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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)

2011

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

<u>A</u> _	For tr	e 2011 Calendar year, or tax year beginning OC1 1, 2011 and	ending S	EP 30, 2012	<u> </u>				
В	Check is applicat	C Name of organization		D Employer identifi	cation number				
Г	Addr	YOUTH AND FAMILY ALLIANCE		İ					
Ē	Nam chan	Doing Business As LIFEWORKS		74-2	137189				
	Initia retur		Room/suite	E Telephone numbe					
	Term ated	3/00 SOOTH IST STREET			735-2400				
2	Ame	City or town, state or country, and ZIP + 4		G Gross receipts \$	19,723,671.				
	Appi tion	AUSIIN, IA /8/04		H(a) Is this a group re					
	pend	F Name and address of principal officer. SUSAN MCDOWELL		for affiliates?	Yes X No				
		SAME AS C ABOVE		H(b) Are all affiliates inc	cluded? Yes No				
		tempt status X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) €	or 527	If "No," attach a	list (see instructions)				
		te: ► WWW.LIFEWORKSAUSTIN.ORG		H(c) Group exemption					
_		forganization: X Corporation Trust Association Other	L Year	of formation: 1980 N	A State of legal domicile: TX				
P	art I	Summary							
ě	1	Briefly describe the organization's mission or most significant activities. YOUTI	H AND	FAMILY ALLI	ANCE (DBA				
Governance		LIFEWORKS) TRANSITIONS YOUTH AND FAMILIES							
er.	2	Check this box If the organization discontinued its operations or dispos	sed of more	1					
é ဗ	3	Number of voting members of the governing body (Part VI, line 1a)		3	15 15				
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	222				
Activities &	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	•	5	578				
Ξį	6	Total number of volunteers (estimate if necessary)	•	7a	0.				
Ą		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34		7a	0.				
	 `	Net difference business taxable income from Form 9901, line 34		Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		2,866,057.	10,458,857.				
Revenue	9	Program service revenue (Part VIII, line 2g)	<u> </u>	98,275.	811,775.				
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-12,170.	1,067,808.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	86,316.	117,207.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,038,478.	12,455,647.				
	13	Grants and similar amounts paid (Part R Column (A), times 1-3)		232,108.	1,308,216.				
	14	Benefits paid to or for members (Part 1X, column (A) line 4)		0.	0.				
Ś	15	Salaries, other compensation employee benefits (Part IX, column (A), lines 5-10)		1,581,569.	6,573,198.				
Expenses	16a	Professional fundraising fees (Part IX, Column (A), line 11e)		0.	0.				
ĝ	6	Total fundraising expenses (Part IX, column (D), line 25) 759, 18	36.		,				
ű	17	Other expenses (Part IX, column (A)) (nes 1 a 11d, 11f 24e)		721,394.	3,428,204.				
		Total expenses. Add lines 13-17 (must equal-Part IX, column (A), line 25)		2,535,071.	11,309,618.				
	19	Revenue less expenses Subtract line 18 from line 12		503,407.	1,146,029.				
Net Assets or			Ве	ginning of Current Year	End of Year				
Sets	20	Total assets (Part X, line 16)		16,075,090.	16,748,144.				
a to	21	Total liabilities (Part X, line 26)	<u> </u>	4,627,190.	4,096,576.				
캺	22	Net assets or fund balances. Subtract line 21 from line 20		11,447,900.	12,651,568.				
	art II	<u> </u>							
		alties of perjury, I declare that I have examined this return, including accompanying schedules ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowleage and belief, it is				
true	, corre	ct, and complete, declaration of preparer (other plan officer) is based on all illiothation of wh	icii preparer	lias any knowledge.	711 /				
<u> </u>		Signature of officer			14				
Sig		SUSAN MCDOWELL, EXECUTIVE DIRECTOR							
He	re	Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Pai	ď.	KAREN E. ATCHLEY	CPA	3-/7/14 11					
	parer	Firm's name ATCHLEY & ASSOCIATES, LLP		Firm's EIN > 74-2920819					
	Only	Firm's address 6850 AUSTIN CENTER BLVD, STE 180)	0					
		AUSTIN, TX 78731-3129		Phone no. (512)346-2086				
NA =	v the	DS discuss this return with the preparer shown above? (see instructions)		1	X Voc No				

916

4d Other program services (Describe in Schedule O)

330,026. including grants of \$

13,462.) (Revenue \$

300.000.

4e Total program service expenses

9,132,626.

Form 990 (2011)

132002 02-09-12

SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (2011) YOUTH AND FA
Part IV Checklist of Required Schedules

١.			Yes	No
):	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
Ÿ.	If "Yes," complete Schedule A	_1_	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			ا
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	l	i	
	dunng the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,_
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
40	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	-10		
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		m = m===	~~~
_	Part VI	11a	\mathbf{x}	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		_X
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	\dashv	X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	-	
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
. •	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>_x</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
		Form (9 90 (2	2011\

	_				
Part I	٧	Checklist of	Required	Schedules	(continued)

인1 22 23	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21	x	
		21	<u> </u>	
	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			$\overline{}$
23	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	200	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	-	⊢
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		 -
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	Ì		
	Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\Box
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		i
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV]]	
_	instructions for applicable filing thresholds, conditions, and exceptions)			X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		$\frac{x}{x}$
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	260		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	256	i	x
26	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?	35b		
36	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	35		_==
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part Vi, lines 11 and 19?			
သ		1 1	1	
38	Note. All Form 990 filers are required to complete Schedule O	38	X	

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance		<u> </u>	age .
	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		1	
b	Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable 1b 0		l	l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	l
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 222			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X]
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>	<u> </u>	X
ь	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.		L	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	<u> </u>	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	L	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a	<u> </u>	X
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).			
а	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?	<u>7a</u>	X	ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	_ <u>7c</u> _		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year			x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f	N/	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	_7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A	_7h	_	<u> </u>
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<u>.</u> 8	×	
9	Sponsoring organizations maintaining donor advised funds.	-		ļ
	Did the organization make any taxable distributions under section 4966? N/A	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		├
10	Section 501(c)(7) organizations. Enter	- 55		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	۰	è	
11	Section 501(c)(12) organizations. Enter:		ľ	**
a	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

Form **990** (2011)

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

YOUTH AND FAMILY ALLIANCE 74-2137189 Form 990 (2011) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 15 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 15 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 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 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16h exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply Another's website Upon request Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 19

statements available to the public during the tax year

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

01-23-12

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

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

- 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.

(A) Name and Title	(B) Average hours per	(do		Pos heck ss pe	c) ition more rson	than	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BRAD FLUKE	1 00									
BOARD MEMBER	1.00	Х			_		<u> </u>	0.	0.	0.
(2) DARIN MCNELIS	200	,,		٦,						
TREASURER	2.00	X		X			├	0.	0.	0.
(3) DAVID WIELAND	0.00					1	l			•
SECRETARY	2.00	Х		X			<u> </u>	0.	0.	0.
(4) DIANE M. WILLIAMS	1 00	,,								•
BOARD MEMBER	1.00	X				_	ļ	0.	0.	0.
(5) FRED SMITH	1 1 00	٠,,							_	_
BOARD MEMBER	1.00	X					├-	0.	0.	0.
(6) GLENN NELAND		٠,		7,7					_	_
CHAIR	2.00	X		X			<u> </u>	0.	0.	0.
(7) HARRY WOLIN	1 00	7.7								0
BOARD MEMBER	1.00	X				_	├-	0.	0.	0.
(8) JIM HOPKE	1.00	v						0.	0.	0.
AT LARGE (9) JOANN MCKENZIE	1.00	Х	\vdash	_				<u> </u>		<u></u>
	1.00	x						0.	0.	0.
BOARD MEMBER (10) JOE ROSS	1.00	^					-		0.	
BOARD MEMBER	1.00	x						0.	0.	0.
(11) KENDRA SCOTT	1.00	^		-	_			<u> </u>		
BOARD MEMBER	1.00	X						0.	0.	0.
(12) MONA CANNON		Λ	Н				-			
CHAIR ELECT	2.00	x		х				0.	0.	0.
(13) PATRICK DRISCOLL		-	\vdash				-	<u>``</u>		<u>·</u>
AT LARGE	1.00	х						0.	0.	0.
(14) RICHARD A. MARTIN			Н				-			-
IMMEDIATE PAST CHAIR	2.00	х		х				0.	0.	0.
(15) TREY HALBERT		=								
AT LARGE	1.00	x				- :	-	0.	0.	0.
(16) VALERIE V. MEDDAUGH		<u> </u>	Н							
BOARD MEMBER	1.00	x						0.	0.	0.
(17) VERONICA B. FORSYTH			\vdash							
BOARD MEMBER	1.00	x						0.	0.	0.
100007 01 02 12										Form 990 (2011)

