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Form 990  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 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YOUTH AND FAMILY ALLIANCE	D Employer identification number 74-2137189
	Doing Business As LIFEWORKS	E Telephone number (512) 735-2400
	Number and street (or P O box if mail is not delivered to street address) 3700 SOUTH 1ST STREET	
	Room/suite	
	City or town, state or country, and ZIP + 4 AUSTIN, TX 78704	
	F Name and address of principal officer SUSAN MCDOWELL 3700 SOUTH 1ST STREET AUSTIN, TX 78704	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.LIFEWORKSAUSTIN.ORG		

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1980	M State of legal domicile TX
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Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities YOUTH AND FAMILY ALLIANCE (DBA LIFEWORKS) TRANSITIONS YOUTH AND FAMILIES FROM CRISIS TO SAFETY AND SUCCESS THROUGH COUNSELING, EDUCATION, AND HOUSING ASSISTANCE		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)	3	19	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19	
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	192	
6 Total number of volunteers (estimate if necessary)	6	495	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,925,190	10,508,776
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	423,502	431,873
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	318,918	11,731
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	386,812	256,098
		9,054,422	11,208,478
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	658,688	967,641
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,559,771	5,975,124
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶549,571		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,227,006	2,601,643
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,445,465	9,544,408
	19 Revenue less expenses Subtract line 18 from line 12	608,957	1,664,070
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	11,852,667	13,702,987
	21 Total liabilities (Part X, line 26)	2,583,865	2,702,412
	22 Net assets or fund balances Subtract line 21 from line 20	9,268,802	11,000,575

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

Sign Here	***** Signature of officer	2012-05-15 Date		
	SUSAN MCDOWELL EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name KAREN E ATCHLEY	Preparer's signature KAREN E ATCHLEY	Date	Check if self-employed <input type="checkbox"/> PTIN
	Firm's name ▶ ATCHLEY & ASSOCIATES LLP			
	Firm's EIN ▶			
Firm's address ▶ 6850 AUSTIN CENTER BLVD STE 180 AUSTIN, TX 787313129				
Phone no ▶ (512) 346-2086				

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

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

☐

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1

Briefly describe the organization’s mission

YOUTH AND FAMILY ALLIANCE (DBA LIFEWORKS) TRANSITIONS YOUTH AND FAMILIES FROM CRISIS TO SAFETY AND SUCCESS THROUGH COUNSELING, EDUCATION, AND HOUSING ASSISTANCE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4
















Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 1,467,737 including grants of \$) (Revenue \$ 416,258)	COUNSELING PROGRAMS YOUTH AND ADULT COUNSELING ASSISTS INDIVIDUALS, YOUTH, AND FAMILIES IN DEALING WITH THE STRESS OF DAY-TO-DAY LIVING BY IMPROVING AND UTILIZING THEIR EXISTING COPING SKILLS AND CREATING EFFECTIVE SOLUTIONS FOCUSING ON STRENGTHS, THE PROGRAM HELPS IDENTIFY GOALS FOR SHORT-TERM THERAPY AND WORKS WITH EACH CLIENT TO EXPLORE ISSUES AND CREATE EFFECTIVE SOLUTIONS TOTAL SERVED EQUALS 1,111 RESOLUTION COUNSELING IS DEDICATED TO CREATING A SAFE COMMUNITY BY ENDING DOMESTIC VIOLENCE AND ADVOCATING FOR RELATIONSHIPS BASED ON EQUALITY AND RESPECT IT OFFERS PSYCHO-EDUCATIONAL GROUPS FOR ADULTS (MALE/FEMALE) WHO HAVE BEEN ABUSIVE TOWARD THEIR PARTNERS GROUP GOALS INCLUDE TAKING RESPONSIBILITY FOR VIOLENT AND ABUSIVE BEHAVIOR, UNDERSTANDING POWER AND CONTROL, LEARNING ADAPTIVE COMMUNICATION AND CONFLICT RESOLUTION SKILLS, AND MANAGING EMOTIONS TOTAL SERVED EQUALS 891 SHARED PSYCHIATRIC SERVICES (SPS) PROGRAM ASSISTS CHILDREN AND FAMILIES WITH ACCESS TO TIMELY PSYCHIATRIC CARE TO REDUCE DISRUPTIONS IN SCHOOL AND FAMILY FUNCTIONING CLIENTS ARE REFERRED TO SPS FROM THREE COLLABORATING AGENCIES COMMUNITIES IN SCHOOLS, LIFEWORKS, AND SAFEPLACE LIFEWORKS PROVIDES PROGRAMMATIC AND FISCAL OVERSIGHT OF THIS PROJECT SERVICES INCLUDE CASE COORDINATION, VISITS WITH PSYCHIATRISTS, CASE MANAGEMENT, TRANSPORTATION AND TRANSLATION, COUNSELING, MEDICATION AND LAB WORK, AS WELL AS FORMAL LINKAGES TO MEDICAL HOMES TOTAL SERVED EQUALS 51
4b	(Code) (Expenses \$ 3,745,091 including grants of \$) (Revenue \$ 13,901)	HOUSING AND HOMELESS PROGRAMS STREET OUTREACH IS THE ONLY PROGRAM OF ITS KIND IN AUSTIN PROVIDING OUTREACH AND SUPPORT SERVICES TO HOMELESS, RUNAWAY AND STREET DEPENDENT YOUTH YOUTH MAY ACCESS EDUCATION, GED PREPARATION, HYGIENE SUPPLIES, WASHER AND DRYER SERVICES, EDUCATIONAL GROUPS, ALTERNATIVE ACTIVITIES, MEDICAL CARE, FOOD, CLOTHING, DRUG AND ALCOHOL ASSESSMENTS, TRANSPORTATION SERVICES, IMMUNIZATIONS, HIV CONSELING AND TESTING, PREGNANCY TESTING, MENTAL HEALTH SERVICES, DRUG AND ALCOHOL COUNSELING, AND CASE MANAGEMENT SERVICES TOTAL SERVED EQUALS 3,991 LIFEWORKS OPERATES THE ONLY WALK-IN EMERGENCY SHELTER FOR YOUTH IN TRAVIS COUNTY THIS SHELTER PROVIDES RUNAWAY AND HOMELESS YOUTH, AGES 10 TO 19, A SECURE PLACE TO SLEEP, FOOD, CLOTHING, AND CASE MANAGEMENT TO COORDINATE FAMILY REUNIFICATION, MEDICAL CARE, TRANSPORTATION, EDUCATIONAL SERVICES, TUTORING, AND COUNSELING TOTAL SERVED EQUALS 214 LIFEWORKS YOUNG MOM'S AND BABIES PROGRAM PROVIDES HOMELESS YOUNG MOTHERS AND BABIES WITH SAFE AND STABLE HOUSING AND A POSITIVE LIVING ENVIRONMENT PARTICIPANTS LEARN INDEPENDENT LIVING SKILLS, PARENTING SKILLS, AND HAVE ACCESS TO SERVICES (IN OR OUTSIDE OF LIFEWORKS) WHICH FOCUS ON EDUCATION, EMPLOYMENT SKILLS, AND COUNSELING STAFF HELP PARTICIPANTS SET INDIVIDUAL GOALS AND ASSIST THEM WITH THEIR CASE MANAGEMENT NEEDS LIFEWORKS' TRANSITIONAL LIVING PROGRAM IS A 24-HOUR RESIDENTIAL FACILITY THAT PROVIDES SECURE HOUSING AND CASE MANAGEMENT SERVICES FOR UP TO 18 MONTHS TO HOMELESS YOUTH TRANSITIONING INTO ADULthood TRANSITIONAL LIVING PROGRAM IS A COED PROGRAM WHICH HOUSES 16 RESIDENTS RANGING IN AGE FROM 16-23 IN ADDITION, THE PROGRAM OFFERS RESIDENTS INDEPENDENT LIVING SKILLS CLASSES, AFTERCARE SERVICES, FINANCIAL SUPPORT, AND 24-HOUR ON-SITE ASSISTANCE TOTAL SERVED EQUALS 43 SUPPORTIVE HOUSING PROGRAM IS AN APARTMENT-BASED INDEPENDENT LIVING PROGRAM PROVIDING SUBSIDIZED APARTMENTS WITH PAID UTILITIES AND FURNITURE/HOUSEHOLD ITEMS, FINANCIAL ASSISTANCE, AND ON-SITE MANAGEMENT WITH STAFF AVAILABLE 24/7 SUPPORTIVE HOUSING PROGRAM PROVIDES CASE MANAGEMENT, INCLUDING ADVOCACY AND CASE COORDINATION, INDEPENDENT LIVING SKILLS TRAINING, AND FINANCIAL MANAGEMENT OTHER SERVICES PROVIDED INCLUDE ASSESSMENT AND LINKAGE TO NEEDED SERVICES SUCH AS CHILD CARE, MEDICAL SERVICES, MENTAL HEALTH SERVICES, EDUCATION AND JOB TRAINING INDEPENDENT LIVING SKILLS TRAINING IS ALSO PROVIDED TOTAL SERVED EQUALS 57 YOUTH RESOURCE CENTER IS A ONE-STOP CENTER WHERE YOUTH CAN ACCESS A WIDE ARRAY OF SERVICES THAT WILL EMPOWER THEM TO GAIN THE SKILLS AND KNOWLEDGE NEEDED FOR INDEPENDENT LIVING IT PROVIDES ACCESS TO TECHNOLOGY (COMPUTERS, PRINTERS, FAX LINES, OFFICE SUPPLIES), LONG-DISTANCE PHONE SERVICES (TO STAY CONNECTED WITH FAMILY MEMBERS, APPLY FOR JOBS, TALK WITH COLLEGES), VOICE MAIL (THROUGH THE COMMUNITY VOICE MAIL SYSTEM), A CENTRALIZED PLACE FOR RECEIVING MAIL AND CHECKING EMAIL, HYGIENE PRODUCTS, FOOD, AND ADDITIONAL RESOURCES TO HELP MEET BASIC NEEDS
