></u>			
				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing .	•	L	1,100,166	1	839,933
2	Savings and temporary cash investments		L	195,304	2	200,298
3	Pledges and grants receivable, net			795,763	3	<u>852,641</u>
4	Accounts receivable, net			196,007	4	193,905
5	Receivables from current and former officers, directors, to	ustees, key		,		
	employees, and highest compensated employees Comp	lete Part II of			-	
- 1	Schedule L				5	
6	Receivables from other disqualified persons (as defined to	inder section			I	
	4958(f)(1)) and persons described in section 4958(c)(3)(E	3) Complete			I	
	Part II of Schedule L		i_		6	
Assets 8	Notes and loans receivable, net			133,414	7	292,134
SS 8	Inventories for sale or use	·			8	
⋖ 9	Prepaid expenses and deferred charges	_			9	
10:	Land, buildings, and equipment: cost or					
	other basis. Complete Part VI of Schedule D		21,797		1	
t	Less accumulated depreciation	10b 7	21,042	1,389,602	10c	1,300,755
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	Other assets See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34			3,810,256	16	3,679,666
17	Accounts payable and accrued expenses			22,470	17	180,256
18	Grants payable		L	•	18	
19	Deferred revenue		L		19	
20	Tax-exempt bond liabilities		L		20	
g 21	Escrow or custodial account liability Complete Part IV of	Schedule D	L		21	
Liabilities 51	Payables to current and former officers, directors, trustee	s, key			I	
اڇَ	employees, highest compensated employees, and disqua	alified			I	
ובֿי	persons. Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated third	parties		1,462,792	23	1,465,320
24	Unsecured notes and loans payable to unrelated third pa	rties		220,273	24	154,251
25	Other liabilities. Complete Part X of Schedule D			643,132	25	583,123
26	Total liabilities. Add lines 17 through 25			2,348,667	26	2,382,950
န္မ	Organizations that follow SFAS 117, check here ▶ 2	K and				
Balances 27 28	complete lines 27 through 29, and lines 33 and 34.					
<u>e</u> 27	Unrestricted net assets			1,461,589	27	1,296,716
m 28	Temporarily restricted net assets				28	
[29	Permanently restricted net assets	<u></u>	<u></u>		29	
교	Organizations that do not follow SFAS 117, check he	re 🕨 🗌			I	
Net Assets or Fund 30 31 33 34	and complete lines 30 through 34.				1	
<u>ين</u> 30	Capital stock or trust principal, or current funds		_		30	
8 31	Paid-in or capital surplus, or land, building, or equipment	fund			31	
X 32	Retained earnings, endowment, accumulated income, or	other funds	L		32	<u></u>
a 33	Total net assets or fund balances		L	1,461,589		1,296,716
Z 34	Total liabilities and net assets/fund balances			3,810,256	34	3,679,666

Form **990** (2009)

<u>Form</u>	990 (2009) ALLIANCE FOR MULTICULTURAL 76-0171217		Pag	ge 12
Pa	rt XI Financial Statements and Reporting			
_			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 O.			į
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in	[]		
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			ĺ
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			i
	the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	
		Form	n 990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALLIANCE FOR MULTICULTURAL COMMUNITY SERVICES