132007 01-23-12

Form 990 (2011)

Part VII Section A. Officers, Directors, Tr	ustees, Key E	mpl	oyee	es, a	ınd	High	est	Compensated Employ	ees (continued)				
. (A)	(B) (C)							(D)	(E)	` '			
Name and title	Average	Position (do not check more than one						Reportable	Reportable		Estu	nated	
	hours per					is bot or/trus		compensation	compensation			unt of	
	week (describe			T	T T T			from	from related		-	her	
	(describe hours for related organizations	recto				L		the organization	organization (W-2/1099-MI			nsation n the	
	related	1 5	置	İ		Sate	ĺ	(W-2/1099-MISC)	(44-2) 1099-1411	50)		nization	
	organizations	ruste	E		9	E E		(11 2 1000 111100)				elated	
	in Schedule	Individual t	Institutional trustee	<u></u>	Key employee	estco	₌₌					zations	
	O)	ğ	Instit	Officer	Keye	Highest compensated employee	퉏						
(18) ANDY SEKEL													
BOARD MEMBER	1.00	X		L	$ldsymbol{f eta}$	$ldsymbol{oxed}$	Ĺ	0.		0.		0.	
(19) JAY SCHEUMACK							l						
CFO	40.00	_	_	X	L	<u> </u>	Ц.	87,309.		0.	5	<u>,696.</u>	
(20) SUSAN MCDOWELL	1						İ	445 000			_	405	
EXECUTIVE DIRECTOR	40.00	L	igspace	X	<u> </u>	<u> </u>	L	117,872.		0.	6	<u>,105.</u>	
	 	T			一							-	
	 	-				├							
					L				····		_		
	 			-			_						
			_	_	_	_							
1b Sub-total	<u></u>			·		▶		205,181.		0.	11	,801.	
c Total from continuation sheets to Part \	/II, Section A					\blacktriangleright		0.		0.		0.	
d Total (add lines 1b and 1c)								205,181.		0.	11	,801.	
2 Total number of individuals (including but	not limited to th	nose	liste	ed at	bove	e) wt	o re	eceived more than \$100	,000 of reportabl	е			
compensation from the organization												<u>1</u>	
										г	Y	es No	
3 Did the organization list any former office			e, ke	y en	nplo	yee,	or l	highest compensated ei	mployee on	1			
line 1a? If "Yes," complete Schedule J for										}	_3	X	
4 For any individual listed on line 1a, is the s									the organization				
and related organizations greater than \$15										}	_4	X	
5 Did any person listed on line 1a receive or							elat	ed organization or indivi	dual for services	ŀ		- x	
rendered to the organization? If "Yes," con Section B. Independent Contractors	npiete Scheau	e J i	or s	ucn	pers	son	_		· ·		5	A	
Complete this table for your five highest c	ompensated in	dene	ende	ent c	onti	racto	rs t	hat received more than	\$100,000 of com	nens	ation fro		
the organization Report compensation for													
(A)							T	(B)			(C)		
Name and busines	s address	N(INC	<u> </u>			\dashv	Description of s	ervices		ompens	ation	
							-						
											_		
						_	\dashv				_		
							\perp				_		
							\dashv				_		
2 Total number of undependent contractors	(including but :	ot I	mec	d to	the	دم اید	+64	above) who received m	ore than				
 Total number of independent contractors \$100,000 of compensation from the organ 	-			u 10		se 118)	eu	above, who received m	OIE IIIAII			i diagonal di diagonal di diagonal di diagonal di diagonal di di di di di di di di di di di di di	
											Form 9 9	0 (2011)	

Pa	t VIII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a	115,000.				
Contributions, Gifts, Grants and Other Similar Amounts	þ	Membership dues	1b					
A, C	С	Fundraising events	. 1c	490,556.				
ia gi	d	Related organizations .	1d					
ij.	е	Government grants (contribut	ions) 1e	6948366.				
PS	f	All other contributions, gifts, grant	ts, and		ı.			
		similar amounts not included above		2904935.				
	~	Noncash contributions included in lines	1a-1f \$	183,232.				
<u>Q</u> <u>₽</u>	h	Total. Add lines 1a-1f		> _	10,458,857.			
			İ	Business Code				
ဗ္ဗ	2 a	SERVICE FEES		900099	811,775.	811,775.		
Program Service Revenue	b							<u> </u>
S	С							
es a	d							
5	е			00000				
<u>-</u>		All other program service reve	enue	900099	011 775		_	
\dashv	g	Total. Add lines 2a-2f		<u> </u>	811,775.			<u> </u>
	3	Investment income (including	dividends, intere	est, and	355 004			355,004.
ŀ		other similar amounts)	•		355,004.			333,004.
	4	Income from investment of ta	x-exempt bond p	roceeds				
i	5	Royalties .		<u> </u>				
			(i) Real 48,961.	(ii) Personal		٠	*	. 4
		Gross rents	48,961.	<u> </u>	,			da .
		Less: rental expenses	48,961.		*	*		
		Rental income or (loss)	40,901.	<u> </u>	48,961.	<u> </u>		48,961.
		Net rental income or (loss)	0.0		40,501.			40,301.
	7 a	Gross amount from sales of	(i) Securities 84,605.	(ii) Other 7,764,990.	85 5 '	ş ×-	*	, ` <u>`</u>
		assets other than inventory	04,005.	7,704,550.	,	, >	*	
1	b	Less cost or other basis	99,635.	7,037,156.		, *	· ·	
		and sales expenses	-15030.	727834.	,	*		
		Gain or (loss)	13030.	<u> </u>	712,804.		a Andrews of the	712,804.
		Net gain or (loss) Gross income from fundraisin	a ovente (not		, 12,0010	* *	W-51	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
e l	8 а		556 • of		<* >	<i>"</i>		
ě		contributions reported on line						,
8		Part IV, line 18	a a	191039.	, ,	Ť		
Other Revenue	h	Less direct expenses	a b	131233.	*	ŧ .	*	
ŏ		Net income or (loss) from fund	_	•	59,806.	*		59,806.
		Gross income from gaming ac				*	***************************************	
ļ	Ja	Part IV, line 19	а	1	•			
	h	Less direct expenses	. b					
		Net income or (loss) from gan	_					
		Gross sales of inventory, less			-			
		and allowances	а			-	-	
	ь	Less cost of goods sold	b					
		Net income or (loss) from sale	es of inventory	>				
		Miscellaneous Revenu		Business Code				
	11 a	MECCHET ANDOUG		900099	8,034.	8,034.		
-	b	VENDING		900099	406.			406.
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d			8,440.			
	12	Total revenue. See instructions.			12,455,647.	819,809.	0.	1,176,981.
3000	09 3-12							Form 990 (2011)

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).

י מם	Check if Schedule O contains a responsor include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	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	500,000.	500,000.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	808,216.	808,216.		
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	244,199.		189,896.	54,303
6	Compensation not included above, to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,215,748.	4,293,704.	632,964.	289,080
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	645,680.	547,990.	69,462.	28,228
0	Payroll taxes	467,571.	375,522.	64,055.	27,994
1	Fees for services (non-employees)				
а	Management	1			
þ	Legal	24,079.	19,016.	4,873.	190
С	Accounting	23,402.	18,557.	4,663.	182
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		*4		
f	Investment management fees				
g	Other	948,147.	744,384.	196,125.	7,638
2	Advertising and promotion	61,585.	9,735.	5,275.	46,575
3	Office expenses	570,673.	470,957.	65,344.	34,372
4	Information technology .	61,693.	23,588.	23,227.	14,878
5	Royalties				
16	Occupancy .	764,131.	703,625.	47,124.	13,382
7	Travel .	213,333.	184,535.	25,224.	3,574
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
9	Interest	85,007.		20.	84,987
1	Payments to affiliates .		400 505		4-0-4-4
2	Depreciation, depletion, and amortization	143,544.	108,727.	24,806.	10,011
3	Insurance	92,963.	68,493.	20,783.	3,687
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) CONTRIBUTED GOODS	157,632.	151,172.	5,710.	750
a b	OTHER SUPPLIES	156,735.	88,178.	12,727.	55,830
_	MISCELLANEOUS	93,894.	13,942.	6,589.	73,363
C d	DUES & MEMBERSHIPS	22,674.	2,285.	18,939.	1,450
	All other expenses	8,712.			8,712
	Total functional expenses. Add lines 1 through 24e	11,309,618.	9,132,626.	1,417,806.	759,186
,,,			-,,		
	Joint costs. Complete this line only if the organization I				
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