4c	(Code) (Expenses \$ 2,321,577 including grants of \$) (Revenue \$ 1,714)	EDUCATION PROGRAMS GED AND LITERACY PROGRAM - THIS PROGRAM IS DESIGNED TO ASSIST YOUTH WITH GED PREPARATION, ACADEMIC TUTORING, AND CRITICAL LIFE SKILLS/JOB SKILLS TRAINING THE TARGET POPULATIONS OF THIS PROGRAM ARE YOUTH AGES 16 TO 26 WHO HAVE NOT COMPLETED THEIR HIGH SCHOOL EDUCATION, AND WHO ARE OFTEN DEALING WITH CHALLENGING LIFE CIRCUMSTANCES, SUCH AS BEING HOMELESS, PREGNANT, PARENTING, OR INVOLVED IN THE JUVENILE JUSTICE SYSTEM TOTAL SERVED EQUALS 260 ADULT BASIC EDUCATION AND ENGLISH AS A SECOND LANGUAGE - THESE VOLUNTEER-BASED LIFEWORKS PROGRAMS TEACH ADULTS HOW TO READ AND WRITE LITERACY SERVICES PROVIDE INSTRUCTION TO INDIVIDUALS 17 YEARS OF AGE OR OLDER WHO READ BELOW THE 6TH GRADE LEVEL, AND/OR WHO HAVE LIMITED PROFICIENCY IN SPEAKING ENGLISH TOTAL SERVED EQUALS 276 TEEN PARENT SERVICES ARE PROVIDED TO EXPECTANT/PARENTING TEENS IN AUSTIN/TRAVIS COUNTY TO ENCOURAGE TEENS TO STAY IN SCHOOL AND TO PREVENT SUBSEQUENT PREGNANCIES CASE MANGAMENT SERVICES ARE PROVIDED TO HELP TEENS ACCESS RESOURCES AND TEACH POSITIVE PARENTING SKILLS TOTAL SERVED EQUALS 167 AFTER CARE TRANSITION SERVICES (ACTS) WORKS IN COLLABORATION WITH CASEY FAMILY PROGRAMS, LIFEWORKS' HOUSING DIVISION AND TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES TO PROVIDE SERVICES TO TRANSITIONING FOSTER CARE YOUTH IN A 30-COUNTY AREA ACTS PROVIDES INCREASED DEPTH OF SERVICES TO FOSTER YOUTH, INCLUDING CASE MANAGEMENT, CRISIS INTERVENTION, RESOURCE REFERRAL AND LIFE SKILLS EDUCATION TOTAL SERVED EQUALS 330 YOUTHPower PROVIDES ENRICHMENT ACTIVITIES THROUGH AFTER-SCHOOL GROUPS AND SUMMER CAMP FOR YOUTH AGES 11-14 RESIDING IN THREE HOUSING AUTHORITY CITY OF AUSTIN SITES BOOKER T WASHINGTON, BOULDIN OAKS, AND MEADOWBROOK SERVICES INCLUDE ENRICHMENT ACTIVITIES (SPORTS, MUSIC, ART, SERVICE LEARNING PROJECTS, AND FIELD TRIPS) AS WELL AS SCHOOL SUPPORT, HOME VISITS, COMMUNITY EVENTS, AND RESOURCE LINKAGES TOTAL SERVED EQUALS 77 LIFESKILLS TRAINING (PREPARATION FOR ADULT LIVING) - LIFESKILLS TRAINING IS A HANDS-ON COURSE DESIGNED TO PREPARE YOUNG PEOPLE AGES 15-19 WHO ARE IN THE CONSERVATORSHIP OF TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES, TO LIVE INDEPENDENTLY AS ADULTS TRAINING, ROLE-PLAYING, AND FIELD TRIPS FOCUS ON BUDGETING, HOUSING, EMPLOYMENT, HEALTH ISSUES, AND OTHER RELEVANT TOPICS TOTAL SERVED EQUALS 241 NEXT STEP PROVIDES PREVENTION EDUCATION TO ELEMENTARY AND MIDDLE SCHOOL STUDENTS USING NATIONALLY RECOGNIZED DRUG AND VIOLENCE PREVENTION CURRICULA THAT EMPHASIZE APPROPRIATE SOCIAL AND COMMUNICATION SKILLS, PROBLEM SOLVING SKILLS, AND TECHNIQUES FOR HANDLING ANGER AND OTHER STRONG EMOTIONS IN A PRODUCTIVE MANNER RESEARCH SHOWS THAT THESE SKILLS HELP TO PREVENT YOUTH INVOLVEMENT IN SUBSTANCE ABUSE AND VIOLENCE TOTAL SERVED EQUALS 823 REAL TALK PROVIDES SCHOOL AND COMMUNITY-BASED GROUPS AND SUMMER CAMPS THAT HELP YOUTH (4TH-8TH GRADES) AND THEIR PARENTS DEVELOP THE SKILLS AND KNOWLEDGE NECESSARY TO AVOID EARLY SEXUAL INVOLVEMENT AND TEEN PREGNANCY SMALL GROUPS PROVIDE EDUCATION ABOUT PUBERTY, RELATIONSHIPS, DECISION MAKING AND HEALTHY CHOICES THROUGH EXPERIENTIAL ACTIVITIES AND GROUP DISCUSSIONS TOPICS ARE DEVELOPMENTALLY APPROPRIATE FOR THE SPECIFIC AGE GROUP MENTORING, VOLUNTEER PROJECTS, AND FAMILY NIGHTS ARE KEY COMPONENTS TOTAL SERVED EQUALS 210
4d	Other program services (Describe in Schedule O) See also Additional Data for Description	
	(Expenses \$ 232,341 including grants of \$) (Revenue \$ 37,913)	
4e	Total program service expenses➤ \$ 7,766,746	

