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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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JUL 2011 and ending JUN 30, D Employer identification number Check if applicable C Name of organization Address change FAMILY CAREGIVER ALLIANCE Name change 94-2687079 Doing Business As Initial return Number and street (or P 0, box if mail is not delivered to street address) Room/suite E Telephone number Termin-785 MARKET STREET # 750 415-434-3388 Amended G Gross receipts \$ 2.529.960. City or town, state or country, and ZIP + 4 Applica-SAN FRANCISCO, CA H(a) Is this a group return pending Yes X No F Name and address of principal officer KATHLEEN KELLY for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? ____ Yes ____ No Tax-exempt status X 501(c)(3) 527 501(c)() ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► WWW.CAREGIVER.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation, 1980 M State of legal domicile: CA Part I | Summary Briefly describe the organization's mission or most significant activities. SEE ATTACHED SCHEDULE O Revenue ANNE Activities & Governance Check this box 🕨 📖 if the organization discontinued its operations or disposed of more than 25% of its net assets 10 Number of voting members of the governing body (Part VI, line 1a) 3 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 3 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 2,223,221. 2,482,249. Contributions and grants (Part VIII, line 1h) <u>10,3</u>70. 38,932. Program service revenue (Part VIII, line 2g) 7,841. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,950. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 10-11 0. 29,500. 11 Total revenue - add lines 8 through 11 (must equal Part VIII, Solumn (A), line 4 2,269,103. 2,529,960. 0. 0. Grants and similar amounts paid (Part IX, column (A) lines 1-3) RS-03 Benefits paid to or for members (Part IX, column (A), 1684) DEC 0. 1,169,980. 1,158,972 Salaries, other compensation, employee benefits (Part X) column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 116) OGDEN b Total fundraising expenses (Part IX, column (D), line 25) 997,006. 1,058,521. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,166,986. 2,217,493. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 51,610. 362,974. 19 Revenue less expenses Subtract line 18 from line 12 Assets or Balances Beginning of Current Year End of Year 1,444,878 780,192. 20 Total assets (Part X, line 16) 295,292. 317,234 21 Total liabilities (Part X, line 26) Net / 484,900. Net assets or fund balances Subtract line 21 from line 20 .644. | 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 EXECUTIVE DIRECTOR KATHLEEN KELLY Here Type or print name and title Date PTIN Preparer's synagure Check Print/Type preparer's name 11/19/13 self-employed P01295922 Paid DAVID M. BOTT Firm's name WILSON MARKLE STUCKEY HARDESTY & BOTT Firm's EIN 26-3789391 Preparer Use Only Firm's address ▶ 101 LARKSPUR LANDING CIRCLE, #200 415-925-1120 LARKSPUR, CA 94939-1750 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011) FAMILY CAREGIVER ALLIANCE
Part IV Checklist of Required Schedules

1 Is the organization described in section 501(k) or 4947(k) (b) other than a private foundation? If 'Yes,' complete Schedule A, Schedule B, Schedule of Contributor? 2 Is the organization required to complete Schedule B, Schedule of Contributor? 3 Dd the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part II 4 Section 501(k) application as the organization or engage in lobbying activities, or have a section 501(k) election in effect during the tax year? If 'Yes,' complete Schedule C, Part III 5 Is the organization as otherion in Review Proceeding 8-197 if 'Yes,' complete Schedule C, Part III 6 Dd the organization annitian any donor advised funds or any similar funds or accounts? If 'Yes,' complete Schedule D, Part II 7 Dd the organization maintain any donor advised funds or any similar funds or accounts? If 'Yes,' complete Schedule D, Part II 8 Dd the organization maintain and elections of works of art, histonical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 9 Dd the organization maintain and elections of works of art, histonical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 10 Dd the organization maintain circlett response to works of art, histonical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part IV 11 Dd the organization report an amount for land, buildings, and equipment in Part X, line 107 if 'Yes,' complete Schedule D, Part IV 12 Dd the organization report an amount for land, buildings, and equipment in Part X, line 107 if 'Yes,' complete Schedule D, Part VII 13 Dd the organization report an amount for other securities in Part X, line 107 if 'Yes,' complete Schedule D, Part VII 14 Dd the organization report an amount for other securities in Part X, line 157 if 'Yes,' complete Schedule D, Part VIII 15 Dd the organization report an amount for other securities in Part X, line 157 if 'Yes,' compl				Yes	No
2 Is the organization required to complete Schedule B, Schedule C Contributors 3	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dd the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(S) organizations. Bid the organization engage in lobbying activities, or have a section 501(f)) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a seaton 50 (c)(4)(5, 501(c)(6)) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part II Did the organization markens any donor advested funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization markens any donor advested unds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization markens collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization markens any organization of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization inegorial an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or organized credit counsenseling, debit management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV If the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI Did the organization report an amount for land, buildings, and equipment in Part X, line 120 If "Yes," complete Schedule D, Part XI Did the organization report an amount for bring the schedule D, Part XI Did the organization report an amount for land, buildings, and equipment in Part X, line 12 In It is X Did the organization report an amount for land, buildings, and equipment in Part X, line 12 In It is X is a special asset reported in Part X, line 150 If "Yes," complete Schedule D, Part XI Did the organization rep		If "Yes," complete Schedule A	1		
public office? If "Yes," complete Schedule C, Part I Section 50 1(s)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization as extend 501(s)(4), 501(s)(5), or 501(s)(5), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure Be19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain any donor advised funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 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 negotation services? If "Yes," complete Schedule D, Part IV Did the organization amount and organization, fold assets in repropriative services as applicable Did the organization and amount of the following questions is "Yes," then complete Schedule D, Part V, as as applicable Did the organization report an amount for investments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part VII Did the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part VII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report and amount for other assets i	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
4 Section 50 (in(s)) organizations. Did the organization engage in lobbying activities, or have a section 50 (in(s)) election in effect during the tax year? if "Yes," complete Schedule C, Part II is the organization a section 50 (in(s), 501(o)(s), or 501(o)(s) organization that receives membership dues, assessments, or amiliar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part II is Did the organization markin any donor advessed unds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is Did the organization increase in orbital consensent, including assements to to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II is Did the organization marking orbital and areas, or historic structures? If "Yes," complete Schedule D, Part II is 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, debit management, credit repair, or debt neglicitation services? If "Yes," complete Schedule D, Part V is Did the organization report an amount for life part, or debt neglicitation services? If "Yes," complete Schedule D, Part V is II the organization report an amount for fer brought assesses reported in Part X, line 10? If "Yes," complete Schedule D, Part V is Did the organization report an amount for envestments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X is Did the organization report an amount for services in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 18? If Yes, complete Schedule D, Part X, line 18? If Yes, complete Schedule D, Part X, line 18? If Yes, complete Schedule D, Part X, line 18? If Yes, complete Schedule D, Part X, line 18? If Yes, complete Schedule D, Part X, line 18? If Y	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
dump the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic fail areas, or historic structure? If "Yes," complete Schedule D, Part IV Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 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? If "Yes," complete Schedule D, Part IV Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part IV If the organization report an amount for investments or other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments or other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 If "Yes," complete Schedule D, Part X XIII Did the organization report an amount for other assets in Part X, line 15 If "Yes," complete Schedule D, Part X XIII Did the organization report an amount for other assets in Part X, line 15 If "Yes," complete Schedule D, Part X XIII		public office? If "Yes," complete Schedule C, Part I	3		X
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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-E27 (If "Yes," complete Schedule L, Part I 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26b X 27 Did the organization provided a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of or any of these persons? If "Yes," complete Schedule L, Part III 27 A current or former officer, director, trustee, or they employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its not assets? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its not assets? If "Yes," complete Schedule N, Part II 31 X 34 Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, V, and V, Ine 1 34 X 35a Did the organization related to any tax exempt or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes,"			25a		Х
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27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part II/ 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? // "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? // "Yes," complete Schedule L, Part IV 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 director, trustee, or direct or indirect owner? // "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M 30 Lid the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // "Yes," complete Schedule M. Part I 31 Did the organization liquidate, terminate, or dissolve and cease operations? // "Yes," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-3 // "Yes," complete Schedule R, Part I 32 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 33 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? "Yes," complete Schedule R, Part V, Ine 2 34 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnershi	26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
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If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Y 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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	0.4		33		^
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b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 X	25-	·			
section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 70 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X			35 <u>a</u>		<u> </u>
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 X	Ь		256		V V
If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 X	36		330		- **
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	30		36		x
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 X	27		-30	†	**
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 X	31		37	1	x
Note. All Form 990 filers are required to complete Schedule O	30		\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		 -
Trace:	55		38	x	
	_	Treater, and the state and respected to complete contracts to			(2011)