	rt X	Balance Sheet			ZIS/IOS Page II
			(A)		T (B)
			(A) Beginning of year		(B) End of year
	Γ.	Cook non interest hoomes	3,585.	1	690,212.
	1 1	Cash - non-interest-bearing	861,459.	2	377,641.
	2	Savings and temporary cash investments	3,302,070.	3	2,177,663.
	3	Pledges and grants receivable, net	1,429.	4	827,064.
	4	Accounts receivable, net	1,423.	4	027,004.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
	_	of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
ts		employers and sponsoring organizations of section 501(c)(9) voluntary			
	l _	employees' beneficiary organizations (see instructions)	0.	6	0 150 107
Assets	7	Notes and loans receivable, net		7	8,159,187.
Ä	8	Inventories for sale or use	86,081.	8	97,146.
	9	Prepaid expenses and deferred charges	00,001.	9	37,140.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 5,079,436		ł	
		1 100 700		10c	3,969,644.
			485,314.	11	407,316.
	11	Investments - publicly traded securities	103,314.	12	=07,310.
	12	Investments - other securities See Part IV, line 11		13	
	13	Investments - program-related See Part IV, line 11 Intangible assets		14	
	14 15	Other assets. See Part IV, line 11	32,606.	15	42,271.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	16,075,090.	16	16,748,144.
	17	Accounts payable and accrued expenses	774,542.	17	641,849.
	18	Grants payable		18	
	19	Deferred revenue	77,208.	19	25,372.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,	, ,		, ^*
apil	_	highest compensated employees, and disqualified persons. Complete Part II	*		
Ξ		of Schedule L	American on contrastité a mag.	22	notestime and resonants to the trip and a second - the
	23	Secured mortgages and notes payable to unrelated third parties	3,523,072.	23	3,146,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	252,368.	25	283,355.
	26	Total liabilities. Add lines 17 through 25	4,627,190.	26	4,096,576.
		Organizations that follow SFAS 117, check here	%		
S		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	8,660,969.	27	10,531,046.
Bal	28	Temporarily restricted net assets	2,776,931.	28	2,110,522.
P	29	Permanently restricted net assets	10,000.	29	10,000.
Ţ		Organizations that do not follow SFAS 117, check here			
ō		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	11 447 000	32	12 651 560
_	33	Total net assets or fund balances	11,447,900. 16,075,090.	33	12,651,568.
	34_	Total liabilities and net assets/fund balances	10,075,090.	34	16,748,144.

132011 01-23-12

_Form **990** (2011)

Form	990 (2011) YOUTH AND FAMILY ALLIANCE	74-2	137189	Pa	ge 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u>. </u>		<u>X</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,45		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,30		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,14		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,44		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			39.
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	12,65	1,5	<u>68.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		 		
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X 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	v	X
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	
С		e audit,		х	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Λ_	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho				1
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:				1
	Separate basis X 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 Sir	ngle Audit		х	
	Act and OMB Circular A-133?		. <u>3a</u>	Λ	├
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	irea audit		X	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				L (2011)
			rorm	7 7 0 ((2011)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

			ND FAMILY AL						74	1-2137	189	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st comple	te this par	t.) See ins	tructions.				
The organ	zation is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)					
1 🔲	A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i).				
2			0(b)(1)(A)(ii). (Attach Sc					•				
з 🔲			tal service organization			170(b)(1)	(A)(iii).					
4	-		operated in conjunction)(b)(1)(A)(i	ii). Enter th	ne hospital	's nam	ne.
·	city, and state	-			, p. 1. a a a a a a a.			1-11 -10 -10		.oeep.ta.		,
5 🗀	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
3	_	(b)(1)(A)(iv). (Comple	-	illversity o	William Of O	perated by	a govern	memar un	ii describe	AG (I)		
• [t daaamba	dua aaatia	n 470(h)(:	4\/ A\/\					
6 K		-	ent or governmental uni					đ				_
7 LXJ	_		eives a substantial part	or its supp	on from a	governme	ental unit d	or from the	e generai p	ublic desc	ribea ii	n
		b)(1)(A)(vi). (Comple			5							
8	_		ection 170(b)(1)(A)(vi).	-								
9 📖	_	•	eives: (1) more than 33							-	-	
			nctions - subject to certa							_		
	income and u	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	anization a	fter June 3	30, 197	5
	See section	509(a)(2) . (Complete	Part III)									
10	An organizati	on organized and op	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).				
11 📖	An organizati	on organized and op	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of	, or to carı	y out the p	ourposes c	of one o	or
	more publicly	supported organiza	itions described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se o	ction 509(a)(3). Che	ck the box	that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	n 11h.						
	a Type I	ı b ∟	L Type II	: Ш Тур	e III - Fund	tionally int	tegrated		d 📖	Type III - C	Other	
e	By checking	this box, I certify tha	t the organization is not	controlled	l directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	ner thai	n
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 50	9(a)(1) or s	ection 509	(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting of	rganization, check th	ns box									
g	Since August	t 17, 2006, has the c	rganization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?			
	(i) A person	n who directly or ind	rectly controls, either al	one or tog	ether with	persons o	fescribed	ın (ii) and ((III) below,		Yes	No
	the gove	erning body of the si	upported organization?				_			11g(i)		
	(ii) A family	member of a persor	n described in (i) above?	•					11g(ii)			
	(iii) A 35% (controlled entity of a	person described in (i) of	or (ii) above	e?					11g(iii)		-
h	-		about the supported or									
				3	. ,							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did voi	notify the	(vi) Is		(vii) Am	ount of	
	anization	(11) [114	organization	in col. (i) la			ion in col.	organizatı (i) organiz	on in col.	Sup		
Oi gi		Į	(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	Ü.S	7 11 110	Oup	P 011	
		,	(see instructions))	Yes	No	Yes	No	Yes	No			
				l	i		}	i	1 1			
				 					† †			
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	.	·	<u></u>	 				 				
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		,										
				 				 	+			
		}		1	}			1				
				 				<u> </u>	 	 -		
Total												

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 YOUTH AND FAMILY ALLIANCE Part II Support Schedule for Organizations Described in Sections 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	tion A. Public Support					-	
	ndar 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		1				
	include any "unusual grants.")	8,164,985.	8,864,657.	7,925,190.	10,508,776.	13,202,108.	48,665,716.
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				1		
	the organization without charge						
4	Total. Add lines 1 through 3	8,164,985.	8,864,657.	7,925,190.	10,508,776.	13,202,108.	48,665,716.
	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,				İ		
	column (f)						645,468.
6	Public support. Subtract line 5 from line 4						48,020,248.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	8,164,985.	8,864,657.	7,925,190.	10,508,776.	13,202,108.	48,665,716.
-	Gross income from interest,		*				
Ĭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	61,329.	31,069.	17,906.	15,456.	147,028.	272,788.
9	Net income from unrelated business						
Ī	activities, whether or not the			i			
	business is regularly carned on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)	21,119.	25,221.	7,767.	485,954.	263,647.	803,708.
11	Total support. Add lines 7 through 10	1	*, 3	, ,	* >,	٠,	49,742,212.
	Gross receipts from related activities,	etc. (see instruction	ons) .			12 1	,954,774.
	First five years. If the Form 990 is for			d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop	here					<u> </u>
	ction C. Computation of Publ	ic Support Pe					
14	Public support percentage for 2011 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	96.54 %
	Public support percentage from 2010					15	95.95 <u>%</u>
16	a 33 1/3% support test - 2011. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	nore, check this bo	ox and
	stop here. The organization qualifies				•		▶ X
ı	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 th	nis box
	and stop here. The organization qual						
17:	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pai	t IV how the orgar	nization
	meets the "facts-and-circumstances"						. ▶∟
ı	10% -facts-and-circumstances tes	t - 2010. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1		
	more, and if the organization meets th						
	organization meets the "facts-and-circ						. ▶∟_
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd-see instruction	s - 🕨 - 📗
						dule A (Form 990	

132022 01-24-12

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 I	If the organization fails to
qualify under the tests listed below, please complete Part II.)	