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
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 U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
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 U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	155
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	192
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
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	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Section 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
15c	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. JAY SCHEUMACK 3700 SOUTH 1ST STREET AUSTIN, TX 78704 (512) 735-2400

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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DARIN MCNELIS TREASURER	2.00	X		X				0	0	0
(2) DAVID WIELAND SECRETARY	2.00	X		X				0	0	0
(3) MONA CANNON SECRETARY (CHAIR ELECT 2013)	2.00	X		X				0	0	0
(4) GLENN NELAND CHAIR ELECT	2.00	X		X				0	0	0
(5) RICHARD A MARTIN CHAIR	2.00	X		X				0	0	0
(6) JIM HOPKE AT LARGE	1.00	X						0	0	0
(7) PATRICK DRISCOLL AT LARGE	1.00	X						0	0	0
(8) TREY HALBERT AT LARGE	1.00	X						0	0	0
(9) TROY GLOVER ASSISTANT SECRETARY	1.00	X		X				0	0	0
(10) BRAD FLUKE BOARD MEMBER	1.00	X						0	0	0
(11) DIANE M WILLIAMS BOARD MEMBER	1.00	X						0	0	0
(12) FRED SMITH BOARD MEMBER	1.00	X						0	0	0
(13) HARRY WOLIN BOARD MEMBER	1.00	X						0	0	0
(14) JOANN MCKENZIE BOARD MEMBER	1.00	X						0	0	0
(15) JOE ROSS BOARD MEMBER	1.00	X						0	0	0
(16) KENDRA SCOTT BOARD MEMBER	1.00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) MELANIE FISH BOARD MEMBER	1 00	X						0	0	0
(18) VALERIE V MEDDAUGH BOARD MEMBER	1 00	X						0	0	0
(19) VERONICA B FORSYTH BOARD MEMBER	1 00	X						0	0	0
(20) SUSAN MCDOWELL EXECUTIVE DIRECTOR	40 00			X				116,036	0	5,941
(21) JAY SCHEUMACK CFO	40 00			X				85,126	0	5,536
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								201,162	0	11,477

