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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

ALLIANCE FOR CHILDREN AND FAMILIES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

11700 WEST LAKE PARK DRIVE

Room/suite

City or town, state or country, and ZIP + 4

MILWAUKEE, WI 53224

F Name and address of principal officer

SUSAN N DREYFUS

11700 WEST LAKE PARK DRIVE

MILWAUKEE, WI 53224

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.ALLIANCE1.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1992

M State of legal domicile

DE

Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities ALLIANCE FOR CHILDREN AND FAMILIES, INC PROVIDES SUPPORT TO STRENGTHEN MEMBERS' CAPACITY TO SERVE AND ADVOCATE FOR ALL CHILDREN, FAMILIES, AND COMMUNITIES																							
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																							
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>31</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>31</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2011 (Part V, line 2a)</td><td>5</td><td>0</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>40</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>1,576,755</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>-139,048</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	31	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31	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	40	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,576,755	7b	Net unrelated business taxable income from Form 990-T, line 34	7b
3	Number of voting members of the governing body (Part VI, line 1a)	3	31																					
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31																					
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	40																					
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,576,755																					
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-139,048																					
Revenue	Prior Year		Current Year																					
	8	Contributions and grants (Part VIII, line 1h)	3,627,978	9,211,398																				
	9	Program service revenue (Part VIII, line 2g)	603,387	752,270																				
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,258	53,506																				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	835,936	1,766,475																				
Expenses	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,103,559	11,783,649																				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	649,150	2,939,765																				
	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)	2,644,558	3,783,664																				
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0																				
Net Assets or Fund Balances	b	Total fundraising expenses (Part IX, column (D), line 25)	310,172																					
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,965,932	2,372,192																				
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,259,640	9,095,621																				
	19	Revenue less expenses Subtract line 18 from line 12	-156,081	2,688,028																				
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year																				
			5,163,415	9,868,681																				
			1,193,769	3,385,029																				
			3,969,646	6,483,652																				

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

Date

2012-11-13

Type or print name and title

SUSAN N DREYFUS CHIEF EXECUTIVE OFFICER

Paid Preparer's Use Only

Preparer's signature

TROY E MARINE CPA

Date

2012-11-13

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P00187863

Firm's name (or yours if self-employed), address, and ZIP + 4

BAKER TILLY VIRCHOW KRAUSE LLP

115 SOUTH 84TH STREET SUITE 400

MILWAUKEE, WI 53214

EIN

39-0859910

Phone no

(414) 777-5500

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

THE MISSION OF ALLIANCE FOR CHILDREN AND FAMILIES, INC IS TO FUSE INTELLECTUAL CAPITAL WITH SUPERIOR MEMBERSHIP SERVICES IN ORDER TO STRENGTHEN THE CAPACITIES OF NORTH AMERICA'S NONPROFIT CHILD- AND FAMILY-SERVING ORGANIZATIONS TO SERVE AND ADVOCATE FOR CHILDREN, FAMILIES, AND COMMUNITIES SO THAT TOGETHER WE MAY PURSUE OUR VISION OF A HEALTHY SOCIETY AND STRONG COMMUNITIES FOR ALL CHILDREN AND FAMILIES

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 \$ 6,120,775 including grants of \$ 2,853,906) (Revenue \$ 629,689)

MEMBER SERVICES TO MORE THAN 300 MEMBER AGENCIES REPRESENTING CHILD AND FAMILY SERVICES ORGANIZATIONS THROUGH THE UNITED STATES AND CANADA ALLIANCE MEMBERS SERVE APPROXIMATELY 3 MILLION INDIVIDUALS EACH YEAR IN MORE THAN 8,000 COMMUNITIES, PROVIDING A VAST ARRAY OF SERVICES ALLIANCE PROVIDES PEER NETWORKING, TIMELY, USEFUL INFORMATION AND VALUABLE TOOLS AND TECHNIQUES TO THEIR MEMBER AGENCIES

4b

(Code) (Expenses \$ 1,017,781 including grants of \$ 85,859) (Revenue \$)

NATIONAL ADVOCACY EFFORT REPRESENTING THE POLICY INTERESTS OF ALL MEMBERS TO FEDERAL AND STATE LEGISLATURES, THE ADMINISTRATION, AND OTHER ORGANIZATIONS

4c

(Code) (Expenses \$ 235,883 including grants of \$) (Revenue \$ 279,149)