Form 990 (2011) Page 5 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 25 1a Enter the number of Forms W 2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 37 filed for the calendar year ending with or within the year covered by this return 2a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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 Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 Х any contributions that were not tax deductible? 6a 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? Х 7a 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 Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f X 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 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9b Did the organization make a distribution to a donor, donor advisor, or related person? b 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 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 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c

Form 990 (2011)

14a

Х

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

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

	Check if Schedule O contains a response to any question in this Part VI			X								
<u>Sec</u>	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year 10											
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
	officer, director, trustee, or key employee?	2		X								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision											
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X								
6	Did the organization have members or stockholders?	6		X								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or											
	more members of the governing body?											
b	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		<u>X</u> _								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
а	The governing body?	8a	Х									
b	Each committee with authority to act on behalf of the governing body?	8b	_X_									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)											
			Yes	No								
	Did the organization have local chapters, branches, or affiliates?	10a		X								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?											
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х									
	Describe in Schedule O the process, if any, used by the organization to review this Form 990											
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			37								
	In Schedule O how this was done	12c		X								
13	Did the organization have a written whistleblower policy?	13	37	Х								
14	Did the organization have a written document retention and destruction policy?	14	X									
15	Did the process for determining compensation of the following persons include a review and approval by independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37								
	The organization's CEO, Executive Director, or top management official	15a		X								
b	Other officers or key employees of the organization	15b		<u>X</u> _								
16	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)											
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	46-		v								
	taxable entity during the year?	16a		<u>X</u>								
D	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	40h										
500	exempt status with respect to such arrangements? tion C. Disclosure	16b										
	List the states with which a copy of this Form 990 is required to be filed ▶CA											
17		vallab										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vallaU	16									
	for public inspection. Indicate how you made these available. Check all that apply Own website											
10	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	l finan	ncial									
19	statements available to the public during the tax year	midi	icial									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ion 🕨	•									
20	THE ORGANIZATION - 415-434-3388											
	785 MARKET STREET # 750, SAN FRANCISCO, CA 94103											
132006)	Form	990	2011)								

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

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

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

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

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

Check this box if neither the organize (A) Name and Title	(B) Average hours per week	(do	not c	((Pos heck ss pe	tion		one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PING HAO										_
PRESIDENT	1.00	X		Х				0.	0.	0.
(2) JACQUELYN KUNG	4 00								_	
VICE PRESIDENT	1.00	X		X		-		0.	0.	0.
(3) JEFF KUMATAKA	1 00	3,		٦,						_
TREASURER	1.00	X		X				0.	0.	0.
(4) DEBORAH S. WOLTER	1.00	v		x				0.	0.	0.
SECRETARY TRANSPORT OF THE SECRETARY	1.00	^		^				0.	0.	<u> </u>
(5) HERMAN S. BROWN., JR. BOARD MEMBER	1.00	v						0.	0.	0.
(6) MOIRA FORDYCE	1.00									
BOARD MEMBER	1.00	x						0.	0.	0.
(7) MARK LACHMAN										
BOARD MEMBER	1.00	X			1			0.	0.	0.
(8) MICHAEL MALEWIZ										
BOARD MEMBER	1.00	X						0.	0.	0.
(9) RAJIV MEHTA										
BOARD MEMBER	1.00	X						0.	0.	0.
(10) F. BURNS VICK										
BOARD MEMBER	1.00	X	_	_				0.	0.	0.
(11) KATHLEEN KELLY								444.00		
EXECUTIVE DIRECTOR	40.00		_	X	<u> </u>			114,025.	0.	0.
(12) STEPHEN HU	40.00							75 000		_
FISCAL DIRECTOR	40.00			Х				75,889.	0.	0.
122007 04 22 42						<u> </u>				Form 990 (2011)