Employer identification number 76-0171217

Pa	art F	Reaso	on for Public Charity	Status (All organizations	must co	mplete	this p	art.) S	ee ins	tructio	ons.		
he (orgar	nzation is not a	private foundation because	it is (For lines 1 through 11, che	ck only or	ne box)					··-		
1	\Box	A church, con	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(<i>A</i>	A)(i).						
2													
3	П				on 170(b)	(1)(A)(iii).							
4	Ħ	-	•	in conjunction with a hospital de	, ,			(A)(iii).	Enter th	e hospi	ital's name.		
•	ш	city, and state		oon,aneaen mere neephar as				,,,,,,,,,		ю поор.	,		
5	\Box	•		a college or university owned or	onerated	hy a gove	rnments	d unit de	scabod	ın			
•	Ш	-	·		operateu	by a gove	iiiiiieiile	ii uiiit ue	SCHEE	""			
	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
6													
7													
_	described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8	· 吕 · · · · · · · · · · · · · · · · · ·												
9	Ш	_		more than 33 1/3 % of its support				-		-			
				ot functions—subject to certain e	•					f its			
		• •		unrelated business taxable inco	•		11 tax) fr	om busi	nesses				
				, 1975. See section 509(a)(2). (•	,							
10	Н	- .	•	clusively to test for public safety		•							
11	Ш	•	•	clusively for the benefit of, to pe				•					
		• •		d organizations described in sec	•	, , ,		,		tion			
				e type of supporting organization	•		11e thr	ough 11	h.				
		a Type	··	c Type III–Functions			d {		e III–Oti	ner			
0	Ш			nization is not controlled directly									
			-	nd other than one or more public	cly support	ted organ	zations	describe	d in sec	tion			
			ection 509(a)(2)										
f		· ·		mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from ar	ny of the							
		following per	sons?										· · · · ·
		(i) A person	who directly or indirectly cor	itrols, either alone or together wi	th persons	describe	d ın (ıı)					Yes	No
		and (iii) b	pelow, the governing body of	the supported organization?							11g(i)	↓	
		(ii) A famıly	member of a person describe	ed in (i) above?							11g(ii	4	
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iı	i)	<u> </u>
h		Provide the f	ollowing information about the	e supported organization(s).									
(i)		e of supported	(ii) EIN	(iii) Type of organization	1 ' '	organization		ou notify		ls the	(vii) An	nount of	
	org	anızatıon		(described on lines 1–9	1	sted in your document?		nization in of your	organizat	on in col zed in the		port	
				above or IRC section (see instructions))	governing	document		port?		S ?	ļ		
					Yes	No	Yes	No	Yes	No			
											1		
						L			ļ				
								ļ					
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					<u> </u>								
]							
					 	<u> </u>		 					
			l <u>-</u> .]					

ALLIANCE FOR MULTICULTURAL 76-0171217 Schedule A (Form 990 or 990-EZ) 2009 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 3,374,098 4,549,378 4,429,020 4,112,365 4,243,691 20,708,552 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 3,374,098 4,549,378 4,429,020 4,112,365 4,243,691 20,708,552 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) Public support. Subtract line 5 from line 4 20,708,552 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 3,374,098 4,549,378 4,429,020 4,243,691 4,112,365 20,708,552 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 10,824 133,673 146,648 291,145 sources Net income from unrelated business activities, whether or not the business is 417,836 62,479 9,369 489,684 regularly carned on 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 21,489,381 12 Gross receipts from related activities, etc (see instructions) 12 2,412,596 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 96.37% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2008. 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

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) 2009

Page 3

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

	(Complete only if you che	cked the box o	on line 9 of Pai	π (.)			
	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
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						
С	Add lines 7a and 7b						ļ
8 	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,			1			
	and 12)		l	1		,	
14	First five years. If the Form 990 is for the o	•	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here				·		<u> </u>
Sec	tion C. Computation of Public Su	pport Percent	tage			T.	T
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	(f))		15	%
16_	Public support percentage from 2008 Sche					16	%
<u>Sec</u>	tion D. Computation of Investme						T
17	Investment income percentage for 2009 (lin		· ·	column (f))		17	†
18	Investment income percentage from 2008 S	•				18	%
19a	33 1/3 % support tests—2009. If the organ						. —
	17 is not more than 33 1/3 %, check this bo		= :	-	•		▶ [_
b	33 1/3 % support tests—2008. If the organ						, r
20	line 18 is not more than 33 1/3 %, check the				-		₹

Schedule A (Form 990 or 990-EZ) 2009 ALLIANCE FOR MULTICULTURAL

76-0171217

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Name of the organization Employer identification number ALLIANCE FOR MULTICULTURAL COMMUNITY SERVICES 76-0171217 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

. . . .