PUBLICATION OF "FAMILIES IN SOCIETY", WHICH IS INTENDED TO PROVIDE INFORMATION TO THE FIELDS OF EDUCATION AND COMMUNICATION RELATING TO FAMILY ISSUES PUBLICATION TO MEMBERS TITLED "THE ALLIANCE FOR CHILDREN & FAMILIES MAGAZINE" INFORMING THEM ON ISSUES ON SERVICING AND ADVOCATING FOR CHILDREN, FAMILIES AND COMMUNITIES

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses

\$ 7,374,439

Form 990 (2011)

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 <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	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	Yes	
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		No
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> 	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 temporarily restricted endowments, permanent endowments, 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		No
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		No
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	Yes	
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, 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, Part I.</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, Part 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, Part 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.</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		No
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. All Form 990 filers that operated one or more hospitals must attach audited financial statements	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	Yes	
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		No
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	Yes	
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 questions 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	Yes	
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 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		No
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		No
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	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
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 ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	53
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	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a	0
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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
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 or securities 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	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate 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 aggregate 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		
1a	31		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	31
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	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	9	No

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?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
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?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	WI
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 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. 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.	
FAMILIES INTERNATIONAL INC 11700 WEST LAKE PARK DRIVE MILWAUKEE, WI 53224 (414) 359-1040		

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

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 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 organizations compensated any current or former officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	892,429	317,423	125,092

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 3

		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	Yes
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. 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
FAMILIES INTERNATIONAL INC 11700 WEST LAKE PARK DRIVE MILWAUKEE, WI 53224	MANAGEMENT FEES	571,229
WASHINGTON HILTON 1919 CONNECTICUT AVE NW WASHINGTON, DC 20009	MEETING FACILITIES	195,337
CONSTRUCTION ASSOCIATES LLC 11700 WEST LAKE PARK DRIVE MILWAUKEE, WI 53224	OFFICE CUBICLES	125,209
XEROX CORPORATION 400 S EXECUTIVE DRIVE 105 BROOKFIELD, WI 53005	COPIER LEASE/MAINTENANCE	124,081

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 4

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	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b	2,427,767				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	214,165				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,569,466				
	g	Noncash contributions included in lines 1a-1f \$ 17,743						
	h	Total. Add lines 1a-1f		9,211,398				
Program Service Revenue			Business Code					
	2a	TRAINING INCOME	624100	433,233	433,233			
	b	PROGRAM SERVICE FEES	624100	319,037	280,871	38,166		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		752,270				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		58,680			58,680	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			376,000					
			381,174					
			-5,174					
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)		-5,174			-5,174	
	8a	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 . .						
	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	304,439					
b	Less cost of goods sold . . .	b	109,705					
c	Net income or (loss) from sales of inventory . .		194,734	194,734				
Miscellaneous Revenue		Business Code						
11a	MANAGEMENT FEES	900099	1,127,637		1,127,637			
b	SPACE RENTAL	900002	329,334		329,334			
c	OTHER INCOME	900099	114,770		81,618	33,152		
d	All other revenue							
e	Total. Add lines 11a-11d		1,571,741					
12	Total revenue. See Instructions		11,783,649	908,838	1,576,755	86,658		

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	2,939,765	2,939,765		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	812,061	614,357	102,193	95,511
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	2,295,531	1,652,757	501,506	141,268
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	66,155	58,675	2,224	5,256
9	Other employee benefits	395,078	233,846	140,282	20,950
10	Payroll taxes	214,839	190,546	7,223	17,070
11	Fees for services (non-employees)				
a	Management	197,142	97,409	96,860	2,873
b	Legal	2,199		2,199	
c	Accounting	14,629		14,629	
d	Lobbying	4,500	4,500		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	474,957	386,440	89,264	-747
12	Advertising and promotion				
13	Office expenses	176,994	133,758	37,549	5,687
14	Information technology				
15	Royalties				
16	Occupancy	250,358	104,837	129,206	16,315
17	Travel	194,511	170,565	21,801	2,145
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	467,634	455,653	12,003	-22
20	Interest	2,437	1,718	753	-34
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	192,418	80,721	111,632	65
23	Insurance				
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	RENTAL AND MAINTENANCE	205,306	87,613	114,877	2,816
b	MISCELLANEOUS	139,279	112,610	26,809	-140
c	PROVISION FOR BAD DEBTS	49,828	48,669	0	1,159
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	9,095,621	7,374,439	1,411,010	310,172
26	Joint costs. Check here ☐ 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			1,306,323	1	778,467
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			481,974	3	4,353,967
	4	Accounts receivable, net			236,361	4	355,470
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			59,714	9	68,900
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	5,343,331	1,839,982	10c	2,159,603
	b	Less: accumulated depreciation	10b	3,183,728			
	11	Investments—publicly traded securities			1,183,465	11	2,110,050
	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			55,596	15	42,224
	16	Total assets. Add lines 1 through 15 (must equal line 34)			5,163,415	16	9,868,681
Liabilities	17	Accounts payable and accrued expenses			547,992	17	2,714,692
	18	Grants payable				18	
	19	Deferred revenue			645,777	19	670,337
	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				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,193,769	26	3,385,029
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			2,796,991	27	2,666,746
	28	Temporarily restricted net assets			1,074,721	28	3,692,344
	29	Permanently restricted net assets			97,934	29	124,562
	Organizations that do not follow SFAS 117, check here ☐ 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			3,969,646	33	6,483,652
	34	Total liabilities and net assets/fund balances			5,163,415	34	9,868,681