Par	T VII Section A. Officers, Directors, Tr	<u>ustees, Key Eı</u>	mple	oyee	s, a	<u>nd l</u>	High	<u>est</u>	Compensated Employ	ees (continued)				
	(A)	(B)			-	C)			(D)	(E)		(F)		
	Name and title	Average	(do		Pos heck		1 than	one	Reportable	Reportable		Es	tımate	d
		hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	1		ount	of
		week	-	Cer ai	10 2 0	I OCI	Di/u us	100)	from	from related			other	
		(describe hours for	recto				_		the	organizations			pensa	
		related	p 10 a	ee ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	~)		om the anızat	
		organizations	ruste	l trus		5	age		(** 27 1033 101100)			_	relat	
		ın Schedule	Individual trustee or director	Institutional trustee	<u> </u>	Key employee	Highest compensated employee	 					nızatı	
		O)	Ind	Instit	Officer	Key	15 E	Former				_		
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	Total from continuation sheets to Part \	/II Coation A							0.		0.		-	0.
		ni, Section A							189,914.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but	not limited to th	2000	linte	-d -	hou	ابداه	20.5		000 of reportable				
2	compensation from the organization	not milited to ti	1036	Hote	-u a	DOV	C) W	10 1	eceived more man proc	,000 of reportable	,			1
	Compensation from the organization												Yes	No
3	Did the organization list any former officer	r director or tri	ieta	ما م) / Or	mole	20/00	or	highest compensated a	molovee on	Г			
Ü	line 1a? If "Yes," complete Schedule J for			,	. y C1	· · p··	Jyco	, 0.	riigilest compensated c	mpleyee on		3		х
4	For any individual listed on line 1a, is the s			omn	ane:	atını	n an	d of	her compensation from	the organization	ŀ			
-	and related organizations greater than \$15	•		•					•	ine organization		4		х
5	Did any person listed on line 1a receive or									dual for convices	ŀ	-		1
3	rendered to the organization? If "Yes," cor							Ciai	led organization or indiv	dual for services		5		х
Sec	tion B. Independent Contractors	npiete Scriedui	e 	101 5	ucn	per	<u> </u>			·		<u> </u>		
	Complete this table for your five highest c	omponented in	don	onde	nt c	ont	rante	ore f	that recoved more than	\$100,000 of com	anne:	tion f	rom.	
1	the organization Report compensation for		-								501136			
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	(A) Name and busines	s address	NI	ON	er e				Description of s	ervices	C		<i>r)</i> nsatio	n
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2	Total number of independent contractors		not li	ımıte	a to		_	stec	above) who received n	iore than				
	\$100,000 of compensation from the organ	nization -					0						000	2011
												Form	ソソリ (2011)

1						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 a PUBLICATIONS ETC 900099 6,618 6,618	utions, Gifts, Grants ler Similar Amounts	b c d e	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran	tions) 1b 1c 1d 1d 1e 1, and					
2 a PUBLICATIONS ETC 900099 6,618 6,618	ontrib od Oth	g							
2 a PUBLICATIONS, ETC 5 CLIENT FEES 900099	Ŏ ē	<u>h</u>	Total. Add lines 1a-1f						ļ
Total, Add lines 2a-2f	ervice Je			ETC	900099	6,618.	6,618. 3,752.		
Total, Add lines 2a-2f	ogram S Reven	d							
Towestment income (including dividends, interest, and other similar amounts) Towestment of tax-exempt bond proceeds Towestment of tax-exempt bond proceeds	ة	f	All other program service reve	enue		10.370.			
6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) e Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from gaming activities 11 a OTHER 900099 29,500. 29,500. 10,370. 0.37,341.			Investment income (including	dividends, inter					7,841.
6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$					<u> </u>				
b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) e Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER 900099 29,500. 29,500. 4 All other revenue e Total. Add lines 11a-11d 29,500. 10,370. 0,37,341.		6 3	Gross rents	(i) Heal	(ii) Personal				
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assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		d	` '						
and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER 900099 29,500. 29,500. 4 All other revenue e Total. Add lines 11a-11d 22,529,960. 10,370. 0. 37,341.		7 a		(ı) Securities	(II) Other				
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and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER 900099 29,500. 29,500. 4 All other revenue e Total. Add lines 11a-11d ≥ 29,500. 12 Total revenue See instructions. ≥ 2,529,960. 10,370. 0. 37,341.								·	
b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code		10 a							
c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER 900099 29,500. b 29,500. c 4 All other revenue e Total. Add lines 11a-11d ≥ 29,500. 12 Total revenue See instructions. ≥ 2,529,960. 10,370. 0.37,341.		h							
Miscellaneous Revenue Business Code 11 a OTHER 900099 29,500. 29,500. b 20,500. 29,500. c 20,500. 20,500. d All other revenue 29,500. 29,500. 12 Total revenue See instructions. 2,529,960. 10,370. 0.37,341.			-						
11 a OTHER 900099 29,500. 29,500. b C	İ	<u>_</u>	· · · · · · · · · · · · · · · · · · ·		Business Code		-		
b	Ì	11 a				29,500.			29,500.
d All other revenue e Total. Add lines 11a-11d ▶ 29,500. 12 Total revenue See instructions. ▶ 2,529,960. 10,370. 0. 37,341.									
e Total. Add lines 11a-11d ▶ 29,500. 12 Total revenue See instructions. ▶ 2,529,960. 10,370. 0. 37,341.		С							
12 Total revenue See instructions. ► 2,529,960. 10,370. 0. 37,341.		d	All other revenue						
12 Total revenue See instructions.					-		40.55		0-01
	13200		Total revenue See instructions.			2,529,960.	10,370.	0.	

