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SCANNED SEP 17 2012

Form **990**

Department of the Treasury
Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending SEP 30, 2011

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

YOUTH AND FAMILY ALLIANCE

Doing Business As **LIFEWORKS**

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**

SAME AS C ABOVE

D Employer identification number

74-2137189

E Telephone number

512-735-2400

G Gross receipts \$

3,052,898.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW.LIFEWORXSAUSTIN.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1980** **M** State of legal domicile: **TX**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities YOUTH AND FAMILY ALLIANCE (DBA LIFEWORX) TRANSITIONS YOUTH AND FAMILIES FROM CRISIS TO SAFETY AND		
	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 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	332
	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)	10,508,776.	2,866,057.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 5)	431,873.	98,275.
	11 Other revenue (Part VIII, column (A), lines 6, 7, 8, 9, 10, and 11e)	11,731.	-12,170.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	256,098.	86,316.
	13 Grants and similar amounts paid (Part IX, column (A), lines 13a-13c)	11,208,478.	3,038,478.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	967,641.	232,108.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 16)	5,975,124.	1,581,569.
	b Total fundraising expenses (Part IX, column (B), line 25) ▶ 129,160.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,601,643.	721,394.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	9,544,408.	2,535,071.
	19 Revenue less expenses - Subtract line 18 from line 12	1,664,070.	503,407.
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year
21 Total liabilities (Part X, line 26)		13,702,987.	16,075,090.
22 Net assets or fund balances - Subtract line 21 from line 20		2,702,412.	4,627,190.
		11,000,575.	11,447,900.

Part II Signature Block

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 **SUSAN MCDOWELL, EXECUTIVE DIRECTOR** Date **8/14/2012**
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name **KAREN E. ATCHLEY** Preparer's signature **Karen Atchley** Date **8/13/12** Check ☐ if self-employed PTIN **P00238005**
Firm's name ▶ **ATCHLEY & ASSOCIATES, LLP** Firm's EIN ▶ **74-2920819**
Firm's address ▶ **6850 AUSTIN CENTER BLVD, STE 180 AUSTIN, TX 78731-3129** Phone no. **(512) 346-2086**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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Part III Statement of Program Service Accomplishments

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

☒ X

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 428,958. including grants of \$ _____) (Revenue \$ 95,476.)
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 327.

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

4b (Code _____) (Expenses \$ 960,554. including grants of \$ _____) (Revenue \$ 1,999.)
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 COUNSELING AND TESTING, PREGNANCY TESTING, MENTAL HEALTH SERVICES, DRUG AND ALCOHOL COUNSELING, AND CASE MANAGEMENT SERVICES. TOTAL SERVED EQUALS 126.

LIFEWORKS OPERATES THE ONLY WALK-IN EMERGENCY SHELTER FOR YOUTH IN

4c (Code _____) (Expenses \$ 650,668. including grants of \$ _____) (Revenue \$ 800.)
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 109.

ADULT BASIC EDUCATION AND ENGLISH AS A SECOND LANGUAGE - THESE VOLUNTEER-BASED LIFEWORKS PROGRAMS TEACH ADULTS HOW TO READ AND WRITE.

4d Other program services (Describe in Schedule O)
 (Expenses \$ 54,100. including grants of \$ _____) (Revenue \$ 34,748.)

4e Total program service expenses **2,094,280.**

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
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>		X
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>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
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>		X
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>		X
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>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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>	X	
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>		X
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>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
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? If "Yes," complete Schedule L, Part I		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		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	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 gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
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).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?		X
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	N/A	
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.	N/A	
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response 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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	19	
b Enter the number of voting members included in line 1a, above, who are independent	19	
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?		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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 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: **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JAY SCHEUMACK - 512-735-2400**
3700 SOUTH 1ST STREET, AUSTIN, TX 78704