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0		

Part VIII

Statement of Revenue

					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	334,475				
	b	Membership dues	1b					
	c	Fundraising events	1c	29,672				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	7,839,644				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,304,985				
	g	Noncash contributions included in lines 1a-1f \$		113,717				
	h	Total. Add lines 1a-1f			10,508,776			
	Program Service Revenue				Business Code			
2a		SERVICE FEES		900099	431,873	431,873		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			431,873			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)			15,436		
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
			20					
		b	Less rental expenses					
		c	Rental income or (loss)	20				
	d	Net rental income or (loss)			20			20
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses		3,705			
		c	Gain or (loss)		-3,705			
	d	Net gain or (loss)			-3,705			-3,705
	8a	Gross income from fundraising events (not including \$ 29,672 of contributions reported on line 1c) See Part IV, line 18						
			a	433,786				
		b	Less direct expenses	b	229,876			
	c	Net income or (loss) from fundraising events . .			203,910			203,910
	9a	Gross income from gaming activities See Part IV, line 19 . .	a					
		b	Less direct expenses	b				
		c	Net income or (loss) from gaming activities . .					
10a	Gross sales of inventory, less returns and allowances							
		a						
	b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue				Business Code				
11a	MISCELLANEOUS		900099	52,168	37,913		14,255	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			52,168				
12	Total revenue. See Instructions			11,208,478	469,786	0	229,916	

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).