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	11,783,649
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,095,621
3	Revenue less expenses Subtract line 2 from line 1	3	2,688,028
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,969,646
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-174,022
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	6,483,652

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 ☐ Cash ☒ Accrual ☐ 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 ☐ Separate basis ☒ Consolidated basis ☐ 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?		No
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		

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

2011

Open to Public
Inspection

Name of the organization ALLIANCE FOR CHILDREN AND FAMILIES INC	Employer identification number 39-1709925
--	--

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 **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 Seesection 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)

(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 IRC 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	(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 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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
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 2011 (line 6 column (f) divided by line 11 column (f))	14					
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15					
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						
b 33 1/3% support test—2010. 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—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						
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						
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 IRC 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.")	6,091,642	4,369,421	2,988,041	3,627,978	9,211,398	26,288,480
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	752,256	934,447	900,026	886,089	752,270	4,225,088
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	6,843,898	5,303,868	3,888,067	4,514,067	9,963,668	30,513,568
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	2,959,669	1,427,177	510,492	1,171,756	6,628,793	12,697,887
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						0
c Add lines 7a and 7b	2,959,669	1,427,177	510,492	1,171,756	6,628,793	12,697,887
8 Public Support (Subtract line 7c from line 6)						17,815,681

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	6,843,898	5,303,868	3,888,067	4,514,067	9,963,668	30,513,568
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	75,292	52,673	22,705	36,258	58,680	245,608
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	75,292	52,673	22,705	36,258	58,680	245,608
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.)	248,494	123,238	176,095	209,703	1,127,637	1,885,167
13 Total support (Add lines 9, 10c, 11 and 12.)	7,167,684	5,479,779	4,086,867	4,760,028	11,149,985	32,644,343
14 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		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	54.580 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	68.670 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0.750 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.940 %
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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization ALLIANCE FOR CHILDREN AND FAMILIES INC	Employer identification number 39-1709925
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	24,807													
c	Total lobbying expenditures (add lines 1a and 1b)	24,807													
d	Other exempt purpose expenditures	9,180,519													
e	Total exempt purpose expenditures (add lines 1c and 1d)	9,205,326													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	610,266													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	152,567													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	394,711	364,504	420,729	610,266	1,790,210
b Lobbying ceiling amount (150% of line 2a, column(e))					2,685,315
c Total lobbying expenditures	9,000	84,717	30,198	24,807	148,722
d Grassroots non-taxable amount	98,678	91,126	105,182	152,567	447,553
e Grassroots ceiling amount (150% of line 2d, column (e))					671,330
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
ALLIANCE FOR CHILDREN AND FAMILIES INC

Employer identification number

39-1709925

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? ☐ Yes ☐ No	
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 ☐ Yes ☐ 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)

☐ 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

▶ \$ _____

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	108,059	75,934	75,933	
b	Contributions	26,630	22,000	1	
c	Investment earnings or losses	-594	10,125		
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance	134,095	108,059	75,934	75,933

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

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)		No
3a(ii)		No
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		390,000		390,000
b Buildings		2,975,145	1,502,954	1,472,191
c Leasehold improvements				
d Equipment		1,978,186	1,680,774	297,412
e Other				0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				2,159,603

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,783,649
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,095,621
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,688,028
4	Net unrealized gains (losses) on investments	4	-11,270
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-162,752
9	Total adjustments (net) Add lines 4 - 8	9	-174,022
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,514,006

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	11,719,331
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-11,270
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-53,048
e	Add lines 2a through 2d	2e	-64,318
3	Subtract line 2e from line 1	3	11,783,649
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	11,783,649