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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) BRAD FLUKE BOARD MEMBER	1.00	X								
(2) DARIN MCNELIS TREASURER	2.00	X		X						
(3) DAVID WIELAND SECRETARY	2.00	X		X						
(4) DIANE M. WILLIAMS BOARD MEMBER	1.00	X								
(5) FRED SMITH BOARD MEMBER	1.00	X								
(6) GLENN NELAND CHAIR ELECT	2.00	X		X						
(7) HARRY WOLIN BOARD MEMBER	1.00	X								
(8) JIM HOPKE AT LARGE	1.00	X								
(9) JOANN MCKENZIE BOARD MEMBER	1.00	X								
(10) JOE ROSS BOARD MEMBER	1.00	X								
(11) KENDRA SCOTT BOARD MEMBER	1.00	X								
(12) MELANIE FISH BOARD MEMBER	1.00	X								
(13) MONA CANNON SECRETARY (CHAIR ELECT 2013)	2.00	X		X						
(14) PATRICK DRISCOLL AT LARGE	1.00	X								
(15) RICHARD A. MARTIN CHAIR	2.00	X		X						
(16) TREY HALBERT AT LARGE	1.00	X								
(17) TROY GLOVER ASSISTANT SECRETARY	1.00	X		X						

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) VALERIE V. MEDDAUGH BOARD MEMBER	1.00	X								
(19) VERONICA B. FORSYTH BOARD MEMBER	1.00	X								
(20) JAY SCHEUMACK CFO	40.00			X						
(21) SUSAN MCDOWELL EXECUTIVE DIRECTOR	40.00			X						
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

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. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1757249.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1108808.			
	g	Noncash contributions included in lines 1a-1f \$		15,928.			
	h	Total. Add lines 1a-1f		2866057.			
Program Service Revenue	2 a	SERVICE FEES	Business Code 900099	98,275.	98,275.		
	b						
	c						
	d						
	e						
	f	All other program service revenue	900099				
	g	Total. Add lines 2a-2f		98,275.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,250.			2,250.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less cost or other basis and sales expenses		14,420.			
	c	Gain or (loss)		-14,420.			
	d	Net gain or (loss)		-14,420.			-14,420.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	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							
11 a	MISCELLANEOUS	Business Code 900099	64,168.	34,748.		29,420.	
b	ACCRUED INTEREST ADJUS	900099	22,148.			22,148.	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		86,316.				
12	Total revenue. See instructions.		3038478.	133,023.	0.	39,398.	

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).

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

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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	232,108.	232,108.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	56,546.		40,673.	15,873.
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	1,270,520.	1,065,038.	140,061.	65,421.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	17,874.	15,676.	1,683.	515.
9 Other employee benefits	131,826.	112,575.	14,511.	4,740.
10 Payroll taxes	104,803.	85,181.	13,144.	6,478.
11 Fees for services (non-employees).				
a Management				
b Legal	218.		218.	
c Accounting	11,331.		11,331.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	788.		788.	
g Other	193,655.	158,901.	33,991.	763.
12 Advertising and promotion	3,883.	3,031.	575.	277.
13 Office expenses	160,336.	134,889.	17,048.	8,399.
14 Information technology	12,988.	4,415.	3,598.	4,975.
15 Royalties				
16 Occupancy	154,286.	140,605.	10,692.	2,989.
17 Travel	61,492.	56,970.	4,412.	110.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	40.		40.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,725.	30,295.	7,159.	2,271.
23 Insurance	18,999.	14,151.	4,217.	631.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	17,487.	14,983.	1,393.	1,111.
b CONTRIBUTED GOODS	15,928.	15,928.		
c SPECIAL EVENTS	14,882.	575.		14,307.
d CAPITAL OUTLAY	13,404.	8,595.	4,809.	
e All other expenses	1,952.	364.	1,288.	300.
25 Total functional expenses. Add lines 1 through 24e	2,535,071.	2,094,280.	311,631.	129,160.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,885.	1	3,585.
	2 Savings and temporary cash investments	1,253,944.	2	861,459.
	3 Pledges and grants receivable, net	2,569,516.	3	3,302,070.
	4 Accounts receivable, net	634.	4	1,429.
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	72,099.	9	86,081.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	12,668,736.		
	10b Less accumulated depreciation	1,366,190.		
	11 Investments - publicly traded securities	9,245,530.	10c	11,302,546.
	12 Investments - other securities. See Part IV, line 11	540,213.	11	485,314.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	17,166.	14	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	13,702,987.	15	32,606.
Liabilities	17 Accounts payable and accrued expenses	13,702,987.	16	16,075,090.
	18 Grants payable	706,503.	17	774,542.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities	102,249.	19	77,208.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties	1,625,869.	22	
	24 Unsecured notes and loans payable to unrelated third parties		23	3,523,072.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	267,791.	24	
	26 Total liabilities. Add lines 17 through 25	2,702,412.	25	252,368.
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.		26	4,627,190.
	27 Unrestricted net assets	8,928,133.	27	8,660,969.
	28 Temporarily restricted net assets	2,062,442.	28	2,776,931.
	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	11,000,575.	33	11,447,900.
	34 Total liabilities and net assets/fund balances	13,702,987.	34	16,075,090.