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do	Check if Schedule O contains a response to co	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				•
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	184,493.	85,195.	92,204.	7,094
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F.60 F.46	600 004	100 000	11 660
7	Other salaries and wages	762,546.	629,984.	120,900.	11,662
8	Pension plan accruals and contributions (include	6 450	4 000	1 450	100
_	section 401(k) and section 403(b) employer contributions)	6,479.	4,893.	1,458.	128
9	Other employee benefits	136,877.	103,367.	30,799.	2,711
10	Payroll taxes	79,585.	60,100.	17,909.	1,576
11	Fees for services (non-employees).				
a	Management	C C1E	C C1E		
b	Legal	6,615.	6,615.		
C.	Accounting	26,800.	26,800.		
	Lobbying				
e	Professional fundraising services See Part IV, line 17		-		
f	Investment management fees	10,879.	8,904.	1,800.	175
_ g	Other Advertising and promotion	10,079.	0,304.	1,000.	1/3
12 13	Office expenses	41,260.	40,866.	106.	288
14	Information technology	20,926.	20,909.	4.	13
15	Royalties	20,520.	20,303.		
16	Occupancy	85,422.	65,042.	18,210.	2,170
17	Travel	73,972.	73,182.	790.	2,110
18	Payments of travel or entertainment expenses	13,312.	75,102.	750.	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			-	·
22	Depreciation, depletion, and amortization	25,990.		25,990.	
23	Insurance	5,191.	5,191.	20,75500	
24	Other expenses. Itemize expenses not covered	0,2521	0,252		
-	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUBCONTRACTOR SERVICES	393,674.	393,674.		
b	FAMILY SUPPORT SERVICES	141,574.	141,574.		_
c	LEGACY AWARD	80,000.	80,000.		
	TELEPHONE	37,192.	36,028.	590.	574
d			44,628.	947.	1,936
d		4/,511.			_ , •
d e	All other expenses	47,511. 2,166,986.		311,707.	28,327
d e 25	All other expenses Total functional expenses Add lines 1 through 24e	2,166,986.	1,826,952.		28,327
d e 25	All other expenses Total functional expenses Add lines 1 through 24e Joint costs Complete this line only if the organization				28,327
d	All other expenses Total functional expenses Add lines 1 through 24e				28,327

08421119 718997 2012274

Form 990	(2011))	
Part X	Bal	ance	Sh

Pai	t X	Balance Sheet						
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			391,015.	1	131,796.	
	2	Savings and temporary cash investments		Ì	•	2		
	3	Pledges and grants receivable, net			812,919.	3	1,017,052.	
	4	Accounts receivable, net			726.	4	433.	
	5	Receivables from current and former officers, di	rectors	, trustees, key				
		employees, and highest compensated employee		· • •				
		of Schedule L		'		5		
	6	Receivables from other disqualified persons (as	define	d under section				
		4958(f)(1)), persons described in section 4958(c)						
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary				
		employees' beneficiary organizations (see instru				6		
ets	7	Notes and loans receivable, net						
Assets	8	Inventories for sale or use			-	8		
	9	Prepaid expenses and deferred charges			15,147.	9	32,372.	
		Land, buildings, and equipment cost or other						
		basis Complete Part VI of Schedule D	10a	165,230.				
	ь	Less accumulated depreciation	10b	138,439.	30,358.	10c	26,791.	
	11	Investments - publicly traded securities			183,386.	11	26,791. 541,012.	
	12	Investments - other securities See Part IV, line 1	11			12		
	13	Investments - program-related See Part IV, line				13		
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11			11,327.	15	30,736.	
	16	Total assets. Add lines 1 through 15 (must equa	al line :	34)	1,444,878.	16	1,780,192.	
	17	Accounts payable and accrued expenses			218,329.		217,896.	
	18	Grants payable				18		
	19	Deferred revenue		98,905.	19	55,591.		
	20	Tax-exempt bond liabilities			20			
Ø	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21		
Liabilities	22	Payables to current and former officers, director		ŀ				
apil		highest compensated employees, and disqualifi	ed per	sons Complete Part II				
Ë		of Schedule L	·	·		22		
	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	·	
	24	Unsecured notes and loans payable to unrelated		· .		24		
	25	Other liabilities (including federal income tax, pa	yables	to related third				
		parties, and other liabilities not included on lines	: 17-24) Complete Part X of				
	ĺ	Schedule D			0.	25	21,805.	
	26	Total liabilities. Add lines 17 through 25			317,234.	26	295,292.	
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete				
S	[lines 27 through 29, and lines 33 and 34.						
ğ	27	Unrestricted net assets		į	880,980.	27	836,422.	
<u>ala</u>	28	Temporarily restricted net assets			246,664.	28	648,478.	
<u> </u>	29	Permanently restricted net assets				29		
Ē		Organizations that do not follow SFAS 117, cl	heck h	ere 🕨 🔲 and				
P		complete lines 30 through 34.						
ets	30	Capital stock or trust principal, or current funds				30	-1	
\ss(31	Paid-in or capital surplus, or land, building, or eq	luipme	nt fund		31		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32		
ž	33	Total net assets or fund balances	·		1,127,644.	33	1,484,900.	
	34	Total liabilities and net assets/fund balances			1,444,878.		1,780,192.	
							Form 990 (2011)	

	990 (2011) FAMILY CAREGIVER ALLIANCE	94-268	7079	Pag	ge 12
Par	t XI Reconciliation of Net Assets	_			
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,52	9,9	<u>60.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,16	6,9	86.
3	Revenue less expenses Subtract line 2 from line 1	3	36:	2,9	74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,12	7,6	44.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	</td <td>5,7</td> <td>18.</td>	5,7	18.
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	1,48	4,9	00.
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				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	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	[]		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За .	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Audit			
	Act and OMB Circular A-133?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audite, explain why in Schodule O and describe any stone taken to undergo each audite		26	v	