Pa	rt III Organizations Maintaining (Collections of Art	, Historical Treas	ures, or Other	Similar Assets	(continued)		
3	Using the organization's acquisition, accession, collection items (check all that apply).	and other records, chec	ck any of the following t	hat are a significant	use of its			
а	Public exhibition	d Loai	n or exchange program	s				
b	Scholarly research	e 🗌 Othe	er					
C	Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV							
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be	ceive donations of art, I	historical treasures, or o	other similar		Yes No		
Da	ert IV Escrow and Custodial Arrar				Ves" to Form C			
	IV, line 9, or reported an amo			ilion answered	165 10 1011113	30, i ait		
12				acceta not				
Id	Is the organization an agent, trustee, custodian of	or other intermediary to	r contributions or other	assets not		Yes No		
	included on Form 990, Part X?	d aamalata tha fallawaa	n table.			res no		
Đ	If "Yes," explain the arrangement in Part XIV and	complete the following	g table.			Amount		
_	Decision halana					Amount		
C	Beginning balance	•			1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
	Did the organization include an amount on Form	990, Part X, line 21?				☐ Yes ☐ No		
	If "Yes," explain the arrangement in Part XIV.		1 42 4 11 4	F 000 B	. 13 / 12 / 40			
Pa	ert V Endowment Funds. Comple					T		
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years bac	k (e) Four years back		
1a	Beginning of year balance							
b	Contributions							
C	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year en	id balance held as						
а	Board designated or quasi-endowment ▶	%						
b	Permanent endowment ▶ %							
С	Term endowment ▶ %							
3a	Are there endowment funds not in the possession	on of the organization th	nat are held and admını	stered for the				
	organization by	•				Yes No		
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations lis	ted as required on Sch	edule R?			3b		
4		<u>-</u>						
Pa	rt VI Investments—Land, Buildin). Part X. line 10).			
	Description of investment	(a) Cost or other basis			cumulated	(d) Book value		
		(investment)	basis (other	''	reciation	• • • • • • • • • • • • • • • • • • • •		
12	Land		276	,068		276,068		
	Buildings			,				
	Leasehold improvements					·		
	Equipment			· 				
	• •		1,745	729	721,042	1,024,687		
	Other I. Add lines 1a through 1e (Column (d) must equal (column (d)	al Form 000 Dod V		, 123	121,042	1,300,755		
ı vta	ii. Add iiries Ta urrough Te (Column (d) must equ	ai ruiiii 330, Pat A, C0	iumi (b), iiie 10(c))		<u> </u>			
					Sched	ule D (Form 990) 2009		

Part VII	Investments—Other Securities. See F	orm 990, Part X, line 12.	
	(a) Description of security or category	(b) Book value	(c) Method of valuation
· ·	(including name of security)		Cost or end-of-year market value
inancial denv	• • •		
=	quity interests		
Other			
			
otal. (Column	n (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII	Investments—Program Related. See F	orm 990, Part X, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
			
Total. (Column	n (b) must equal Form 990. Part X, col. (B) line 13.)	•	
Fotal. (Column	n (b) must equal Form 990, Part X, col. (8) line 13.) Other Assets. See Form 990, Part X, li		
		ne 15.	(b) Book value
	Other Assets. See Form 990, Part X, li	ne 15.	(b) Book value
	Other Assets. See Form 990, Part X, li	ne 15.	(b) Book value
	Other Assets. See Form 990, Part X, li	ne 15.	(b) Book value
	Other Assets. See Form 990, Part X, li	ne 15.	(b) Book value
	Other Assets. See Form 990, Part X, li	ne 15.	(b) Book value
	Other Assets. See Form 990, Part X, li	ne 15.	(b) Book value
	Other Assets. See Form 990, Part X, li	ne 15.	(b) Book value
	Other Assets. See Form 990, Part X, li	ne 15.	(b) Book value
	Other Assets. See Form 990, Part X, li	ne 15.	(b) Book value
Part IX	Other Assets. See Form 990, Part X, li (a) Des	ne 15.	(b) Book value
Part IX	Other Assets. See Form 990, Part X, li (a) Des n (b) must equal Form 990, Part X, col. (B) line 15)	ne 15. cription	(b) Book value
Part IX Total. (Column	Other Assets. See Form 990, Part X, li (a) Des	ne 15. cription	(b) Book value
Part IX Total. (Column	Other Assets. See Form 990, Part X, li (a) Des n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part > (a) Description of liability	K, line 25.	(b) Book value
Part IX Total. (Column Part X 1 Federal incom	Other Assets. See Form 990, Part X, li (a) Des n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part > (a) Description of liability	ne 15. cription K, line 25.	(b) Book value
Part IX Total. (Column Part X 1 Federal incom	Other Assets. See Form 990, Part X, li (a) Des n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability lie taxes	K, line 25.	(b) Book value
Part IX Total. (Column Part X 1 Federal incom	Other Assets. See Form 990, Part X, li (a) Des n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability lie taxes	K, line 25.	(b) Book value
Part IX Total. (Column Part X 1 Federal incom	Other Assets. See Form 990, Part X, li (a) Des n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability lie taxes	K, line 25.	(b) Book value
Part IX Total. (Column Part X 1 Federal incom	Other Assets. See Form 990, Part X, li (a) Des n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability lie taxes	K, line 25.	(b) Book value
Part IX Total. (Column Part X 1 Federal incom	Other Assets. See Form 990, Part X, li (a) Des n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability lie taxes	K, line 25.	(b) Book value
Part IX Total. (Column Part X 1 Federal incom	Other Assets. See Form 990, Part X, li (a) Des n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability lie taxes	K, line 25.	(b) Book value
Part IX Total. (Column Part X 1 Federal incom	Other Assets. See Form 990, Part X, li (a) Des n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability lie taxes	K, line 25.	(b) Book value
Part IX Total. (Column Part X 1 Federal incom	Other Assets. See Form 990, Part X, li (a) Des n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability lie taxes	K, line 25.	(b) Book value
Part IX Total. (Column Part X 1 Federal incom OTHER	Other Assets. See Form 990, Part X, li (a) Des n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability lie taxes	K, line 25.	(b) Book value