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	9,205,326
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	109,705
e	Add lines 2a through 2d	2e	109,705
3	Subtract line 2e from line 1	3	9,095,621
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	9,095,621

Part XIVSupplemental 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	PART V, LINE 4 (DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS)- PERMANENTLY RESTRICTED ENDOWMENT FUNDS ARE SUBJECT TO DONOR-IMPOSED STIPULATIONS REQUIRING THAT SUCH ASSETS BE PERMANENTLY INVESTED AND ALL INCOME EARNED BY SUCH FUNDS ARE SPENT IN ACCORDANCE WITH THE ENDOWMENT POLICY AS ADOPTED BY THE BOARD OF DIRECTORS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	EFFECTIVE JANUARY 1, 2009, THE CONSOLIDATED COMPANIES ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, INCOME TAXES-OVERALL, WHICH CLARIFIES THE ACCOUNTING FOR INCOME TAXES RECOGNIZED IN A COMPANY'S FINANCIAL STATEMENTS. ASC 740-10 PRESCRIBES A MORE-LIKELY-THAN-NOT THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN UNDER ASC 740-10, TAX POSITIONS WILL BE EVALUATED FOR RECOGNITION, DERECOGNITION, AND MEASUREMENT USING CONSISTENT CRITERIA AND WILL PROVIDE MORE INFORMATION ABOUT THE UNCERTAINTY IN INCOME TAX ASSETS AND LIABILITIES BASED ON AN ANALYSIS PREPARED BY THE CONSOLIDATED COMPANIES, IT WAS DETERMINED THAT THE APPLICATION OF ASC 740-10 HAD NO MATERIAL EFFECT ON THE RECORDED TAX ASSETS AND LIABILITIES OF THE CONSOLIDATED COMPANIES.
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN PENSION VALUATION -162,752
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF SALES INCLUDED IN EXPENSES PER FINANCIAL STATEMENTS 109,705. CHANGE IN PENSION VALUATION -162,753
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COST OF SALES INCLUDED IN EXPENSES PER FINANCIAL STATEMENTS 109,705

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ALLIANCE FOR CHILDREN AND FAMILIES INC

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

2011

Open to Public
Inspection

Employer identification number
39-1709925

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

27

3

Enter total number of other organizations listed in the line 1 table ▶

0

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.
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

Part IV

Supplemental 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 SELECTION PROCESS - ONLY MEMBERS OF THE ALLIANCE FOR CHILDREN AND FAMILIES IN GOOD STANDING WITH UP-TO-DATE MEMBERSHIP DUES ARE ELIGIBLE TO APPLY FOR FUNDS THROUGH A REQUEST FOR PROPOSALS (RFP) PROCESS TO IDENTIFY WHICH AGENCIES WILL BE AWARDED FUNDS, THE ALLIANCE SENDS OUT A CALL FOR REVIEWERS ALL PROPOSALS ARE REVIEWED THROUGH A BLIND PANEL REVIEW, MADE UP OF STAFF FROM ALLIANCE MEMBER AGENCIES, THE GRANT ADVISORY COMMITTEES, AND LOCAL AND NATIONAL PARTNERS ALLIANCE MEMBER ORGANIZATIONS THAT APPLY FOR A GRANT ARE NOT ELIGIBLE TO BE A REVIEWER DURING THE PARTICULAR RFP PROCESS IN WHICH THEY SUBMITTED AN APPLICATION GRANTEE AGENCY MONITORING PROCESS - WITHIN EACH PROPOSAL, APPLICANTS ARE REQUIRED TO PROVIDE INFORMATION ABOUT EXPECTED IMPACT AND LIST EXPECTED SHORT- AND LONG-TERM GOALS THE ALLIANCE RECIEVES PERIODIC REPORTS ON THE PROGRESS OF EACH GRANTEE TOWARD THEIR STATED GOALS, ALONG WITH FINANCIAL REPORTS SHOWING BUDGET AND ACTUAL RESULTS

Software ID:

Software Version:

EIN: 39-1709925

Name: ALLIANCE FOR CHILDREN AND FAMILIES INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
NEIGHBORHOOD CENTERS INC4500 BISSONNET STE 200 BELLAIRE,TX 77401	23-7062976	501(C)(3)	245,000				STRATEGY COUNTS - CSO
HOLY FAMILY INSTITUTE8235 OHIO RIVER BLVD PITTSBURGH, PA 152021454	25-0984606	501(C)(3)	237,000				STRATEGY COUNTS - CSO