Do not include amounts reported on lines 6b, 7b, 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 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	967,641	967,641		
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	210,021		149,535	60,486
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,780,846	3,951,826	550,558	278,462
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	66,255	57,801	6,340	2,114
9	Other employee benefits	470,505	397,151	55,005	18,349
10	Payroll taxes	447,497	349,473	70,354	27,670
a	Fees for services (non-employees) Management				
b	Legal	47,587	22,380	3,121	22,086
c	Accounting	24,779		24,779	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	2,866		2,866	
g	Other	608,126	471,732	136,394	
12	Advertising and promotion	26,220	12,435	385	13,400
13	Office expenses	527,848	431,878	55,105	40,865
14	Information technology	51,314	13,452	18,604	19,258
15	Royalties				
16	Occupancy	588,701	533,623	42,744	12,334
17	Travel	190,726	169,437	13,798	7,491
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	22,599		451	22,148
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	160,641	122,806	28,036	9,799
23	Insurance	80,078	59,337	17,427	3,314
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	CONTRIBUTED GOODS	113,717	113,717		
b	CAPITAL OUTLAY	75,256	51,738	13,432	10,086
c	MISCELLANEOUS	70,386	38,180	31,535	671
d	DUES & MEMBERSHIPS	10,799	2,139	7,622	1,038
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	9,544,408	7,766,746	1,228,091	549,571
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			3,835	1	3,885
	2	Savings and temporary cash investments			2,111,229	2	1,253,944
	3	Pledges and grants receivable, net			2,235,876	3	2,569,516
	4	Accounts receivable, net			2,303	4	634
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	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 instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			52,268	9	72,099
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	10,628,155			
	b	Less: accumulated depreciation	10b	1,382,625	6,978,192	10c	9,245,530
	11	Investments—publicly traded securities			460,519	11	540,213
	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			8,445	15	17,166
16	Total assets. Add lines 1 through 15 (must equal line 34)			11,852,667	16	13,702,987	
Liabilities	17	Accounts payable and accrued expenses			472,845	17	706,503
	18	Grants payable				18	
	19	Deferred revenue			48,187	19	102,249
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	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			1,828,282	23	1,625,869
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			234,551	25	267,791
	26	Total liabilities. Add lines 17 through 25			2,583,865	26	2,702,412
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			6,373,245	27	8,928,133
	28	Temporarily restricted net assets			2,885,557	28	2,062,442
	29	Permanently restricted net assets			10,000	29	10,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			9,268,802	33	11,000,575
34	Total liabilities and net assets/fund balances			11,852,667	34	13,702,987	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,208,478
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,544,408
3	Revenue less expenses Subtract line 2 from line 1	3	1,664,070
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,268,802
5	Other changes in net assets or fund balances (explain in Schedule O)	5	67,703
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11,000,575

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	Yes	

SCHEDULE A
(Form 990 or 990EZ)

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization YOUTH AND FAMILY ALLIANCE	Employer identification number 74-2137189
---	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,314,765	8,164,985	8,864,657	7,925,190	10,508,776	41,778,373
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,314,765	8,164,985	8,864,657	7,925,190	10,508,776	41,778,373
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)						937,010
6 Public Support. Subtract line 5 from line 4						40,841,363

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	6,314,765	8,164,985	8,864,657	7,925,190	10,508,776	41,778,373
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	93,497	61,329	31,069	17,906	15,456	219,257
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)	28,804	21,119	25,221	7,767	485,954	568,865
11 Total support (Add lines 7 through 10)						42,566,495
12 Gross receipts from related activities, etc (See instructions)					12	1,344,724
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	95 950 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	97 080 %
16a 33 1/3% support test—2010. 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—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. 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—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. 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. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:
Software Version:
EIN: 74-2137189
Name: YOUTH AND FAMILY ALLIANCE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services					
(Code) (Expenses \$	232,341	including grants of \$) (Revenue \$	37,913)
THE TEXAS CIVIC ENGAGEMENT TABLE (TCET) WAS FOUNDED TO INCREASE CIVIC ENGAGEMENT THROUGH GRASSROOTS PROJECTS FOCUS AREAS INCLUDE INCREASING VOTING AMONG TRADITIONALLY DISENFRANCHISED VOTERS, INCREASING ENGAGEMENT IN SOCIAL ISSUES, AND DEVELOPING LEADERS					