Section /	A. Public Support	siow, piease com	piete i art II.		- 		
	ar (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	011 (f) Total
1 Gifts, g	grants, contributions, and ership fees received. (Do not e any "unusual grants")	· · · · · · · · · · · · · · · · · · ·					
2 Gross mercha formed any ac	receipts from admissions, andise sold or services per- d, or facilities furnished in tivity that is related to the zation's tax-exempt purpose						
are not	receipts from activities that tan unrelated trade or bus- under section 513				<u> </u> 		
4 Tax revization	venues levied for the organ- 's benefit and either paid to ended on its behalf						
5 The va	lue of services or facilities led by a governmental unit to ganization without charge						
	Add lines 1 through 5 hts included on lines 1, 2, and						
b Amounts from othe exceed to	rved from disqualified persons sincluded on lines 2 and 3 received er than disqualified persons that the greater of \$5,000 or 1% of the on line 13 for the year						
c Add lin	nes 7a and 7b						
8 Public	support (Subtract line 7c from line 6)		*		\\	*	
Section I	3. Total Support						
Calendar yea	ar (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20)11 (f) Total
10a Gross divider securit	nts from line 6 income from interest, nds, payments received on ties loans, rents, royalties come from similar sources			10			
b Unrelate (less se	ed business taxable income ection 511 taxes) from businesses d after June 30, 1975						
11 Net inc activiti whether	nes 10a and 10b come from unrelated business es not included in line 10b, er or not the business is rly carned on						
or loss assets	income. Do not include gain from the sale of capital (Explain in Part IV.)						
	ive years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	organization.
	this box and stop here	. 3	,,			(-/(- /	, →
	C. Computation of Publi	c Support Pe	rcentage				
	support percentage for 2011 (li			olumn (f))		15	%
	support percentage from 2010					16	%
Section I	D. Computation of Inves	tment Incom	e Percentage				
17 Investr	ment income percentage for 20	11 (line 10c, colur	nn (f) divided by lin	e 13, column (f))	-	17	%
	ment income percentage from 2		•			18	
~	% support tests - 2011. If the	-	-	on line 14, and line	e 15 is more than 3	3 1/3%, ar	
	han 33 1/3%, check this box ar	•					▶□
	% support tests - 2010. If the	•	•				1/3%, and
	is not more than 33 1/3%, che	-					
	e foundation. If the organization		_		_	_	
132023 01-24-				<u>,, , , , , , , , , , , , , , , , ,</u>			orm 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

	YOUTH AND FAMILY AI		74-213/189
Pai			r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
	L	(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 w	vriting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		ed only
	for charitable purposes and not for the benefit of the donor or		-
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Par		anization answered "Yes" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ed	· -	ncally important land area
		Preservation of a certified	
	Protection of natural habitat	Freservation of a certified	d historic structure
_	Preservation of open space	to a consistence analysis to a set the forms of	
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete 2a through 2d if the complete 2a through 2d if the complete 2a through 2d if the complete 2a through 2d if the complete 2a through 2d if the complete 2a through 2d if the complete 2a through 2d if the complete 2a through 2d if the complete 2a th	ed conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Library Francisco
			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	_2c	
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structure	
	listed in the National Register		_2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the or	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the pen	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements durir	ng the year 🟲
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during the	e year ▶ \$
8	Does each conservation easement reported on line 2(d) above		
-	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense sta	atement, and balance sheet, and
•	include, if applicable, the text of the footnote to the organizati		
	conservation easements		o organization o deceanting to
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
12	If the organization elected, as permitted under SFAS 116 (ASC		at and halance sheet works of art
ıa	historical treasures, or other similar assets held for public exhi		
	•		e of public service, provide, in Fart XIV,
	the text of the footnote to its financial statements that describ		ad balance about works of out historical
О	If the organization elected, as permitted under SFAS 116 (ASI		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of public	service, provide the following amounts
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treat		ain, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		\$
þ	Assets included in Form 990, Part X	-	▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2011

Sche	dule D (Form 990) 2011 YOUTH A	ND FAMILY	ALLIANCE			74-21	37189	Page 2	
Par		collections of Ar	t, Historical Ti	reasures, or (Other Sin	nilar Asse	ts (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are	e a significa	nt use of its	collection	tems	
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations			-					
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization's	exempt pu	rpose in Par	t XIV.		
5	During the year, did the organization solicit o								
_	to be sold to raise funds rather than to be ma						Yes	☐ No	
Par	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, Pai	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contributio	ns or other assets	not include	ed			
	on Form 990, Part X?						Yes	☐ No	
b	b If "Yes," explain the arrangement in Part XIV and complete the following table:								
							Amount		
С	Beginning balance				10	;			
d	Additions during the year				10	ı 📗 💮			
е	Distributions during the year					•			
f	f Ending balance								
2a	2a Did the organization include an amount on Form 990, Part X, line 21?							∐ No	
ь	If "Yes," explain the arrangement in Part XIV								
Par	t V Endowment Funds. Complete r	f the organization an	swered "Yes" to Fo	orm 990, Part IV, I	ine 10.				
	-	(a) Current year (b) Prior year (c) Two years back (d)					(e) Four	years back	
1a	Beginning of year balance .	384,675.	363,333.	316,1	55.	381,649.			
ь	Contributions								
С	Net investment earnings, gains, and losses	25,539. 24,996. 49,77883							
d	Grants or scholarships								
е	Other expenditures for facilities						*	4	
	and programs						» ĝ		
f	Administrative expenses	2,898.	3,654.	2,60	00.	1,000.			
g	End of year balance	407,316.	384,675	363,3	33.	316,155.	L		
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a)) held as					
а	Board designated or quasi-endowment	100.00	_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administered	for the orga	ınızatıon	_		
	by							Yes No	
	(i) unrelated organizations						12.77	Х	
	(ii) related organizations						3a(ii)	X	
þ	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?		•		3b		
4	Describe in Part XIV the intended uses of the								
Pai	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X, line 10.						
	Description of property	(a) Cost or of basis (investment)	1	t or other ((other)	c) Accumulation depreciation		(d) Book	value	
	ll	Dasis (IIIVestii	·	3,549.	acpi colati		187	3,549.	
	Land			37,120.	732,	516.		1,604.	
	Buildings			7,500.		500.	5,55	0.	
	Leasehold improvements		50	1,267.	369,		131	,491.	
	Equipment			_,_,_,	207,			0.	
	Other I. Add lines 1a through 1e (Column (d) must e	qual Form 990 Port	Y column (R) line				3.969	,644.	
iota	i. Add lines la through le (Column (d) must e	quai i viili 330, Fd/l	A, COIGITHT (B), HITE	· <u> </u>			-,-	, , , , , , , ,	

Schedule D (Form 990) 2011

Part VII Investments - Other Securities.	See Form 990, Part X, Iii	ne 12.	
(a) Description of security or category (including name of security)	(b) Book value		lethod of valuation: nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)	.]		
(D)			
(E)			
(F)			
(G)			
			<u> </u>
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	•		
Part VIII Investments - Program Related.	See Form 990, Part X, I		
(a) Description of investment type	(b) Book value		ethod of valuation. nd-of-year market value
(1)			
(2)	<u> </u>		
(3)			
(4)	_ 		
(5)	_ 		
(6)			
			
(8)	_		
(9)	 		
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, lin			
	a) Description		(b) Book value
(1)			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)	· · · · · · · · · · · · · · · · · · ·	-	
(3)			-
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) I			
Part X Other Liabilities. See Form 990, Part	X, line 25.		
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		255 400	
(2) ACCRUED VACATION PAYABLE		265,408.	
(3) FUNDS HELD FOR CLIENTS		17,947.	
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
(11)	uno 25)	283,355.	
Total. (Column (b) must equal Form 990, Part X, col (B) li FIN 48 (ASC 740) FOOTNOTE In Part XIV, provide the text of the footnote 2. FIN 48 (ASC 740)	e to the organization's financial s	statements that reports the organization's	nability for uncertain tax positions under
132053	· · · · · · · · · · · · · · · · · · ·		
01-23-12			Schedule D (Form 990) 2011