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
PUBLIC HEALTH MANAGEMENT CORP 260 S BROAD ST 18TH FLOOR PHILADELPHIA, PA 19102	23-7221025	501(C)(3)	237,000				STRATEGY COUNTS - CSO
THE OPPORTUNITY ALLIANCE50 LYDIA LANE SOUTH PORTLAND, ME 041062156	01-0274725	501(C)(3)	237,000				STRATEGY COUNTS - CSO

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HOPELINK10675 WILLOWS RD REDMOND, WA 980522530	91- 0982116	501(C)(3)	237,000				STRATEGY COUNTS - CSO
LEAKE AND WATTS SERVICES INC463 HAWTHORNE AVE YONKERS, NY 107053441	13- 1860451	501(C)(3)	234,608				STRATEGY COUNTS - CSO

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
THE VILLAGE NETWORKPO BOX 518 SMITHVILLE, OH 446770518	34-0768857	501(C)(3)	230,688				STRATEGY COUNTS - CSO
VOLUNTEERS OF AMERICA OF MINNESOTA7625 METRO BLVD MINNEAPOLIS, MN 554393053	41-1554078	501(C)(3)	215,748				STRATEGY COUNTS - CSO

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HEARTLAND FAMILY SERVICE 2101 S 42ND STREET OMAHA, NE 68105	47-0390618	501(C)(3)	212,908				STRATEGY COUNTS - CSO
LEGAL ACTION OF WISCONSIN INC 230 W WELLS ST RM 800 MILWAUKEE, WI 53203	39-1077192	501(C)(3)	187,713				STRATEGY COUNTS - CSO

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
JEWISH FAMILY & CHILDREN'S SERVICE OF SARASOTA-MANATEE2688 FRUITVILLE ROAD SARASOTA, FL 34237	59-2693318	501(C)(3)	105,000				STRATEGY COUNTS - TRANSFORMATIONAL
STARR COMMONWEALTH 13725 MILL ROAD ALBION, MI 49224	38-1359593	501(C)(3)	100,000				STRATEGY COUNTS - TRANSFORMATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
THE CHILDREN'S VILLAGE1 ECHO HILL ROAD DOBBS FERRY, NY 105223600	13-1739945	501(C)(3)	100,000				STRATEGY COUNTS - TRANSFORMATIONAL
ST JOSEPH'S VILLA OF ROCHESTER3300 DEWEY AVE ROCHESTER, NY 14616	22-2825007	501(C)(3)	100,000				STRATEGY COUNTS - TRANSFORMATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HATHAWAY-SYCAMORES CHILD AND FAMILY SERVICES210 S DELACEY AVE STE 110 PASADENA, CA 911052074	95-1691005	501(C)(3)	100,000				STRATEGY COUNTS - TRANSFORMATIONAL
FAMILY AND CHILDREN FIRST INC2303 RIVER RD STE 200 LOUISVILLE, KY 40206	61-0549561	501(C)(3)	18,000				CIVIC ENGAGEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
FAMILY SERVICE ASSOCIATION2211 ARBOR BLVD DAYTON, OH 45439	31-0561485	501(C)(3)	10,000				CIVIC ENGAGEMENT
THE FAMILY PARTNERSHIP414 S 8TH STREET MINNEAPOLIS, MN 55404	41-0693858	501(C)(3)	10,000				CIVIC ENGAGEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
FAMILIES FIRST INC1105 W PEACHTREE ST NE ATLANTA, GA 30309	58-1054331	501(C)(3)	8,000				CIVIC ENGAGEMENT
FAMILY AND CHILDREN'S SERVICE201 23RD AVE N NASHVILLE, TN 37203	62-0499284	501(C)(3)	8,000				CIVIC ENGAGEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
MATRIX HUMAN SERVICES120 PARSONS ST DETROIT, MI 482012002	38-1358015	501(C)(3)	8,000				CIVIC ENGAGEMENT
QUEENS COMMUNITY HOUSE INC108-25 62ND DRIVE FOREST HILLS, NY 11375	11-2375583	501(C)(3)	8,000				CIVIC ENGAGEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
MYSI CORPORATION954 W WASHINGTON 4TH CHICAGO,IL 60607	36-2545537	501(C)(3)	8,000				CIVIC ENGAGEMENT
SECRET HARBOR 225 N WALNUT ST BURLINGTON, WA 98233	91-1025997	501(C)(3)	8,000				CIVIC ENGAGEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ALPERT JEWISH FAMILY & CHILDREN'S SERVICE5841 CORPORATE WAY STE 200 WEST PALM BEACH, FL 33407	59-1520581	501(C)(3)	5,000				NEW AGE OF AGING GRANT
FAMILY SERVICE MADISON INC128 E OLIN AVE MADISON, WI 53713	39-0806186	501(C)(3)	5,000				NEW AGE OF AGING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
OAKLAND FAMILY SERVICE114 ORCHARD LAKE ROAD PONTIAC, MI 48341	38-1358388	501(C)(3)	5,000				NEW AGE OF AGING GRANT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization ALLIANCE FOR CHILDREN AND FAMILIES INC	Employer identification number 39-1709925
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Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☐ Compensation committee ☐ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEPHEN MACK	(i)	18,000	0	0	0	1,017	19,017	0
	(ii)	4,500	0	0	0	254	4,754	0
(2) PETER GOLDBERG	(i)	361,925	0	0	9,478	1,805	373,208	0
	(ii)	90,481	0	0	2,369	451	93,301	0
(3) JOHN SCHMIDT	(i)	65,872	0	0	2,729	6,516	75,117	0
	(ii)	112,161	0	0	4,648	11,096	127,905	0
(4) ROBERT CACACE	(i)	42,887	0	0	1,823	5,092	49,802	0
	(ii)	110,281	0	0	4,687	13,094	128,062	0