Form **990** (2011)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2011

Open to Public Inspection

Name of the organization

Employer identification number

FAMILY CARECIVER ALLIANCE 94-2687079

			CUVERTARY VI							2007	<u> </u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part) See inst	ructions		_		
he organ	ization is not a	private foundation l	because it is. (For lines 1	through 1	11, check	only one b	ox)					
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)					
2 🗀	A school des	cribed in section 17	0(b)(1)(A)(II). (Attach Scl	hedule E)								
з 🔲	A hospital or	a cooperative hospit	tal service organization o	described i	n section	170(b)(1)(A)(ıii).					
4	A medical res	search organization of	operated in conjunction	with a hos	pıtal desci	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital'	s nam	e,
	city, and state	е										
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	t describe	d in		
	section 170	(b)(1)(A)(ıv). (Comple	ete Part II)									
6	A federal, sta	ite, or local governme	ent or governmental unit	described	ın sectio	n 170(b)(1)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desci	ribed ir	า
	section 170(b)(1)(A)(vi). (Comple	te Part II)	• •		•						
8 🗀	•		ection 170(b)(1)(A)(vi). (Complete	Part II)							
9 🗀	_		eives (1) more than 33 1			rom contri	butions, m	nembershi	o fees, an	d aross rec	eipts f	from
	_	•	nctions · subject to certa							_		
		•	axable income (less sect	•		•				-		
	_	509(a)(2). (Complete			,			,				
ю 🗀			perated exclusively to tes	st for publ	c safety S	See sectio	n 509(a)(4	I).				
1 🗔	•	•	perated exclusively for th	•	•			•	v out the p	ourposes o	f one c	or
	•	•	ations described in section		•					-		
			organization and comple				,		-/(-/			
	a Type I	- · · · ·	7 i			tionally int	egrated		dП	Type III C	Other	
е 🗀	* *		it the organization is not	— <i>"</i>		•	J	r more dis	ualified p			n
• —		•	han one or more publicly		•	•	•		-			
f			ten determination from t						,(4)(1)		(/(-)	
•		rganization, check th				po 1, 13po	п, от турс	,				
		•	organization accepted an	v aift or co	antribution	from any	of the follo	owing per	sons?			
g	_		rectly controls, either ale			•					Yes	No
			upported organization?	one or tog	011101 111111	persons a		iri (ii) aria (, 50.011,	11g(ı)		
	-	• •	n described in (i) above?							11g(ii)		
	• •	•	person described in (i) o	or (u) above	2					11g(iii)		
h		-	about the supported or							<u> </u>		
h	Flovide the it	ollowing information	about the supported of	garnzation	(3)							
			(iii) Type of	Kind In the o	raanization	(v) Did you	notify the	(vi) Is	the			,
` '	of supported	(ii) EIN	organization		sted in your			organization	on in col.	(vii) Am		Ī
Ui g	anization		(described on lines 1-9	. , <i>,</i>	document?	(i) of your		(i) organiz U S	.?	Sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(000 1110110110110)/	103	140	100		1.00	"			
			-									
										-		
										-		
								 	 			
	-			-					 	-		
otal		<u> </u>	<u> </u>		ļ	L	L	L	<u> </u>			

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12 Schedule A (Form 990 or 990-EZ) 2011 FAMILY CAREGIVER ALLIANCE 94-2687079 Page 2

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

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

Sec	ction A. Public Support										
Cale	ndar 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 ")	2869266.	2903386.	1494223.	2223222.	2482249.	11972346.				
2	Tax revenues levied for the organ-	-			,						
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities	,	_								
	furnished by a governmental unit to										
	the organization without charge	1									
4	Total. Add lines 1 through 3	2869266.	2903386.	1494223.	2223222.	2482249.	11972346.				
	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						11972346.				
	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
	Amounts from line 4	2869266.	2903386.	1494223.	2223222.		11972346.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources	9,987.	6,448.	5,060.	6,950.	8,309.	36,754.				
9	Net income from unrelated business			•		<u> </u>	Ī				
	activities, whether or not the										
	business is regularly carried on						-				
10	Other income Do not include gain										
-	or loss from the sale of capital										
	assets (Explain in Part IV)	8,213.	22,366.			71,510.	102,089.				
11	Total support. Add lines 7 through 10						12111189.				
	Gross receipts from related activities,	etc (see instruction	ons)			12	3,752.				
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)					
	organization, check this box and stor	here			•		▶ □.				
Sec	ction C. Computation of Publ	ic Support Pe	rcentage								
14	Public support percentage for 2011 (I	ıne 6, column (f) dı	vided by line 11, o	column (f))		14	98.85 %				
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	%				
16a	33 1/3% support test - 2011. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	ox and				
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			▶ X				
b	33 1/3% support test - 2010. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check t	his box				
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation							
17a	7a 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 "fac										
	meets the "facts-and-circumstances"					_					
b	10% -facts-and-circumstances tes	-	•		-	17a, and line 15 is	10% or				
	more, and if the organization meets th	_									
	organization meets the "facts-and-circ				•		ightharpoons				
18	Private foundation. If the organization		•	•			ns 🕨 🗌				
							0 or 990-E7\ 2011				

Schedule A (Form 990 or 990 EZ) 2011 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support						
alendar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		į				
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
B Public support (Subtract line 7c from line 6) ection B. Total Support						
lendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6 0a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	 .					
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	·					
Total support (Add lines 9, 10c, 11, and 12)						
4 First five years. If the Form 990 is for the	he organization'	s first, second, thir	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organız	ation,
check this box and stop here						<u> </u>
ection C. Computation of Public		-				
Public support percentage for 2011 (line	**	•	column (f))		15	
Public support percentage from 2010 S	-				16	
ection D. Computation of Invest	ment Incom	e Percentage				
Investment income percentage for 201	1 (line 10c, colui	nn (f) divided by lir	ne 13, column (f))		17	
Investment income percentage from 20	10 Schedule A,	Part III, line 17			18	
9a 33 1/3% support tests - 2011. If the or more than 33 1/3%, check this box and	-					7 is not ▶□
		-		- · ·		
b 33 1/3% support tests - 2010. If the or	rganization did r	iot check a box or	i line 14 or line 19a	i, and line 16 is m	ore than 33 1/3%, a	and