Sche	edule D (Form 990) 2011 TOOTH AND FAMILE ADDITATE				ZIJ/IUJ Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fina	ancial State	<u>emen</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		12,455,647.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		11,309,618.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		1,146,029.
4	Net unrealized gains (losses) on investments	_	4		57,639.
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8	•	9		57,639.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	nd 9 .	10		1,203,668.
	t XII Reconciliation of Revenue per Audited Financial Stateme		enue per R	etur	n
1	Total revenue, gains, and other support per audited financial statements			1	12,918,553.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	57,639.		
b	Donated services and use of facilities		68,838.	1	
c	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIV.)		36,429.	ĺ	
e	Add lines 2a through 2d	L	· <u> </u>	2e	462,906.
3	Subtract line 2e from line 1			3	12,455,647.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			<u> </u>	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
h	Other (Describe in Part XIV.)	4b		1	
	Add lines 4a and 4b	10.		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	12,455,647.
	rt XIII Reconciliation of Expenses per Audited Financial Statement	ents With Ex	penses per		
1	Total expenses and losses per audited financial statements			1	11,714,885.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a	Donated services and use of facilities	2a 2	68,838.		
h	Prior year adjustments	2b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
0		2c 2c			
ي نہ	Other losses		36,429.		
d	Other (Describe in Part XIV) Add lines 2a through 2d		30,423.	2e	405,267.
e				3	11,309,618.
3	Subtract line 2e from line 1			3	11,303,010.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 4-1	ı		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b			
b	Other (Describe in Part XIV.)	40			0.
	Add lines 4a and 4b			4c 5	11,309,618.
_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIV Supplemental Information			5_	11,303,010.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	Lipos 1a and 4:	Part IV (mag 1)	b and	2h: Bart V (inc. 4. Bart
	e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp RT V, LINE 4: THE LIFEWORKS GENERAL ENDOWMI				
<u> </u>	(1 V, DINE 4. THE DIPLHORRE CENTERAL ERDORRE	DIVI I OND	HOIVIED		
COI	MITTED, GRANTED, OR EXPENDED IN FURTHERANG	CE OF THE	PURPOS	ES	OF THE
00	CANTELETON AS MUD DVDSUMTUD CONSTRUCT	ue poann	OF COUR	DNO	DO THE TMO
ORG	GANIZATION AS THE EXECUTIVE COMMITTEE OF THE	TE BUARD	OF GOVE	KNO	RS IN ITS
DI	SCRETION SHALL FROM TIME TO TIME DETERMINE	•			
PAI	RT X, LINE 2: LIFEWORKS HAS ADOPTED FINANCE	IAL ACCOU	NTING S	TAN	DARDS
BO	ARD CODIFICATION (FASB ASC) 740-10, ACCOUNT	ring for	UNCERTA	INT	Y IN INCOME
TA	KES. THAT STANDARD PRESCRIBES A MINIMUM REC	COGNITION	THRESH	OLD	AND
13205	4		:	Sched	dule D (Form 990) 2011
01-23	12				

Part XIV Supplemental Information (continued)
MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN
IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN FINANCIAL
STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DE-RECOGNITION, CLASSIFICATION,
INTEREST, AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURES, AND
TRANSITION.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EXPENSES 131,233
PASSTHROUGH GRANTS 5,196
TOTAL TO SCHEDULE D, PART XII, LINE 2D 136,429
PART XIII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EXPENSES 131,233.
PASSTHROUGH GRANTS 5,196
TOTAL TO SCHEDULE D, PART XIII, LINE 2D 136,429.

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open To Public Inspection

Internal Revenue Service Attach to Form 990 or Form 990-EZ. ► See separate instructions **Employer identification number** Name of the organization 74-2137189 YOUTH AND FAMILY ALLIANCE Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants еL Mail solicitations Solicitation of government grants Internet and email solicitations b Special fundraising events С Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? _ Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did fundraiser have custody or control of (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) contributions No Yes Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

Schedule G (Form 990 or 990-EZ) 2011

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

Schedule G (Form 990 or 990 EZ) 2011 YOUTH AND FAMILY ALLIANCE 74-2137189 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (c) Other events (b) Event #2 (d) Total events ANNUAL L.E.A.P. (add col. (a) through WHITE PARTY LUNCHEON col. (c)) (event type) (total number) (event type) 132,439. 442,214 106,942 681,595. 1 Gross receipts 442,214 48,342 490,556. 2 Less: Charitable contributions 132,439 58,600 191,039. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 23,764. 10,497. 34,261. Rent/facility costs 4,715. 4,715 Food and beverages 8,200 750 8,950. Entertainment 27,514. 23,827 83,307. 31,966. Other direct expenses 131,233, 10 Direct expense summary Add lines 4 through 9 in column (d) 59,806. 11 Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes % No 6 Volunteer labor No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities _ Yes No a is the organization licensed to operate gaming activities in each of these states? b If "No," explain. Yes No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain.

132082 01-23-12

Schedule G (Form 990 or 990-EZ) 2011 YOUTH AND FAMILY ALLIANCE	74-2137189 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or oth	her entity formed
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	. 13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special ever	·
27 Enter the hame and addition of the person this property and alignment of garming operations	
Name ►	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives ga	aming revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$	and the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
μ. ,	
Name >	
Address	
46. Coming manager information	
16 Garning manager information	
Name ▶	
Gaming manager compensation > \$	
	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
•	oceads to
a Is the organization required under state law to make charitable distributions from the gaming pro	Yes No
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organized.	•
organization's own exempt activities during the tax year \$	anizations of spent in the
Part IV Supplemental Information. Complete this part to provide the explanations required by	Part Line 2b, columns (iii) and (v), and Part III
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide	
illies 3, 30, 100, 130, 130, 10, and 170, as applicable. Also complete this part to provid	e any additional information (see instructions).
132083 01-23-12	Schedule G (Form 990 or 990-EZ) 2011

SCHEDULEI (Form 990) Department of the Treasury internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2011) <u>2</u> Employer identification number TO PROVIDE ASSISTANCE TO 74-2137189 ORGANIZATION'S HOUSING (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any SUPPORT THE ACTIVITIES recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed ame and address of organization (below and address of organization if applicable cash grant or government assistance or government assistance assistance other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 。 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 500,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. YOUTH AND FAMILY ALLIANCE 501(C)3 31-1753071 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization CORPORATION - 3700 SOUTH 1ST LIFEWORKS AFFORDABLE HOUSING STREET - AUSTIN, TX 78704 Name of the organization Part I Part II

74-2137189

Schedule I (Form 990) (2011)

YOUTH AND FAMILY ALLIANCE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed

רשור זון כשון שם מתחווסים וו מתחווסים איני מיים וויים אינים					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SHELTER - RENT AND UTILITY ASSISTANCE	165	138,692.	0.		
LIVING ASSISTANCE - CLOTHING, MEDICAL, EDUCATION, STIPENDS AND ALLOWANCES	821	136,734.	•0		
TRAVEL AND OTHER - BUS PASSES, ID, FOOD AND HOUSEHOLD	2793	121,924,	.0		
CHILDCARE	391	377,804.	•0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ide the informatio	n required in Part I,	line 2, and any other	additional information.	
ם נ	r assistance	NCE WAS PR	PROVIDED TO	4,170	
ALS. FUNDS WERE PROVIDED	TO ASSIST	CLIENTS	WITH	BASIC NEEDS SUCH	
AS RENT, UTILITY BILLS AND FOOD, E	EDUCATION	EDUCATIONAL EXPENSES	SUCH AS	TUITION AND	
BOOKS, AS WELL AS TRAVEL ASSISTANCE WHICH AID	CE WHICH	AID STUDENTS	AND	CLIENTS WITH	
TRANSPORTATION TO SCHOOL, DOCTOR'S	DOCTOR'S APPOINTMENTS,	MENTS, ETC.	: DISBURSEMENTS	EMENTS ARE	
AUTHORIZED BY PROGRAM/DEPARTMENT I	DIRECTORS	AND	IN THE MAJORITY	OF CASES	
MADE DIRECTLY TO THE SERVICE PROVIDER.	IDER.				