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALLIANCE FOR CHILDREN AND FAMILIES INC

Employer identification number
39-1709925

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance
(1) RICHARD J COHEN	BOARD MEMBER OF ALLIANCE AND PRESIDENT AND CEO OF PUBLIC HEALTH MGMT CORP	237,000
(2) MOLLY GREENMAN	BOARD MEMBER OF ALLIANCE AND PRESIDENT AND CEO OF THE FAMILY PARTNERSHIP	10,000
(3) MARTIN L MITCHELL	BOARD MEMBER OF ALLIANCE AND PRESIDENT AND CEO OF STARR COMMONWEALTH	100,000

Part IV

Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V

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

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

2011

Open to Public
Inspection

Name of the organization ALLIANCE FOR CHILDREN AND FAMILIES INC	Employer identification number 39-1709925
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBER GREGORY COY IS A BOARD MEMBER OF FAMILY SERVICE AGENCY BOARD MEMBER SORREL BOWMAN-ROGERS IS PRESIDENT AND CEO OF THAT ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF ALLIANCE FOR CHILDREN AND FAMILIES, INC CONSIST OF ORGANIZATIONS AND/OR INDIVIDUALS MEETING THE MEMBERSHIP REQUIREMENTS FOR ONE OR MORE OF THE CLASSES OF MEMBERS AS ARE ESTABLISHED FROM TIME TO TIME BY THE BOARD OF DIRECTORS MEMBERS ARE OBLIGATED TO PAY SUCH DUES AND HAVE SUCH VOTING AND OTHER RIGHTS AND PRIVILEGES AS ARE DETERMINED BY THE BOARD OF DIRECTORS OR THE BOARD'S DELEGATED COMMITTEE HOWEVER, VOTING RIGHTS MAY NOT BE ELIMINATED OR DECREASED WITHOUT APPROVAL OF A MAJORITY OF SUCH AFFECTED MEMBERS THOSE MEMBERS HAVING VOTING RIGHTS ARE ENTITLED TO ONE DELEGATE TO THE NATIONAL DELEGATE ASSEMBLY EACH DELEGATE IS ENTITLED TO ONE VOTE FOR ALL MATTERS BROUGHT BEFORE THE NATIONAL ASSEMBLY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE DELEGATE FROM EACH VOTING MEMBER AND THE BOARD OF DIRECTORS MEET ANNUALLY AS A NATIONAL DELEGATE ASSEMBLY FOR THE ELECTION OF DIRECTORS AND THE TRANSACTION OF OTHER BUSINESS ON A DATE AND AT A TIME FIXED BY THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS IS DIVIDED INTO THREE CLASSES, AND ONE CLASS IS VOTED UPON EACH YEAR THE TERM OF OFFICE OF EACH ELECTED CLASS OF DIRECTORS EXPIRES AT THE END OF THE CALENDAR YEAR OF THE THIRD YEAR FOLLOWING THE ELECTION OF SUCH CLASS IN ADDITION, UNITED NEIGHBORHOOD CENTERS OF AMERICA IS ENTITLED TO APPOINT UP TO THREE INDIVIDUALS TO SERVE AS DIRECTORS FOR TERMS OF THREE YEARS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	DELEGATES FROM VOTING MEMBERS AND THE BOARD OF DIRECTORS MEET ANNUALLY AS A NATIONAL DELEGATE ASSEMBLY FOR THE ELECTION OF THE BOARD OF DIRECTORS AND THE TRANSACTION OF OTHER BUSINESS AS DETERMINED BY THE BOARD OF DIRECTORS. WHENEVER ACTION IS TAKEN BY THE NATIONAL DELEGATE ASSEMBLY, IT CONSTITUTES ACTION BY THE ALLIANCE FOR CHILDREN AND FAMILIES, INC. THE AFFIRMATIVE VOTE OF A MAJORITY OF DELEGATES OF THE NATIONAL ASSEMBLY AT A MEETING AT WHICH A QUORUM IS PRESENT CONSTITUTES AN ACT OF THE NATIONAL DELEGATE ASSEMBLY.