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

2010

Open to Public
Inspection

Name of the organization
YOUTH AND FAMILY ALLIANCE

Employer identification number
74-2137189

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 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 advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

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 importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during 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 satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

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 receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	363,333	316,155	381,649	
b	Contributions				
c	Investment earnings or losses	79,110	49,778	-83,141	
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses	2,866	2,600	1,000	
g	End of year balance	439,577	363,333	316,155	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100 000 %

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,400,464		2,400,464
b Buildings		4,763,640	865,951	3,897,689
c Leasehold improvements		7,500	7,500	0
d Equipment		700,783	509,174	191,609
e Other		2,755,768		2,755,768
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				9,245,530

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,208,478
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,544,408
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,664,070
4	Net unrealized gains (losses) on investments	4	67,703
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 - 8	9	67,703
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,731,773

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	14,638,200
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	67,703
b	Donated services and use of facilities	2b	134,081
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	3,227,938
e	Add lines 2a through 2d	2e	3,429,722
3	Subtract line 2e from line 1	3	11,208,478
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	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	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	11,208,478

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	12,459,102
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	134,081
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	2,780,613
e	Add lines 2a through 2d	2e	2,914,694
3	Subtract line 2e from line 1	3	9,544,408
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	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	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	9,544,408

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE LIFEWORKS GENERAL ENDOWMENT FUND MONIES ARE COMMITTED, GRANTED, OR EXPENDED IN FURTHERANCE OF THE PURPOSES OF THE ORGANIZATION AS THE EXECUTIVE COMMITTEE OF THE BOARD OF GOVERNORS IN ITS DISCRETION SHALL FROM TIME TO TIME DETERMINE
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	LIFEWORKS HAS ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD CODIFICATION (FASB ASC) 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THAT STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DE-RECOGNITION, CLASSIFICATION, INTEREST, AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURES, AND TRANSITION. THERE WAS NO EFFECT ON THE FINANCIAL POSITION OR RESULTS OF OPERATIONS AS A RESULT OF ADOPTING THIS ACCOUNTING PRINCIPLE.
PART XII, LINE 2D - OTHER ADJUSTMENTS		DIRECT FUNDRAISING EXPENSES RECORDED AS EXPENSES ON AUDITED FINANCIALS 229,876. REVENUES FOR THE 3-MONTH SHORT-YEAR INCLUDED IN AUDIT WILL BE REPORTED ON 9/30/11 FORM 990 2,998,062.
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DIRECT FUNDRAISING EXPENSES RECORDED AS EXPENSES ON AUDITED FINANCIALS 229,876. EXPENSES FOR THE 3-MONTH SHORT-YEAR INCLUDED IN AUDIT WILL BE REPORTED ON 9/30/11 FORM 990 2,550,737.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>ACADEMY AWARDS</u>	<u>L.E.A.P.</u>	<u>2</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	307,785	92,390	63,283	463,458	
	2	Less Charitable contributions	500		29,172	29,672	
3	Gross income (line 1 minus line 2)	307,285	92,390	34,111	433,786		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs			619	619	
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	130,822	45,024	53,411	229,257	
	10	Direct expense summary Add lines 4 through 9 in column (d). ►					229,876
	11	Net income summary Combine lines 3 and 10 in column (d). ►					203,910

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

YOUTH AND FAMILY ALLIANCE

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number

74-2137189

Part I

General Information on Grants and Assistance

- 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?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations ▶