Schedule I (Form 990) (2011)

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

Inspection

Name of the organization

YOUTH AND FAMILY ALLIANCE

Employer identification number 74-2137189

Pai	rt Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) f determining nbution amou	nts
1	Art - Works of art		101110 00111110000	<u> </u>			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	Х		34,555.	COST OR SI	ELLING :	PRIC
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -	}					
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory			<u></u>			
20	Drugs and medical supplies						
21	Taxidermy .						
22	Historical artifacts .						
23	Scientific specimens						
24	Archeological artifacts		ļ		<u> </u>		
25	Other (MISCELLANEOUS)	X	37	148,677.	COST OR SI	ELLING 1	PRIC
26	Other ()				·		
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			
						Yes	No
30a	During the year, did the organization receive b	-				¥	1
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exem	npt purposes for		<u></u> -
	the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II				_		
31	Does the organization have a gift acceptance				utions?	31	X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash			3.5
	contributions?					32a	X
	If "Yes," describe in Part II.						1 :
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is ch	ecked,		
ΙΗΔ	describe in Part II					M (Form 990)	<u> </u>

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

YOUTH AND FAMILY ALLIANCE	74-2137189					
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:						
SUCCESS THROUGH COUNSELING, EDUCATION, AND HOUSING ASSIST	ANCE.					
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:						
YOUNG FATHERS PROGRAM (YFP): THE YFP IS DESIGNED TO SUPPO	RT LOW INCOME					
YOUNG FATHERS (17-26 YEARS OLD), LIVING AT OR BELOW 200%	FEDERAL INCOME					
POVERTY LEVEL, IN BECOMING SUPPORTIVE, INVOLVED PARENTS.	THE GOALS ARE					
TO PROMOTE HEALTHY RELATIONSHIPS, DEVELOP PARENTING SKILL	S, AND					
INCREASE WORKFORCE POTENTIAL.						
	— <u> </u>					
WORKFORCE DEVELOPMENT PROGRAM (WFDP): THE GOAL OF THE WFD	P IS TO HELP					
YOUTH WHO HAVE AGED OUT OF THE FOSTER CARE SYSTEM TRANSITION TO THE						
WORKFORCE. IN PARTNERSHIP WITH AREA PARTNERS, LIFEWORKS PROVIDES						
TRAINING, EDUCATION AND ASSISTANCE IN EMPLOYMENT TO HIGH-	RISK AND					
TRANSITIONAL FOSTER YOUTH.						
<u>, , , , , , , , , , , , , , , , , , , </u>						
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	NTS:					
(MALE/FEMALE) WHO HAVE BEEN ABUSIVE TOWARD THEIR PARTNERS	. GROUP GOALS					
INCLUDE TAKING RESPONSIBILITY FOR VIOLENT AND ABUSIVE BEH	AVIOR,					
UNDERSTANDING POWER AND CONTROL, LEARNING ADAPTIVE COMMUNICATION AND						
CONFLICT RESOLUTION SKILLS, AND MANAGING EMOTIONS. TOTAL	SERVED EQUALS					
936.						
SHARED PSYCHIATRIC SERVICES (SPS) PROGRAM ASSISTS CHILDRED	N AND FAMILIES					

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

WITH ACCESS TO TIMELY PSYCHIATRIC CARE TO REDUCE DISRUPTIONS IN SCHOOL

AND FAMILY FUNCTIONING.

CLIENTS ARE REFERRED TO SPS FROM THREE

POTENTIAL. TOTAL SERVED EQUALS 62.

YOUTH AND FAMILY ALLIANCE

Employer identification number 74-2137189

COLLABORATING AGENCIES: COMMUNITIES IN SCHOOLS, LIFEWORKS, AND

SAFEPLACE. LIFEWORKS PROVIDES PROGRAMMATIC AND FISCAL OVERSIGHT OF

THIS PROJECT. SERVICES INCLUDE: CASE COORDINATION, VISITS WITH

PSYCHIATRISTS, CASE MANAGEMENT, TRANSPORTATION AND TRANSLATION,

COUNSELING, MEDICATION AND LAB WORK, AS WELL AS FORMAL LINKAGES TO

MEDICAL HOMES. TOTAL SERVED EQUALS 237.

YOUNG FATHERS PROGRAM (YFP) IS DESIGNED TO SUPPORT LOW INCOME YOUNG

FATHERS (17-26 YEARS OLD), LIVING AT OR BELOW 200% FEDERAL INCOME

POVERTY LEVEL, IN BECOMING SUPPORTIVE, INVOLVED PARENTS. THE GOALS ARE

TO PROMOTE HEALTHY

RELATIONSHIPS, DEVELOP PARENTING SKILLS, AND INCREASE WORKFORCE

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

TRAVIS COUNTY. THIS SHELTER PROVIDES RUNAWAY AND HOMELESS YOUTH, AGES

10 TO 19, A SECURE PLACE TO SLEEP, FOOD, CLOTHING, AND CASE MANAGEMENT

TO COORDINATE FAMILY REUNIFICATION, MEDICAL CARE, TRANSPORTATION,

EDUCATIONAL SERVICES, TUTORING, AND COUNSELING. TOTAL SERVED EQUALS

191.

LIFEWORKS YOUNG MOM'S AND BABIES PROGRAM PROVIDES HOMELESS YOUNG

MOTHERS AND BABIES WITH SAFE AND STABLE HOUSING AND A POSITIVE LIVING

ENVIRONMENT. PARTICIPANTS LEARN INDEPENDENT LIVING SKILLS, PARENTING

SKILLS, AND HAVE ACCESS TO SERVICES (IN OR OUTSIDE OF LIFEWORKS) WHICH

FOCUS ON EDUCATION, EMPLOYMENT SKILLS, AND COUNSELING. STAFF HELP

PARTICIPANTS SET INDIVIDUAL GOALS AND ASSIST THEM WITH THEIR CASE

MANAGEMENT NEEDS. TOTAL SERVED EQUALS 53.

132212 01-23-12 LIFEWORKS' TRANSITIONAL LIVING PROGRAM IS A 24-HOUR RESIDENTIAL

FACILITY THAT PROVIDES SECURE HOUSING AND CASE MANAGEMENT SERVICES FOR

UP TO 18 MONTHS TO HOMELESS YOUTH TRANSITIONING INTO ADULTHOOD.

TRANSITIONAL LIVING PROGRAM IS A COED PROGRAM WHICH HOUSES 16 RESIDENTS

RANGING IN AGE FROM 16-23. IN ADDITION, THE PROGRAM OFFERS RESIDENTS

INDEPENDENT LIVING SKILLS CLASSES, AFTERCARE SERVICES, FINANCIAL

SUPPORT, AND 24-HOUR ON-SITE ASSISTANCE. TOTAL SERVED EQUALS 44.

SUPPORTIVE HOUSING PROGRAM IS AN APARTMENT-BASED INDEPENDENT LIVING

PROGRAM PROVIDING SUBSIDIZED APARTMENTS WITH PAID UTILITIES AND

FURNITURE/HOUSEHOLD ITEMS, FINANCIAL ASSISTANCE, AND ON-SITE MANAGEMENT

WITH STAFF AVAILABLE 24/7. SUPPORTIVE HOUSING PROGRAM PROVIDES CASE

MANAGEMENT, INCLUDING ADVOCACY AND CASE COORDINATION, INDEPENDENT

LIVING SKILLS TRAINING, AND FINANCIAL MANAGEMENT. OTHER SERVICES

PROVIDED INCLUDE ASSESSMENT AND LINKAGE TO NEEDED SERVICES SUCH AS

CHILD CARE, MEDICAL SERVICES, MENTAL HEALTH SERVICES, EDUCATION AND JOB

TRAINING. INDEPENDENT LIVING SKILLS TRAINING IS ALSO PROVIDED. TOTAL

SERVED EQUALS 57.

YOUTH RESOURCE CENTER IS A ONE-STOP CENTER WHERE YOUTH CAN ACCESS A
WIDE ARRAY OF SERVICES THAT WILL EMPOWER THEM TO GAIN THE SKILLS AND
KNOWLEDGE NEEDED FOR INDEPENDENT LIVING. IT PROVIDES ACCESS TO
TECHNOLOGY (COMPUTERS, PRINTERS, FAX LINES, OFFICE SUPPLIES),
LONG-DISTANCE PHONE SERVICES (TO STAY CONNECTED WITH FAMILY MEMBERS,
APPLY FOR JOBS, TALK WITH COLLEGES), VOICE MAIL (THROUGH THE COMMUNITY
VOICE MAIL SYSTEM), A CENTRALIZED PLACE FOR RECEIVING MAIL AND CHECKING
EMAIL, HYGIENE PRODUCTS, FOOD, AND ADDITIONAL RESOURCES TO HELP MEET
332212
Schedule O (Form 990 or 990-EZ) (2011)

YOUTH AND FAMILY ALLIANCE

Employer identification number 74-2137189

BASIC NEEDS.

EXPECT RESPECT IS A CURRICULUM-BASED PROGRAM THAT TEACHES YOUNG PEOPLE
THE SKILLS NEEDED TO BUILD HEALTHY RELATIONSHIPS, PREVENT RELATIONSHIP
VIOLENCE AND INCREASE PERSONAL SAFETY. TOTAL SERVED EQUALS 93.

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

LITERACY SERVICES PROVIDE INSTRUCTION TO INDIVIDUALS 17 YEARS OF AGE OR

OLDER WHO READ BELOW THE 6TH GRADE LEVEL, AND/OR WHO HAVE LIMITED

PROFICIENCY IN SPEAKING ENGLISH. TOTAL SERVED EQUALS 559.