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS HAS A WEEK TO REVIEW AND SUBMIT THEIR COMMENTS AND QUESTIONS ON THE FORM 990 TO MANAGEMENT UPON SATISFACTORY RESOLUTION OF QUESTIONS, THE FORM 990 IS MADE AVAILABLE TO THE FULL BOARD FOR TWO WEEKS PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALLIANCE FOR CHILDREN AND FAMILIES, INC REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IN THAT ANY OFFICER, DIRECTOR OR KEY EMPLOYEE WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL THE MATERIAL FACTS TO THE OFFICERS OR DIRECTORS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT THE REMAINING DIRECTORS OR OFFICERS MEETING WILL DECIDE IF CONFLICTS OF INTEREST EXIST EACH OFFICER, DIRECTOR AND KEY EMPLOYEE ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY , HAS READ AND UNDERSTANDS THE POLICY , AND HAS AGREED TO COMPLY WITH THE POLICY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	IN DETERMINING THE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES, THE PROCESS INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND FINAL DECISION THE ORGANIZATION RECEIVES A COMPENSATION STUDY FROM A THIRD PARTY PERIODICALLY , WHICH COMPARES THE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES TO SIMILAR ORGANIZATIONS THROUGHOUT THE U S THE COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS, AND DOCUMENTATION IS RETAINED BY THE CHIEF FINANCIAL OFFICER THE INDIVIDUALS ARE NOT PRESENT WHEN THEIR COMPENSATION IS REVIEWED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	ALLIANCE FOR CHILDREN AND FAMILIES, INC WILL PROVIDE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -11,270 CHANGE IN PENSION VALUATION -162,752 TOTAL TO FORM 990, PART XI, LINE 5 -174,022

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	NO CHANGES TO THE PRIOR YEAR'S PROCESS HAVE BEEN MADE

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

2011

Open to Public Inspection

Name of the organization
ALLIANCE FOR CHILDREN AND FAMILIES INC

Employer identification number
39-1709925

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

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
(1) UNITED NEIGHBORHOOD CENTERS OF AMERICA 11700 WEST LAKE PARK DRIVE MILWAUKEE, WI 53224 13-1624106	VOLUNTARY NATIONAL NOT-FOR-PROFIT ORGANIZATION	NY	501(C)(3)	LINE 9	FAMILIES INTERNATIONAL INC	Yes	
(2) WAYS TO WORK INC 11700 WEST LAKE PARK DRIVE MILWAUKEE, WI 53224 39-1945011	PROMOTE STRATEGIES TO IMPROVE THE FINANCIAL CONDITION OF THE DISTRESSED	DE	501(C)(3)	LINE 7	FAMILIES INTERNATIONAL INC	Yes	
(3) FAMILIES INTERNATIONAL INC 11700 WEST LAKE PARK DRIVE MILWAUKEE, WI 53224 39-1710029	PROVIDE SUPPORT AND GOVERNANCE TO RELATED NFP ORGANIZATIONS	DE	501(C)(3)	LINE 11A, I	ALLIANCE FOR CHILDREN & FAMILIES INC	Yes	

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) Disproportionate 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
(1) FEI BEHAVIORAL HEALTH INC 11700 WEST LAKE PARK DRIVE MILWAUKEE, WI 53224 39-1714534	BEHAVIORAL HEALTH AND CRISIS MANAGEMENT	DE	FAMILIES INTERNATIONAL INC	C			

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 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)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