132023 01-24-12

Schedule A (Form 990 or 990-EZ) 2011

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	FAMILY CAREGIVER A	LLIANCE	94-2687079
Pai			
	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 v	writing that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		d only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose conf	· ferring
	impermissible private benefit?	• • •	Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, Part I	V, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an historic	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	anization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	-	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the c	organization's accounting for
Pai	conservation easements t III Organizations Maintaining Collections of	Art Historical Treasures or Othe	r Similar Assats
I a	Complete if the organization answered "Yes" to Form	•	Onimai Assets.
10	If the organization elected, as permitted under SFAS 116 (AS		and halance sheet works of art
14	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		or public service, provide, in Fart XIV,
h	If the organization elected, as permitted under SFAS 116 (AS		I halance cheet works of art, historical
b	treasures, or other similar assets held for public exhibition, ec	•••	
		ducation, or research in futilierance of public s	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	seurce or other cimilar assets for financial ass	
2	If the organization received or held works of art, historical treation following amounts required to be reported under SEAS 1:		n, provide
_	the following amounts required to be reported under SFAS 1:	to (AGC 300) relating to these items	*
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		–

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)			CAREGIVER							<u>87079</u>		ge 2
check at that apply) a Description of the programs e Other	Par	t III Organizations Maintaining C	collections of A	rt, Histo	rical Tr	easures, c	or Other	r Simila	ar Asse	ts (conti	nued)	
a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations d Prowde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV During the year, did the organization scollections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 18 Is the organization an agent, fundse, 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 19 Is the organization an agent, fundse, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 10 Is the organization an agent, fundse, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 10 Is the organization an agent, fundse, complete the following table Additions during the year 1 Is Ending balance 1 Additions during the year 2 Is Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 1 Is Ending balance 2 In the organization include an amount on Form 990, Part X, line 21? 1 Is Beginning of year balance 3 Did the organization include an amount on Form 990, Part X, line 21? 1 Additions of the organization include an amount on Form 990, Part X, line 10 1 Additions of the organization include an amount on Form 990, Part X, line 10 1 Is Beginning of year balance 2 Provide the estimated percentage of the current year dibalance (line 1g, column (al) held as a Board designated or quasi-endowment	3	Using the organization's acquisition, accessi	on, and other record	ds, check a	any of the	following tha	t are a sig	ınıfıcant ı	use of its	collection	items	5
b Scholarly research e				_								
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Excrow 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 9. Is the organization an agent, it tustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is 1'Yes," explain the arrangement in Part XIV and complete the following table Beginning balance G Beginning balance G Beginning balance It 1d	а	Public exhibition	C									
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 air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part XI, line 21 as its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI as its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI as a family on the part XIV and complete the following table. 1.	b		e	• L 0	her							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solf to raise funds rather than to be maintained as part of the organization's collection? 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 Is the organization an agant, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If I'Yes, "explain the arrangement in Part XIV and complete the following table Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2 Dot the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Beginning of year balance 4 Contributions a Beginning of year balance b Contributions c Net investment earnings, gains, and losses of Granting scholarships d Granting scholarships d Granting scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Prowde the estimated percentage of the current year end balance (line 1g, column (a)) held as and programs f Administrative expenses g End of year balance 2 Prowde the estimated percentage of the current year end balance (line 1g, column (a)) held as and programs f Administrative expenses g End of year balance 2 Prowde the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	С	-										
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Eart W 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?	5						er sımılar i	assets	_	٦.	_	1
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on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization include an amount on Form 990, Part X, line 21? 4 Describe The Part XIV Part V Indowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back [a) Two years back (e) Four years back (e) Four years back (e) Four years back [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years ba		· · · · · · · · · · · · · · · · · · ·										
b If "Yes," explain the arrangement in Part XIV and complete the following table Ramount	12		ian or other intermed	diary for co	ntribution	s or other as	sets not i	nciuaea		7 v		۱
C Segnning balance 1 1 1 1 1 1 1 1 1	_		and complete the fo	مه مستما	h l a				L	」 Yes		NO
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1	a											
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Bill "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10	22	•	orm 990 Part Y line	212					1	Vec		No
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Image: Part V Image		-	onn 550, rait A, iine	211					1	_ 163	L	, 110
ta Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶			f the organization ar	nswered "Y	es" to Fo	rm 990. Part	IV. line 10)				
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b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment	1a	Beginning of year balance	(u) canoni you	(2)	or you.	(0) 1110) 04.	o baon 1	<u>uj 111100 j</u>	ouro buon	(0) 1 0 0 1	jouro	<u> </u>
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d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as 8 Board designated or quasi-endowment ▶ % 5 Permanent endowment ▶ % 6 The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings c Leas+hold improvements d Equipment 46,637, 93,312, 9,025, e Other 10 Advanced as the current year end balance (line 1g, column (a)) held as 9 (i) real as a sum of year and year end balance (line 1g, column (a)) held as 9 (ii) real as a sum of year endowment funds 10 Cost or other basis (other) 11 Land 12 Land 13 Land 44 Describe in Part XIV the intended uses of the organization's endowment funds 14 Land 45 Buildings 46 Cquipment 47 Description of property 48 Describe in Part XIV the intended uses of the organization's endowment funds 15 Land 16 Equipment 17 Description of property 18 Land 19 Description of property 19 Cost or other basis (other) 20 Describe in Part XIV the intended uses of the organization's endowment funds 19 Description of property 20 Describe in Part XIV the intended uses of the organization's endowment funds 20 Describe in Part XIV the intended uses of the organization's endowment funds 21 Describe in Part XIV the intended uses of the organization's endowment funds 22 Describe in Part XIV the intended uses of the organization's endowment funds 23 Describe in Part XIV the intended uses of the organization's endowment funds 24 Describe in Part XIV th	c											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment	d					·						
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	e	·										
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶		·										
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶	f											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	g	·										
a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings c Leasehold improvements 4 Equipment 6 Other 10 2, 337, 93, 312, 9, 025, 6 Other 10 2, 603.			rent year end baland	ce (line 1g,	column (a	ı)) held as	•					
b Permanent endowment ▶	а			•	·							
The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iv) unrelated organizations (iv) related organi	b	Permanent endowment	%									
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by		The percentages in lines 2a, 2b, and 2c should	ıld equal 100%									
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Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 102, 337. 93, 312. 9,025. e Other Other Other Other Date of the Other Other Date of the Other Date of t		(ii) related organizations								3a(II)		
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 1a Land b Buildings Leasehold improvements 16,256. 1,093. 15,163. c Leasehold improvements d Equipment e Other 102,337. 93,312. 9,025. e Other 46,637. 44,034. 2,603.	b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedu	le R?					3b		
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation												
tal Land basis (investment) basis (other) depreciation b Buildings 16,256. 1,093. 15,163. c Leasehold improvements 102,337. 93,312. 9,025. e Other 46,637. 44,034. 2,603.	Par	t VI ∣Land, Buildings, and Equipm	nent. See Form 990	0, Part X, II	ne 10							
1a Land b Buildings c Leasehold improvements 16,256. 1,093. 15,163. d Equipment 102,337. 93,312. 9,025. e Other 46,637. 44,034. 2,603.		Description of property	1 ' '	I .					d	(d) Book	value	•
b Buildings c Leasehold improvements 16,256. 1,093. 15,163. d Equipment 102,337. 93,312. 9,025. e Other 46,637. 44,034. 2,603.			basis (investi	ment)	basis	(other)	dep	reciation				
c Leasehold improvements 16,256. 1,093. 15,163. d Equipment 102,337. 93,312. 9,025. e Other 46,637. 44,034. 2,603.	1a		<u> </u>									
d Equipment 102,337. 93,312. 9,025. e Other 46,637. 44,034. 2,603.	b	•										
e Other 46,637. 44,034. 2,603.	С	·										
								44,0	34.			