TEEN PARENT SERVICES ARE PROVIDED TO EXPECTANT/PARENTING TEENS IN

AUSTIN/TRAVIS COUNTY TO ENCOURAGE TEENS TO STAY IN SCHOOL AND TO

PREVENT SUBSEQUENT PREGNANCIES. CASE MANAGEMENT SERVICES ARE PROVIDED

TO HELP TEENS ACCESS RESOURCES AND TEACH POSITIVE PARENTING SKILLS.

TOTAL SERVED EQUALS 192.

AFTER CARE TRANSITION SERVICES (ACTS) WORKS IN COLLABORATION WITH CASEY

FAMILY PROGRAMS, LIFEWORKS' HOUSING DIVISION AND TEXAS DEPARTMENT OF

FAMILY AND PROTECTIVE SERVICES TO PROVIDE SERVICES TO TRANSITIONING

FOSTER CARE YOUTH IN A 30-COUNTY AREA. ACTS PROVIDES INCREASED DEPTH

OF SERVICES TO FOSTER YOUTH, INCLUDING CASE MANAGEMENT, CRISIS

INTERVENTION, RESOURCE REFERRAL AND LIFE SKILLS EDUCATION. TOTAL

SERVED EQUALS 369.

YOUTHPOWER PROVIDES ENRICHMENT ACTIVITIES THROUGH AFTER-SCHOOL GROUPS

AND SUMMER CAMP FOR YOUTH AGES 11-14 RESIDING IN THREE HOUSING

AUTHORITY CITY OF AUSTIN SITES: BOOKER T. WASHINGTON, BOULDIN OAKS, AND

132217
101-23-12
Schedule O (Form 990 or 990-EZ) (2011)

YOUTH AND FAMILY ALLIANCE

Employer identification number 74-2137189

MEADOWBROOK. SERVICES INCLUDE ENRICHMENT ACTIVITIES (SPORTS, MUSIC, ART, SERVICE LEARNING PROJECTS, AND FIELD TRIPS) AS WELL AS SCHOOL SUPPORT, HOME VISITS, COMMUNITY EVENTS, AND RESOURCE LINKAGES. TOTAL SERVED EQUALS 81.

LIFESKILLS TRAINING (PREPARATION FOR ADULT LIVING) - LIFESKILLS TRAINING IS A HANDS-ON COURSE DESIGNED TO PREPARE YOUNG PEOPLE AGES 15-19 WHO ARE IN THE CONSERVATORSHIP OF TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES, TO LIVE INDEPENDENTLY AS ADULTS. TRAINING, ROLE-PLAYING, AND FIELD TRIPS FOCUS ON BUDGETING, HOUSING, EMPLOYMENT, HEALTH ISSUES, AND OTHER RELEVANT TOPICS. TOTAL SERVED EQUALS 249.

NEXT STEP PROVIDES PREVENTION EDUCATION TO ELEMENTARY AND MIDDLE SCHOOL STUDENTS USING NATIONALLY RECOGNIZED DRUG AND VIOLENCE PREVENTION CURRICULA THAT EMPHASIZE APPROPRIATE SOCIAL AND COMMUNICATION SKILLS, PROBLEM SOLVING SKILLS, AND TECHNIQUES FOR HANDLING ANGER AND OTHER STRONG EMOTIONS IN A PRODUCTIVE MANNER. RESEARCH SHOWS THAT THESE SKILLS HELP TO PREVENT YOUTH INVOLVEMENT IN SUBSTANCE ABUSE AND VIOLENCE. TOTAL SERVED EQUALS 945.

REAL TALK PROVIDES SCHOOL AND COMMUNITY-BASED GROUPS AND SUMMER CAMPS THAT HELP YOUTH (4TH-8TH GRADES) AND THEIR PARENTS DEVELOP THE SKILLS AND KNOWLEDGE NECESSARY TO AVOID EARLY SEXUAL INVOLVEMENT AND TEEN PREGNANCY. SMALL GROUPS PROVIDE EDUCATION ABOUT PUBERTY. RELATIONSHIPS, DECISION MAKING AND HEALTHY CHOICES THROUGH EXPERIENTIAL ACTIVITIES AND GROUP DISCUSSIONS. TOPICS ARE DEVELOPMENTALLY APPROPRIATE FOR THE SPECIFIC AGE GROUP. MENTORING, VOLUNTEER PROJECTS, AND FAMILY NIGHTS ARE KEY COMPONENTS. TOTAL SERVED EQUALS 791. 132212

YES TO COLLEGE WORKS WITH ADULTS CURRENTLY LIVING IN A CITY OF AUSTIN
HOUSING AUTHORITY COMPLEX AND PROVIDES MENTORING AND SUPPORT, ACADEMIC
ASSISTANCE AND TUTORING, AND EDUCATIONAL WORKSHOPS FOR HACA COLLEGE
SCHOLARSHIP RECIPIENTS. TOTAL SERVED EQUALS 40.

WORKFORCE DEVELOPMENT PROGRAM (WFDP) - THE GOAL OF THE WFDP IS TO HELP

YOUTH WHO HAVE AGED OUT OF THE FOSTER CARE SYSTEM TRANSITION TO THE

WORKFORCE. IN PARTNERSHIP WITH AREA PARTNERS, LIFEWORKS PROVIDES

TRAINING, EDUCATION AND ASSISTANCE IN EMPLOYMENT TO HIGH-RISK AND

TRANSITIONAL FOSTER YOUTH. TOTAL SERVED EQUALS 70.

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

EXPENSES \$ 330,026. INCLUDING GRANTS OF \$ 13,462.

THE TEXAS CIVIC ENGAGEMENT TABLE (TCET) WAS FOUNDED TO INCREASE CIVIC
ENGAGEMENT THROUGH GRASSROOTS PROJECTS. FOCUS AREAS INCLUDE INCREASING
VOTING AMONG TRADITIONALLY DISENFRANCHISED VOTERS, INCREASING
ENGAGEMENT IN SOCIAL ISSUES, AND DEVELOPING LEADERS.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PRESENTED FIRST TO THE BOARD OF GOVERNORS FINANCE COMMITTEE FOR REVIEW, AND THEN PRESENTED TO THE FULL BOARD OF GOVERNORS PRIOR TO FILING. THE 990 AND AUDIT ARE ALSO POSTED TO THE BOARD OF GOVERNORS INTRANET PAGE.

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

01-23-12

REVENUE \$ 300,000.

YOUTH AND FAMILY ALLIANCE

Employer identification number 74-2137189

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

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL INFORMATION IS AVAILABLE

FOR PUBLIC REVIEW ON GUIDESTAR AT WWW.GUIDESTAR.ORG. DOCUMENTS ARE ALSO

AVAILABLE UPON REQUEST.

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

NET UNREALIZED GAINS ON INVESTMENTS:

57,639.

FORM 990, EXPLANATION OF AMENDED RETURN:

THE ORGANIZATION'S FINANCIAL STATEMENT IS AUDITED WITH LIFEWORKS

ENTERPRISES, LLC; EIN 73-1667320, AND LIFEWORKS AFFORDABLE HOUSING

CORPORATION; EIN 31-1753071. ALL ACTIVITY FOR LIFEWORKS ENTERPRISES,

LLC AND LIFEWORKS AFFORDABLE HOUSING CORPORATION WERE ORIGINALLY

REPORTED ON YOUTH AND FAMILY ALLIANCE, DBA LIFEWORKS 2011 FORM 990

(FISCAL YEAR ENDING SEPTEMBER 30, 2012). IT WAS DISCOVERED THAT A

SEPARATE 2011 FORM 990 SHOULD HAVE BEEN FILED FOR LIFEWORKS

ENTERPRISES, LLC SINCE THEY HAD THEIR OWN TAX DETERMINATION LETTER. A

2011 FORM 990 FOR LIFEWORKS ENTERPRISES, LLC HAS SINCE BEEN FILED.

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Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 74-2137189Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) YOUTH AND FAMILY ALLIANCE Name of the organization

(a)	(q)	(0)	(p)	(e)		(t)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	e End-of-year assets		Direct controlling
of disregarded entity		foreign country)				entity
				···		
					-	
					-	
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)	tions (Complete if the organization a	ınswered "Yes" to Form 990,	Part IV, line 34 bed	ause it had one o	r more related tax-exer	npt
(a)	(q)	(၁)	(p)	(e)	(J)	(g) Section 5 (2(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled entity?
		,				