Yes

No

Yes

No

Yes

No

Yes

Yes

No

Yes

No

No

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) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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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Software ID:

Software Version:

EIN: 39-1709925

Name: ALLIANCE FOR CHILDREN AND FAMILIES INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) FAMILIES INTERNATIONAL INC	G	154,135	CASH
(2) FAMILIES INTERNATIONAL INC	I	14,992	CASH
(3) FEI BEHAVIORAL HEALTH INC	I	267,901	CASH
(4) UNITED NEIGHBORHOOD CENTERS OF AMERICA	I	8,325	CASH
(5) WAYS TO WORK INC	I	38,116	CASH
(6) UNITED NEIGHBORHOOD CENTERS OF AMERICA	M	194,659	REASONABLE ALLOCATION
(7) WAYS TO WORK INC	M	68,222	REASONABLE ALLOCATION
(8) UNITED NEIGHBORHOOD CENTERS OF AMERICA	N	54,150	REASONABLE ALLOCATION
(9) WAYS TO WORK INC	N	140,026	REASONABLE ALLOCATION
(10) FAMILIES INTERNATIONAL INC	P	164,722	CASH
(11) UNITED NEIGHBORHOOD CENTERS OF AMERICA	P	47,096	CASH
(12) WAYS TO WORK INC	P	210,582	CASH

Additional Data

Software ID:

Software Version:

EIN: 39-1709925

Name: ALLIANCE FOR CHILDREN AND FAMILIES INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
BETSY VANDER VELDE VICE CHAIR OF THE BOARD	50	X		X				0	0	0
FATHER STEVEN BOES DIRECTOR	50	X						0	0	0
SORREL BOWMAN-ROGERS DIRECTOR	50	X						0	0	0
BARBARA BRIZDLE DIRECTOR	50	X						0	0	0
SANDRA J BROMER DIRECTOR	50	X						0	0	0
BRIAN CARROLL DIRECTOR	50	X						0	0	0
RICHARD J COHEN DIRECTOR	50	X						0	0	0
GREGORY M COY DIRECTOR	50	X						0	0	0
G DENISE CROSS DIRECTOR	50	X						0	0	0
MICHAEL DELIA DIRECTOR	50	X						0	0	0
HEATHER FELTMAN DIRECTOR	50	X						0	0	0
CYNTHIA FRIAUF TREASURER	50	X						0	0	0
MOLLY GREENMAN DIRECTOR	50	X						0	0	0
ROBERT M HARRIS DIRECTOR	50	X						0	0	0
MARY HOLLIE DIRECTOR	50	X						0	0	0
LEN IAQUINTA DIRECTOR	50	X						0	0	0
DONALD E LORTON DIRECTOR	50	X						0	0	0
MICHELLE MILLS DIRECTOR	50	X						0	0	0
MARTIN L MITCHELL DIRECTOR	50	X						0	0	0
ANGELE M PARKER DIRECTOR	50	X						0	0	0
JOSEPH M REIBMAN DIRECTOR	50	X						0	0	0
DENNIS M RICHARDSON VICE CHAIR OF THE BOARD	50	X		X				0	0	0
RANDAL D RUCKER SECRETARY	50	X		X				0	0	0
LAURIE ANNE SPAGNOLA DIRECTOR	50	X						0	0	0
LAWRENCE L STROUD DIRECTOR	50	X						0	0	0

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(A) Name and Title	(B) Average hours per week	(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			
ANDREW VANCHIERE DIRECTOR	50	X						0	0	0
ANSELMO VILLARREAL DIRECTOR	50	X						0	0	0
FRED WAHRLICH DIRECTOR	50	X						0	0	0
RENEE J WARD DIRECTOR	50	X						0	0	0
WILLIAM WOLFF DIRECTOR	50	X						0	0	0
STEPHEN MACK CHAIR OF THE BOARD	30 00	X		X				18,000	4,500	1,271
PETER GOLDBERG PRESIDENT & CEO	30 00			X				361,925	90,481	14,103
POLINA MAKIEVSKY SR VP & COO	40 00			X				120,821	0	22,530
PATRICK W LESTER VP	40 00			X				124,973	0	11,188
UNDRAYE HOWARD VP	40 00			X				89,212	0	16,598
SHEILA ZELENSKI VP	40 00			X				68,739	0	9,717
JOHN SCHMIDT CFO	15 00			X				65,872	112,161	24,989
ROBERT CACACE CHIEF INFORMATION OFFICER	12 00			X				42,887	110,281	24,696