Schedule D (Form 990) 2011

ule D (Form 990) 2011 FAMILY CAREGIVER ALLIANCE				94-2	2687079	Page 4
XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financial S				
Total revenue (Form 990, Part VIII, column (A), line 12)		1			2,529,	960.
						974.
		4				468.
5 , ,		5		-		
		6				
·		7			<6,	186.>
·		8				
· · · · · · · · · · · · · · · · · · ·		9			<5,	718.>
	9	10				256.
		ith Revenue p	er R	eturn		
Total revenue, gains, and other support per audited financial statements				1	2,565,	820.
	2a	4	68.			
Donated services and use of facilities	2b	35,3	92.			
Recoveries of prior year grants	2c					
Other (Describe in Part XIV)	2d					
Add lines 2a through 2d				2e	35,	860.
Subtract line 2e from line 1				3	2,529,	960.
Amounts included on Form 990, Part VIII, line 12, but not on line 1						
Investment expenses not included on Form 990, Part VIII, line 7b	4a					
Other (Describe in Part XIV)	4b					
Add lines 4a and 4b				4c		0.
				5		960.
t XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses	per	Retu		
Total expenses and losses per audited financial statements				1	2,202,	378.
Amounts included on line 1 but not on Form 990, Part IX, line 25						
Donated services and use of facilities	2a	35,3	92.			
Prior year adjustments	2b					
Other losses	2c					
Other (Describe in Part XIV)	2d					
Add lines 2a through 2d				2e	35,	<u> 392.</u>
Subtract line 2e from line 1				3	<u>2,166</u> ,	<u>986.</u>
Amounts included on Form 990, Part IX, line 25, but not on line 1			ĺ			
Investment expenses not included on Form 990, Part VIII, line 7b	4a					
Other (Describe in Part XIV)	4b_			İ		_
Add lines 4a and 4b			ļ	4c		0.
				5	2,166,	986.
XIV Supplemental Information						
						4, Part
T X, LINE 2: UNDER FIN 48, THE ORGANIZATIO	N I	S REQUIRE	D T	O RI	SPORT	
ADM		5007570		m 3 771		
ORMATION REGARDING ITS EXPOSURE TO VARIOUS	TA	X POSITIO	NS	TAKI	EN BY TH	<u>1E</u>
ANTENDED AND DECUTORS A MUSIC CHED DOCCESS	mus.	שעמעמשט	ישני	DEC.	CNITHTON	7
ANIZATION AND REQUIRES A TWO-STEP PROCESS	TITA	T SEPARAL	<u> </u>	KEC	JGNIIIOI	<u></u>
M NEXCIDENEND DUE ETDOM CHED TO DEMEDIAN	TNC	MUEMUED	λm	λ Υ 1	OCT TITON	ī
M MEASUREMENT. THE FIRST STEP IS DETERMIN	TING	WHETHER	A T	AA I	20511101	<u> </u>
MET THE DECOGNITATION THE CHOND	C CTT	ED TO MEA	CIID	TNC	ል ጥልሄ	
MET THE RECOGNITION THRESHOLD; THE SECOND	, SI	er to Men	אטטג	TTAG	V IVV	
TOTON THAT MEETS THE RECOGNITION THRESHOLD) .	MANAGEMEN	ייי א	ET.TI	EVES THA	vт
1110. IIMI MEDIO IND RECOGNITION INRESHOLD	•		<u> </u>	<u> </u>	11E	
ORGANIZATION HAS ADECHATELY ADDRESSED ALL	. ምል	X POSTTIO	NS	AND	THAT TH	IERE
ONCORPORATION AND AND CONTROL AND AND AND AND	<u>,</u>					
NO UNRECORDED TAX LIABILITIES.						
				Sched	ule D (Form 9	90) 2011
	Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior peniod adjustments Other (Describe in Part XIV) Total adjustments (neit) Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements Combine lines 3 and total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIV) Add lines 2 a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses on tincluded on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses Add lines 3 and 4c, (This must equal Form 990, Part I, line 18) **EXTENDISTRIP **EXTENDISTRIP*** The Prior Prio	EXI Reconciliation of Change in Net Assets from Form 990 to Audit Total eveneue (Form 990, Part VIII, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other (Describe in Part XIV) Total adjustments (net) Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 Excess or (deficit) for the year per audited financial statements W Total revenue, gains, and other support per audited financial statements W Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a dol lines 4a and 4b Total revenue Add lines 3 and 4c, (This must equal Form 990, Part I, line 12) EXIII Reconciliation of Expenses per Audited Financial Statements V Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part IX, line 7b 4a Detail lines 4a and 4b Total expenses Add lines 3 and 4c, (This must equal Form 990, Part I, line 18) EXIVI Supplemental Information 1	IXI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stotal revenue (Form 990, Part IVII, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Sex or (deficit) for the year Subtract line 2 from line 1 Sex or (deficit) for the year Subtract line 2 from line 1 Change of Sex or (deficit) for the year Subtract line 2 from line 1 Change of Sex or (deficit) for the year Subtract line 2 from line 1 Change of Sex or (deficit) for the year Subtract line 2 from line 1 Change of Sex or (deficit) for line 1 from 1 fro	EXI Reconciliation of Change in Net Assets from Form 990 to Audited Financial State Total revenue (Form 990, Part VIII, column (A), line 12) Total revenue (Form 990, Part VIII, column (A), line 12) Total revenue (Form 990, Part VIII, column (A), line 12) Excess or (defictly for the year Subtract line 2 from line 1 Secure of (defictly for the year Subtract line 2 from line 1 Anounted services and use of facilities Secure of California (Secure) on Investments Secure of California (Secure) on Investment expenses Secure of California (Secure) on Investment scene Secure of California (Secure) on Investment (Secure) Secure of California (Secure) on Investment (Secure) Secure of California (Secure) Secure	EXI Reconcilitation of Change in Net Assets from Form 990 to Audited Financial Statement Total revenue (Form 990, Part VIII, column (A), Ine 12) Total revenues (Form 990, Part VIII, column (A), Ine 12) Total revenues (Form 990, Part VIII, Ine 25) Excess or (deficit) for the year Subtract line 2 from line 1 Total revenues (Form 990, Part VIII, Ine 12) Excess or (deficit) for the year Subtract line 2 from line 1 Total revenues (Form 990, Part VIII, Ine 12) Excess or (deficit) for the year per audited financial statements	XI Reconcilitation of Change in Net Assets from Form 990 to Audited Financial Statements 1