Form 990 (2011)

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	3,038,478.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,535,071.
3	Revenue less expenses Subtract line 2 from line 1	3	503,407.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,000,575.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-56,082.
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	11,447,900.

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?		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant?	<input checked="" type="checkbox"/>	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	<input checked="" type="checkbox"/>	
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 separate 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?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	

Form 990 (2011)

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,164,985.	8,864,657.	7,925,190.	10,508,776.	2,866,057.	38,329,665.
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	8,164,985.	8,864,657.	7,925,190.	10,508,776.	2,866,057.	38,329,665.
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)						1,286,286.
6 Public support. Subtract line 5 from line 4						37,043,379.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	8,164,985.	8,864,657.	7,925,190.	10,508,776.	2,866,057.	38,329,665.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	61,329.	31,069.	17,906.	15,456.	2,250.	128,010.
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.)	21,119.	25,221.	7,767.	485,954.	64,168.	604,229.
11 Total support. Add lines 7 through 10						39,061,904.
12 Gross receipts from related activities, etc. (see instructions)					12	1,442,999.
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	94.83	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	95.95	%
16a 33 1/3% support test - 2011. 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 ► <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2010. 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 ► <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2011. 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 ► <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2010. 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 ► <input type="checkbox"/>			
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 ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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.** 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)

THE ORGANIZATION IS FILING A SHORT-YEAR 2011 RETURN BECAUSE THE FISCAL
YEAR-END WAS CHANGED FROM JUNE 30TH TO SEPTEMBER 30TH.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011Open 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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
b 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply)

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____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 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

c Beginning balance

1c

d Additions during the year

1d

e Distributions during the year

1e

f Ending balance

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	439,577.	363,333.	316,155.	381,649.	
b Contributions					
c Net investment earnings, gains, and losses	-54,114.	79,110.	49,778.	-83,141.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	788.	2,866.	2,600.	1,000.	
g End of year balance	384,675.	439,577.	363,333.	316,155.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment 100.00 %b Permanent endowment %c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

Yes No

3a(i) X

(ii) related organizations

3a(ii) X

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

3b

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

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

Description of property	(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.	858,340.	3,905,300.
c Leasehold improvements		7,500.	7,500.	0.
d Equipment		630,203.	500,350.	129,853.
e Other		4,866,929.		4,866,929.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				11,302,546.

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED VACATION PAYABLE	239,384.
(3) FUNDS HELD FOR CLIENTS	12,984.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

252,368.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

132053
01-23-12

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,038,478.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,535,071.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	503,407.
4	Net unrealized gains (losses) on investments	4	-56,082.
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	-56,082.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	447,325.

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	-56,082.
b	Donated services and use of facilities	2b	40,142.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	11,637,810.
e	Add lines 2a through 2d	2e	11,621,870.
3	Subtract line 2e from line 1	3	3,016,330.
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	22,148.
c	Add lines 4a and 4b	4c	22,148.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,038,478.

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	40,142.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	9,883,889.
e	Add lines 2a through 2d	2e	9,924,031.
3	Subtract line 2e from line 1	3	2,535,071.
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 must equal Form 990, Part I, line 18)	5	2,535,071.

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, line 2, 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.

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.

PART X, LINE 2: EFFECTIVE JANUARY 1, 2009, LIFEWORKS ADOPTED FINANCIAL

ACCOUNTING STANDARDS BOARD CERTIFICATION (FASB ASC) 740-10, ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES. THAT STANDARD PRESCRIBES A MINIMUM

Part XIV Supplemental Information (continued)

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 PRINCIPAL.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

THE AUDIT REPORT INCLUDES REVENUES FOR A 15 MONTH PERIOD ENDING 9/30/11 AND
THE FORM 990 INCLUDES A 3-MONTH PERIOD. 11,637,810.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ACCRUED INTEREST ADJUSTMENT 22,148.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

THE AUDIT REPORT INCLUDES EXPENSES FOR A 15 MONTH PERIOD ENDING 9/30/11 AND
THE FROM 990 INCLUDES A 3 MONTH PERIOD. 9,906,037.

ACCRUED INTEREST ADJUSTMENT -22,148.