	dule D (Form 990) 2009 ALLIANCE FOR MULTICULTURAL		<u>76-017121</u>		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to A	Audit	ed Financial Statemo	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1_	6,071,296
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	6,236,169
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	-164,873
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments .			7	
8	Other (Describe in Part XIV.)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	-164,873
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemer	nts W	th Revenue per Reti	urn	
1	Total revenue, gains, and other support per audited financial statements		•	1	6,887,114
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments .	2a			
b	Donated services and use of facilities	2b	121,896		
C	Recovenes of pnor year grants	2c			
d	Other (Describe in Part XIV.)	2d	693,922		
e	Add lines 2a through 2d			2е	815,818
3	Subtract line 2e from line 1	,		3	6,071,296
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
C	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	6,071,296
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	/ith Expenses per R	eturi	
1	Total expenses and losses per audited financial statements			1	7,051,987
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	121,896		
b	Prior year adjustments .	2b	<u> </u>		
C	Other losses	2c			
d	Other (Describe in Part XIV)	2d	693,922		
0	Add lines 2a through 2d			2е	815,818
3	Subtract line 2e from line 1	, ,		3	6,236,169
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIV.)	4b			
C	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,236,169
	rt XIV Supplemental Information		*		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines				
	b; Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	2d and	4b. Also complete		
	art to provide any additional information				
_ P	ART XI, LINE_8RECONCILIATION OF CHANGES	O <u>T</u>	HER		
В	INGO OPERATIONS		\$		693,922
B_	INGO_PRIZES		<u>\$</u>		<u>-487,201</u>
В	INGO OPERATING EXPENSES		\$		-206,721
_P	ART XII, LINE 2D - REVENUE AMOUNTS INCLUDED	IN	FINANCIALS -	OTE	IER
5	INGO_OPERATIONS		\$		69 <u>3,922</u>

Sched	ule D (Form	990)	2009		<u> LLL</u>	IA	1CE	FC	R I	MUI	TI	CU	LT	UR	AL_					76	<u>-01</u>	<u> 171</u>	<u> 121</u>	<u>.7</u>					Pa	ge 5
Pai	t XIV	<u> </u>	upp	leme	enta	i Inf	orm	atio	n (co	ontin	uec	<u>l)</u>														-					
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ві	NGO	OP	ER	ATI	NG	E	XPI	ENS	ES															\$			20	6,7	21		
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SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding**

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALLIANCE FOR MULTICULTURAL

Employer identification number

COMMUNITY SERVICES	<u> </u>				76-01/12	1/
Part I Fundraising Activities. Complete i Form 990-EZ filers are not required				red "Yes" to Form	990, Part IV, line	17.
1 Indicate whether the organization raised funds through a	iny of the following a	activitie	s Ch	eck all that apply.		
a Mail solicitations	e Solicitation	of non	-gove	ernment grants		
b Internet and email solicitations	f Solicitation	of gov	emm	ent grants		
c Phone solicitations	g Special fur	ndraisin	g eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement wi or key employees listed in Form 990, Part VII) or entity in						Yes No
b If "Yes," list the ten highest paid individuals or entities (futo be compensated at least \$5,000 by the organization.	undraisers) pursuan	t to agr	eeme	nts under which the fur	ndraiser is	
(i) Name of individual or entity (fundraiser)	(ii) Activity	contr	have dy or	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
	Ì					
		-				
						<u> </u>
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		1			· , , , , , , , , , , , , , , , , , , ,	
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		†				
			L			