SCHEDULE J (Form 990)

Compensation Information

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

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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions

FAMILY CAREGIVER ALLIANCE Employer identification number 94-2687079

Pa	art 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	1		
	Travel for companions Payments for business use of personal residence			
	Tax indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of 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 filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director Explain in Part III		ļ	
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X 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			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	<u> </u>	Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	ļ	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations 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		ŀ	
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b	<u> </u>	X
	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			
а	The organization?	6a		X
b	Any related organization?	6b	-	X_
	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		X
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	 	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	1.		
	Regulations section 53 4958-6(c)?	9	1	1

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2011

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, applicable column (D) and (E) amounts for that individual

	8)	(B) Breakdown of W-2		and/or 1099-MISC compensation	(2)	(D)	(E)	. (F)
		(i) Base	(II) Bonus &	(iii) Other	Retirement and	Nontaxable	Total of columns	Compensation reported as deferred
(A) Name	0	compensation	incentive	reportable	compensation		(2)(0)(2)	in prior Form 990
	0							
-	<u> </u>							•
	ε							
2	(E)							
	(i)							
3	(ii)							
	<u> </u>							
4	(i)							
	(0)							
5	(ii)							
	(0)					3		
9	Œ							
	Θ							
7	€							
	(1)							
80	(11)							
	(i)							
6	E							
	(3)							
10	(ii)							
	(0)							
11	(ii)							
	Ξ							
12	(1)							
	Ξ							
13	(<u>ii</u>)							
	(E)							
14	(II)							
	Ξ							
15	<u>(ii</u>							
	Ξ							
16	(ii)							
				1			Schedu	Schedule J (Form 990) 2011

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

FAMILY CAREGIVER ALLIANCE 94-2687079
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO SUPPORT AND ASSIST CAREGIVERS OF ADULTS WITH CHRONIC DISEASES AND
CONDITIONS THROUGH EDUCATION, SERVICES, RESEARCH AND ADVOCACY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
WITH DEMENTIA.
FCA WORKS WITH HUMAN RESOURCE DEPARTMENTS AND EMPLOYEE ASSISTANCE
PROGRAMS TO ESTABLISH COST-EFFECTIVE PROGRAMS THAT SUPPORT EMPLOYEES
WHO ARE JUGGLING THE DUAL DEMANDS OF WORK AND ELDERCARE.
FCA CONDUCTS CAREGIVER WORKSHOPS, STATE-OF-THE-ART RESEARCH
PRESENTATIONS, PROFESSIONAL TRAINING AND PUBLIC POLICY CONFERENCES.
THE FCA WEBSITE OFFERS FAMILIES, PROFESSIONALS, POLICY MAKERS,
EMPLOYERS AND THE MEDIA INFORMATION ON A WIDE RANGE OF CAREGIVER
ISSUES, SERVICES AND SUPPORT.
FCA'S PUBLICATIONS, INCLUDING FACT SHEETS, NEWSLETTERS, RESEARCH
STUDIES, REPORTS, POLICY BRIEFS AND OTHER MATERIALS ARE WIDELY UTILIZE
IN DEVELOPING INNOVATIVE SERVICES FOR FAMILIES AND PROFESSIONAL CARE
PROVIDERS.
FCA PROGRAMS ARE FUNDED BY CORPORATE AND FOUNDATION GRANTS, THE STATE
OF CALIFORNIA, U.S. ADMINISTRATION ON AGING, AREAS AGENCIES ON AGING,
PROGRAM PARTICIPANTS AND DONATIONS FROM FRIENDS AND PEOPLE WHO HAVE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)