Primary activity Legal domicile (state or foreign country)	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled entity?
			501(c)(3))		Yes No
			_		
				YOUTH AND FAMILY	
HOUSING DEVELOPMENT TEXAS	EXAS	501(C)(3)	PF	ALLIANCE	×
HOLDING TITLE COMPANY TEXAS	EXAS	501(C)(2)			×
					_

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

132161 01-23-12 LHA

40

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 YOUTH AND FAMILY ALLIANCE

74-2137189

74-2137189

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

(J) (K) General or Percentage managing partner? Yes/No			ore related	(h) Percentage ownership		
(J) General or managing partner?		,	e or m	of year ts		
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			ecause it had on	(g) Share of end-of-year assets		
(h) Disproportion- ate allocations? Yes No K			. IV, line 34 be	(f) Share of total income		
(g) Share of pend-of-year at assets			to Form 990, Parl	(e) Type of entity (C corp, S corp, or trust)		
(f) Share of total income			n answered "Yes"	(d) Direct controlling entity		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			te if the organizatio	Legal domicile (state or foreign country)		
(d) Direct controlling (reentity excluses			ration or Trust (Comple	(b) Pnmary activity		
(c) Legal domicile (state or foreign country)			as a Corpo			
(b) Primary activity			ganizations Taxable	N. c		
(a) Name, address, and EIN of related organization			[Part IV] Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization		

Schedule R (Form 990) 2011

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Schedule R (Form 990) 2011 YOUTH AND FAMILY ALLIANCE

Part V : Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

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

- During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Sale of assets to related organization(s)
- g Purchase of assets from related organization(s)
- h Exchange of assets with related organization(s)
- i Lease of facilities, equipment, or other assets to related organization(s)
- j Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- Performance of services or membership or fundraising solicitations by related organization(s)
 - ${\bf m}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - n Sharing of paid employees with related organization(s)
- o Reimbursement paid to related organization(s) for expenses
- p Reimbursement paid by related organization(s) for expenses
- q Other transfer of cash or property to related organization(s)
- r Other transfer of cash or property from related organization(s)
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) LIFEWORKS AFFORDABLE HOUSING CORPORATION	В	500,000.FMV	FMV
(2) LIFEWORKS ENTERPRISES, LLC	U	122,806.FMV	FMV
(3) LIFEWORKS ENTERPRISES, LLC	ĬΉ	6,904,990.COST	COST
(4) LIFEWORKS ENTERPRISES, LLC	p	228,055.FMV	FMV
(5) LIFEWORKS ENTERPRISES, LLC	Ж	300,000.FMV	FMV
(6) LIFEWORKS ENTERPRISES, LLC	Д	822,530.FMV	FMV



132163 01-23-12

Schedule R (Form 990) 2011 YOUTH AND FAMILY ALLIANCE

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

(k) ercentage wnership						
(j) General or Pe managing partner? Ves No					-	
Code V-UBI Seneral or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No	_					
(h) Dispropor- bonate allocations? Yes No						
(g) Share of end-of-year assets						
(f) Share of total income						
(e) Are all partners sec 501(c)(3) orgs 2 Yes No	· · · · · · · · · · · · · · · · · · ·			·	- :	
(d) Predominant income (related, unrelated, excluded from fax						
(c) Legal domicile (state or foreign country)						
(b) ary activity						
(a) Name, address, and EIN of entity						

Schedule R (Form 990) 2011



YOUTH AND FAMILY ALLIANCE, dba LIFEWORKS AMENDED 2011 FORM 990 FISCAL YEAR ENDING SEPTEMBER 30, 2012

EIN: 74-2137189

The organization's financial statement is audited with Lifeworks Enterprises, LLC; EIN 73-1667320, and Lifeworks Affordable Housing Corporation; EIN 31-1753071. All activity for Lifeworks Enterprises, LLC and Lifeworks Affordable Housing Corporation were originally reported on Youth and Family Alliance, dba Lifeworks 2011 Form 990 (fiscal year ending September 30, 2012). It was discovered that a separate 2011 Form 990 should have been filed for Lifeworks Enterprises, LLC since they had their own tax determination letter. A 2011 Form 990 for Lifeworks Enterprises, LLC has since been filed.

In addition, it was discovered that there was also activity for Lifeworks Affordable Housing Corporation that was reported on this organization's 2011 Form 990. The Lifeworks Affordable Housing Corporation 2011 Form 990PF has been amended to add the activity to that return; therefore, this amended return excludes the activity reported on the Lifeworks Affordable Housing Corporation's 2011 Amended Form 990PF.

See the attached reconciliation, which reflects the revenue, expense and balance sheet adjustments to this amended return.

In addition upon audit of the subsequent year, it was discovered that that there was \$259,187 of accrued interest receivable that had not been accrued in the audit; therefore, the \$259,187 of additional interest income and interest receivable is being reported on this amended return and was also restated in the audited financial statements for fiscal years September 30, 2012 and 2013.

Youth and Family Alliance (dba Lifeworks) EIN 74-2137189

2011 Amended Form 990 For Year Ending September 30, 2012

	Lifeworks As Originally	Inter- company	Lifeworks Affordable	Lifeworks Enterprises,	Prior Period	Lifeworks As
	Filed	Adjustment	Housing	ווכ	Adjustment	Amended
Statement of Revenue Form 990, Part VIII						
Contributions, Gifts, Grants, and other Similar						
Amounts						
Federated campaigns	115,000					115,000
Fundraising events	490,556					490,556
Government grants	6,948,366					6,948,366
All other contributions	2,782,129	(622,806)	(200'000)			2,904,935
Non cash contributions	183 232					183 232
Total	10,336,051					10,458,857
-						
Program Service Revenue						
Service fees	511,775	(528,055)		(228,055)		811,775
Rental income	1					1 1
Other Revenue						
Investment income	95,817				(259,187)	355,004
Net rental income	48,961					48,961
Net gain from sales	712,804					712,804
Net income from fundraising	908'65					908'65
Miscellaneous Revenue						
Miscellaneous	8,034					8,034
Vending	406					406
Total	8,440					8,440
Total Revenue	11,773,654					12,455,647

Statement of Functional Expenses Form 990, Part IX

Grants and other assistance to organizations		622,806		122,806	200,000	
Grants and other assistance to individuals	808,216				808,216	
	244,199				244,199	
	215,748				5,215,748	
	645,680				645,680	
Payroll taxes	467,571				467,571	
Fees for services						
Legal	24,454			375	24,079	
Accounting	23,402				23,402	
	984,235	300,000	16,227	319,861	948,147	
Advertising and promotion	61,985			400	61,585	
	575,975			5,302	570,673	
Information technology	61,693				61,693	
Occupancy	568,684	228,055		32,608	764,131	
Travel	213,333				213,333	
Interest	222,979			137,972	85,007	
Depreciation, amortization	268,915			125,371	143,544	
Insurance	92,963				92,963	

Statement of Functional Expenses, cont. Form 990, Part IX

	156,735	157,632	93,894	22,674	8,712
	450,369		1,725		
			323		
	607,104	157,632	95,942	22,674	8,712
Other expenses	Other supplies	Contributed goods	Miscellaneous	Dues & memberships	All other expenses

11,372,096

Total Functional Expenses

11,309,618

Balance Sheet Form 990, Part X

690,212 377,641 2,177,663 827,064 8,159,187 97,146 3,952,296 17,348 407,316	16,748,144 641,849 25,372 3,146,000 - 283,355 4,096,576	10,531,046 2,110,522 10,000 12,651,568	
259,187		259,187	259,187
321,515 363 9,378,223 153,695	(129,883) (10,000,000) (692,647)	968,734	968,734
274,140	(4,166)	(483,450)	(483,450)
827,059	(134,412)		,
690,212 973,296 2,177,663 368 7,900,000 97,146 13,543,995 171,043 407,316	26,003,310 641,486 25,372 13,146,000 283,355 14,096,213	9,786,575 2,110,522 10,000 11,907,097 26,003,310	
Assets Cash - non-interest bearing Savings & investments Pledges and grants receivable Accounts receivable, net Notes and loans receivable Prepaid expenses and deferred charges Net Land, building, equipment Intangibles Investments Other assets	Total Assets Liabilities Accounts payable and accrued expenses Deferred revenue Secured Mortgages and notes payable Payable to Youth and Family Other liabilities Total Liabilities	Net Assets or Fund Balances Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Total net assets of fund balances Total liabilities and net assets/fund blances	. Totals