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Total

P	art I		vents. Complete if the organ				r report	ed
			(a) Event #1 FUNDRAISING	(b) Event #2	(c) Other events	(d)) Total even	
ω.			(event type)	(event type)	(total number)		col (c))	
Revenue	1 2	Gross receipts Less Chantable contributions	76,406				76	,406
	3	Gross revenue (line 1 minus line 2)	76,406			-	76	,406
	4	Cash prizes	29,357				29	, 357
	5	Noncash prizes						
enses	6	Rent/facility costs						
Direct Expenses	7	Food and beverages		····			-	
۵	8	Entertainment						
	9	Other direct expenses	8,360				8	, 360
	10	· · · · · · · · · · · · · · · · · · ·	/. Add lines 4 through 9 in column (d)			·	37	,717 ,689
P	art I		ombine line 3, column (d), and line 10 iplete if the organization answ		0 Part IV line 19 or rer	onted m		, 669
			on Form 990-EZ, line 6a.					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		otal gaming i) through c	
<u>8</u>	1	Gross revenue	703,291				703	,291
ses	2	Cash prizes	487,201				487	,201
t Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs	-,				 -	
	5	Other direct expenses	206,721				206	,721
	6	Volunteer labor	Yes %	Yes %	Yes %	6		
	7	Direct expense summary	y. Add lines 2 through 5 in column (d)		•	·	693	, 922
	8	Net gaming income sum	mary. Combine line 1, column d, and	line 7	-	.		,369
9	En	nter the state(s) in which th	e organization operates gaming activi	ities. TX			Ye	s No
a b	ls		o operate gaming activities in each of	•			9a 3	<u> </u>
10a b		ere any of the organization 'Yes," Explain.	s's gaming licenses revoked, suspend	ed or terminated during the tax	x year?		10a	X
11 12		•	te gaming activities with nonmembers , beneficiary or trustee of a trust or a r		er entity		11	X
	for	rmed to administer charital	ole gaming?	<u>.</u>			12	l x

<u>Sche</u>	dule G (Form 990 or 990-EZ) 2009 ALLIANCE FOR MULTICULTURAL	<u>76-017121</u>	7	Р	age 3
				Yes	No
13	Indicate the percentage of gaming activity operated in:				
а	The organization's facility	13a %			
b	An outside facility	13b 100.00 %			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ▶ YANI ROSE KEO				
	6440 HILLCROFT SUITE 401	•			
	Address HOUSTON	TX 77081			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		x
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the			
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address of the third party:				
	Name ►				
	Address ► .				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions.				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		17a		X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent				ļ
	in the organization's own exempt activities during the tax year ▶ \$				l

Schedule G (Form 990 or 990-EZ) 2009

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States

OMB No 1545-0047 2009 ° E

Open to Public Inspection X Yes Employer identification number 76-0171217 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990. General Information on Grants and Assistance ALLIANCE FOR MULTICULTURAL COMMUNITY SERVICES

1			1					
rered "Yes" to	re than \$5,000. Use ▶	(h) Purpose of grant or assistance						
anization answ	nt received mo	(g) Description of non-cash assistance						
plete if the oro	no one recipie	(f) Method of valuation (book, FMV, appraisal, other)						
ited States, Com	Check this box if	(e) Amount of non-cash assistance						
rn me United states	ore than \$5,000. (eeded	(d) Amount of cash grant						
Organi	eived m	(c) IRC section if applicable						
vernments and	cipient that rec if additional sp	(b) EIN						
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part It Grants and Other Assistance to Governments and Organizations in the U	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(a) Name and address of organization or government						
2 Desci		-						į