3

Enter total number of other organizations ▶

Part IIIGrants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SHELTER - RENT AND UTILITY ASSISTANCE	299	435,870			
(2) LIVING ASSISTANCE - CLOTHING, MEDICAL, EDUCATION, STIPENDS AND ALLOWANCES	663	52,284			
(3) TRAVEL AND OTHER - BUS PASSES, ID, FOOD AND HOUSEHOLD	1520	146,601			
(4) CHILDCARE	326	332,886			

Part IVSupplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 DIRECT ASSISTANCE WAS PROVIDED TO 2,808 INDIVIDUALS FUNDS WERE PROVIDED TO ASSIST CLIENTS WITH BASIC NEEDS SUCH AS RENT, UTILITY BILLS AND FOOD, EDUCATIONAL EXPENSES SUCH AS TUITION AND BOOKS, AS WELL AS TRAVEL ASSISTANCE WHICH AID STUDENTS AND CLIENTS WITH TRANSPORTATION TO SCHOOL, DOCTOR'S APPOINTMENTS, ETC DISBURSEMENTS ARE AUTHORIZED BY PROGRAM/DEPARTMENT DIRECTORS AND IN THE MAJORITY OF CASES MADE DIRECTLY TO THE SERVICE PROVIDER

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
YOUTH AND FAMILY ALLIANCE

Employer identification number
74-2137189

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		73,088	COST OR SELLING PRICE
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► (<u>SUPPLIES</u>)	X	140	40,629	FMV
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

No

No

No

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization YOUTH AND FAMILY ALLIANCE	Employer identification number 74-2137189
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE 990 IS PRESENTED FIRST TO THE BOARD OF GOVERNORS FINANCE COMMITTEE FOR REVIEW, AND THEN PRESENTED TO THE FULL BOARD OF GOVERNORS PRIOR TO FILING THE 990 AND AUDIT ARE ALSO POSTED TO THE BOARD OF GOVERNORS INTRANET PAGE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE POLICY IS REVIEWED ANNUALLY AT A MEETING OF THE BOARD OF GOVERNORS. MEMBERS AND SENIOR MANAGEMENT ARE ASKED TO SIGN A FORM INDICATING WHETHER OR NOT CONFLICTS OF INTEREST EXIST AND IF SO, PROVIDE AN EXPLANATION.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE LIFEWORKS DIRECTOR OF HUMAN RESOURCES CONDUCTS A SALARY REVIEW AND COLLECTS COMPARABLE DATA FROM THE AREA AS WELL AS SIMILAR BUSINESS TYPES OUTSIDE CONSULTANTS ARE UTILIZED TO REVIEW JOB DESCRIPTIONS AND SALARY RANGES TO ENSURE MARKET COMPETITIVENESS AND REASONABILITY THE LIFEWORKS STRATEGIC MANAGEMENT TEAM REVIEW AND SEND RECOMMENDATIONS TO THE BOARD OF GOVERNORS FOR APPROVAL PRIOR TO IMPLEMENTATION IN THE ORGANIZATION THE BOARD OF GOVERNORS FOLLOW THIS PROCESS TO SET THE COMPENSATION FOR THE EXECUTIVE DIRECTOR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL INFORMATION IS AVAILABLE FOR PUBLIC REVIEW ON GUIDESTAR AT WWW GUIDESTAR ORG DOCUMENTS ARE ALSO AVAILABLE ON LIFEWORKS BOARD OF GOVERNORS INTRANET PAGE AND UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 67,703

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	FORM 990	THE ORGANIZATION RECEIVED AUDITED FINANCIAL STATEMENTS FOR A 15 MONTH PERIOD FROM 7/1/10 - 9/30/11

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
YOUTH AND FAMILY ALLIANCE

Employer identification number
74-2137189

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LIFEWORKS ENTERPRISES LLC 3700 SOUTH 1ST STREET AUSTIN, TX 78704 73-1667320	WORK EXPERIENCE	TX	0	0	

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

2

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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