TOTAL TO SCHEDULE D, PART XIII, LINE 2D 9,883,889.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated 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
SHELTER - RENT AND UTILITY ASSISTANCE	130	88,640.	0.		
LIVING ASSISTANCE - CLOTHING, MEDICAL, EDUCATION, STIPENDS AND ALLOWANCES	258	5,445.	0.		
TRAVEL AND OTHER - BUS PASSES, ID, FOOD AND HOUSEHOLD	648	28,127.	0.		
CHILDCARE	190	109,896.	0.		

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

SCHEDULE I, PART I, LINE 2: DIRECT ASSISTANCE WAS PROVIDED TO 1,226

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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

YOUTH AND FAMILY ALLIANCE

Employer identification number
74-2137189

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUCCESS THROUGH COUNSELING, EDUCATION, AND HOUSING ASSISTANCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

(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
493.

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 93.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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 50.

Name of the organization

YOUTH AND FAMILY ALLIANCE

Employer identification number

74-2137189

LIFEWORCS 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 LIFEWORCS) WHICH FOCUS ON EDUCATION, EMPLOYMENT SKILLS, AND COUNSELING. STAFF HELP PARTICIPANTS SET INDIVIDUAL GOALS AND ASSIST THEM WITH THEIR CASE MANAGEMENT NEEDS. TOTAL SERVED EQUALS 19.

LIFEWORCS' 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 21.

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 40.

YOUTH RESOURCE CENTER IS A ONE-STOP CENTER WHERE YOUTH CAN ACCESS A

Name of the organization

YOUTH AND FAMILY ALLIANCE

Employer identification number

74-2137189

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.

EXPECT RESPECT IS A CURRICULUM-BASED PROGRAM THAT TEACHES YOUNG PEOPLE THE SKILLS NEEDED TO BUILD HEALTHY RELATIONSHIPS, PREVENT RELATIONSHIP VIOLENCE AND INCREASE PERSONAL SAFETY. TOTAL SERVED EQUALS 61.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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 231.

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 MANAGEMENT SERVICES ARE PROVIDED TO HELP TEENS ACCESS RESOURCES AND TEACH POSITIVE PARENTING SKILLS. TOTAL SERVED EQUALS 113.

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

Name of the organization

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OF SERVICES TO FOSTER YOUTH, INCLUDING CASE MANAGEMENT, CRISIS
INTERVENTION, RESOURCE REFERRAL AND LIFE SKILLS EDUCATION. TOTAL
SERVED EQUALS 236.

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 70.

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 94.

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 825.

REAL TALK PROVIDES SCHOOL AND COMMUNITY-BASED GROUPS AND SUMMER CAMPS

132212
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization

YOUTH AND FAMILY ALLIANCE

Employer identification number

74-2137189

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 283.

YES TO COLLEGE WORKS WITH ADULTS CURRENTLY LIVING IN A CITY OF AUSTIN HOUSING AUTHORITY COMPLEX AND PROVIDES MENTORING AND SUPPORT, ACADEMIC ASSISTANCE AND TUTORING, AND EDUCATIONAL WORKSHOPS FOR HACA COLLEGE SCHOLARSHIP RECIPIENTS. TOTAL SERVED EQUALS 28.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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. EXPENSES \$ 54,100. INCLUDING GRANTS OF \$ 0. REVENUE \$ 34,748.

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.

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

Name of the organization

YOUTH AND FAMILY ALLIANCE

Employer identification number

74-2137189

AND IF SO, PROVIDE AN 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.

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.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -56,082.

FORM 990:

AUDITED FINANCIAL STATEMENTS

THE ORGANIZATION RECEIVED AUDITED FINANCIAL STATEMENTS FOR A 15-MONTH PERIOD FROM 7/1/10 - 9/30/11.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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 of this schedule.**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 (iii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Sale of assets to related organization(s)**g** Purchase of assets from related organization(s)**h** Exchange of assets with related organization(s)**i** Lease of facilities, equipment, or other assets to related organization(s)**j** Lease of facilities, equipment, or other assets from related organization(s)**k** Performance of services or membership or fundraising solicitations for related organization(s)**l** Performance of services or membership or fundraising solicitations by related organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**n** Sharing of paid employees with related organization(s)**o** Reimbursement paid to related organization(s) for expenses**p** Reimbursement paid by related organization(s) for expenses**q** Other transfer of cash or property to related organization(s)**r** Other transfer of cash or property from related organization(s)**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)			37		

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.