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule I (Form 990) 2009

76-0171217	
CE FOR MULTICULTURAL	
ALLIANCE FOR	
Schedule I (Form 990) 2009	

Part III	Grants and Other Assistance to Individuals in the	e to Individuals in the		plete if the organiza	Jnited States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	m 990, Part IV, line 22.
	Use Part IV and Schedule I-1 (Form 990) if additiona	(Form 990) if additio	nal space is needed.			
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, EMV, angula of hon-cash assistance
		recipients	Cash grant	IIOII-Casii assistance	riviv, applaisal, otilei)	
REFUGE	REFUGEE CASH ASSISTANCE P	254	1,386,737			
PEGILGE	PORG LINEMETHERS AR AGUIDAG	869	628.200			
	MARCHING CRANT DROGRAM		254 600			
Part IV	Supplemental Information. Complete this part to provide the information required in Part I. line 2, and any other additional information.	Complete this part to p	provide the information	n required in Part I,	line 2, and any other additi	onal information.

Schedule I (Form 990) 2009

SCHEDULE O

(Form 990)

, ,

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.

Open to Public Inspection

Name of the organization

ALLIANCE FOR MULTICULTURAL COMMUNITY SERVICES

Employer identification number

76-0171217

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 ELECTRONIC COPIES PROVIDED FOR REVIEW

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ANNUAL DISCLOSURE AGREEMENT

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOADRD OF DIRECTORS CONDUCT PERIODIC REVIEWS OF THE ORGANIZATION'S OFFICERS AND DETERMINES AND ESTABLISHES THE SALARY

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST

Form **4562**

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Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172 2009

Attachment Sequence No 67

Name(s) shown on return

9) See separate instructions.

ALLIANCE FOR MULTICULTURAL

COMMUNITY SERVICES

Identifying number 76-0171217

			-						
	ess or activity to which this form relates NDIRECT DEPRECIAT:	TON							
	rt l Election To Exper		erty Under Se	ction 179			-		
	Note: If you have a	any listed propert	y, complete Pa	art V before you	ı com	plete Pa	rt I.		
1	Maximum amount See the instruc	•		ses				1	250,000
2	Total cost of section 179 property	placed in service (see	instructions)					2	
3	Threshold cost of section 179 prop	erty before reduction i	ın lımıtatıon (see ın:	structions)				3	800,000
4	Reduction in limitation Subtract lin		•					4	
5	Dollar limitation for tax year Subtract lin		less, enter -0- If mar					5	
6	(a) Description	n of property		(b) Cost (business us	se only)	(c) I	Elected cost		
									
7	Listed property. Enter the amount				7			r	
8	Total elected cost of section 179 p		in column (c), lines	6 and 7				8	
9	Tentative deduction. Enter the small			•				9	
10	Carryover of disallowed deduction	•						10	
11	Business income limitation Enter t		•	•	(see ins	tructions)		11	• · · · ·
12	Section 179 expense deduction A	·		inan line 11		<u>, , , , , , , , , , , , , , , , , , , </u>		12	:
13 Note	Carryover of disallowed deduction Do not use Part II or Part III below				13				
******	rt II Special Depreciat		•	ociation /Do n	ot incl	udo liete	d propo	ets ()	(See instr.)
14	Special depreciation allowance for					uue iiste	u prope	Ly.j	Oce msu.)
1-4	during the tax year (see instruction		iei tilali listed propi	erty) placed in Servi	ue .			14	
15	Property subject to section 168(f)(•						15	
16	Other depreciation (including ACR	•						16	62,666
	rt III MACRS Depreciat		ide listed propi	erty.) (See instr	uction	<u>.</u>		10	02/000
			Secti		dollor	<u>., , </u>			
17	MACRS deductions for assets place	ced in service in tax ve	ears beginning befo	re 2009	_			17	31,181
18	If you are electing to group any assets p	•	• •	•	counts, c	heck here	. П		
		-Assets Placed in Se						stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only-see instruc	ent use	y (e) (Convention	(f) Meti	hod	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
С	7-year property	_							
d	10-year property	-							
е	15-year property	1			 				
f	20-year property	4							
g	25-year property			25 yrs.			S/L		
h	Residential rental			27 5 yrs	_	MM	S/L		
	property	- 		27 5 yrs	_	MM	S/L		
i	Nonresidential real			39 yrs	_	ММ	S/L		
	property	1 2 11 2				MM	S/L		<u></u>
		Assets Placed in Serv	vice During 2009	ax Year Using the	Alterna	ative Depr	eciation S	ystem)
<u>20a</u>		4					S/L		
	12-year			12 yrs	_		S/L		
	40-year	<u> </u>		40 yrs.		MM	S/L		<u> </u>
	ert IV Summary (See ins			 					r
21	Listed property Enter amount from							21	
22	Total. Add amounts from line 12, I	_			1 Enter	here			00.045
	and on the appropriate lines of you	•	•					22	93,847
23	For assets shown above and place	_	e current year, ente	er the					
	portion of the basis attributable to	section 263A costs			23	L			4500

•			 ٠.,	,,,,,	,, 20	• • •	 	•
	For	ms						

Other Notes and Loans Receivable

990 / 990-PF

For calendar year 2009, or tax year beginning 10/01/09, and ending

09/30/10

2009

Name

(10)

Totals

Employer Identification Number

ALLIANCE FOR MULTICULTURAL	
COMMUNITY SERVICES	76-0171217
	<u>_</u>

COMMUNIT	Y SERVIC	ES			76-0171217						
FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION											
_	Name (of borrower			Relationship to disqualified person						
	NCE RECE										
	RECEIVAB						<u> </u>				
	D AND OT	HERS									
(4)	-				 -						
(5) (6)											
() (7)	-										
(8)											
(9)					· · · · · · · · · · · · · · · · · · ·						
(10)											
Origir bor	nal amount rowed	Date of loan	Maturity date		Re	payment terms	•	Interest rate			
(1)											
(2)		<u> </u>									
(3)				 							
(4)							-	<u> </u>			
(5)											
(6) (7)				-							
(8)											
(9)											
(10)											
· · · · · · · · · · · · · · · · · · ·											
	Security pr	ovided by borrower				Purpose of loan					
(1)											
(2)											
(3)								 _			
(4)											
(5)	· · · · · · · · · · · · · · · · · · ·										
(6) (7)					·	·					
(8)						······································					
(9)											
(10)		· · · · · · · · · · · · · · · · · · ·									
- ininte-renormania		***************************************									
	Consideration fur	mished by lender		Ba be	llance due at ginning of year	Balance due at end of year		narket value 190-PF only)			
(1)					_	112,815					
(2)					133,414	165,722					
(3)						13,597					
(4)	<u></u> _	·····									
(5)											
(6)											
(7)											
(8)								<u> </u>			
(9)				I	I		I				

133,414

292,134

ALLIANCEFOR 06/09/2011 2 02 F	PM					
Forms 990 / 990-PF	Mor	tgages and Oth	ner Notes Payable		2000	
990 / 990-27	For calendar year 2009, o	or tax vear beginning	10/01/09 , and end	ına 09/3	0/10	2009
Name					mployer Identific	ation Number
ALLIANCE FOR I				7	6-017121	<u>L</u> 7
FORM 990, PAR	T X, LINE 23 -	ADDITIONAL	INFORMATION			
	Name of lender		Relatio	nship to disqua	lified person	
(1) MORTGAGE PA						
(2) LOAN ON AUT						
(3) SBA LOAN AC	COUNT					
<u>(4)</u> (5)					····	
(6)						
(7)						
(8)						
(9)						
(10)					 	
Original amount borrowed	Date of loan	Maturity date	Repayme	ent terms		Interest rate
(1)						
(2)						
(3)						
(4) (5)						
(6)				, , , , , , , , , , , , , , , , , , , ,		
(7)						
(8)						
(9)		-				ļ
(10)			.1			
So.	curity provided by borrower			Purpose of loa		
(1)	culty provided by bollower			Fulpose of loa	211	
(2)						
(3)						
(4)						
(5)					 	
(6) (7)						
(8)						
(9)						
(10)						
Consider	ration furnished by lender		Balance due at beginning of year			e due at of year
(1)	Salari raminanda by foliadi		1,345,89		1,2	299,842
(2)	·		116,89			42,978
(3)						L22,500
(4)						
(5)						
(6) (7)						
(8)						
• • • • • • • • • • • • • • • • • • • •			 			

1,462,792

1,465,320

(9) (10)

Totals

~ 10% × ALLIANCEFOR Alliance for Multicultural 6/9/2011 2:02 PM Federal Statements 76-0171217 FYE: 9/30/2010 **ACCOUNTS PAYABLE** Description Amount 180,256 180,256 TOTAL **TOTAL EXPENSEE PER AUDIT** Description Amount DONATED SERVICES 121,896 121,896 TOTAL